



ಕೆ.ಎಲ್.ಇ. ಸಂಸ್ಥೆಯ ಶುಶ್ರೂಷಾ ವಿಜ್ಞಾನ ಮಹಾವಿದ್ಯಾಲಯ

ವಿದ್ಯಾನಗರ, ಹುಬ್ಬಳ್ಳಿ-580031.



KLE SOCIETY'S INSTITUTE OF NURSING SCIENCES

VIDYANAGAR, HUBBALLI - 580031

Off : 0836 -2375506

Email : klesinshbl@gmail.com

Website : www.klesnursing.com

ADMISSION APPLICATION FORM ~ M.Sc. NURSING

Seeking M.Sc. (N) admission for Academic Year : 2026-27				Affix passport size colour photograph
Seeking Specialty Subject / Branch (Preferences)	1)Medical Surgical Nursing	<input type="checkbox"/>		
	2) C.H.N.	<input type="checkbox"/>		
	3) O.B.G.	<input type="checkbox"/>		
	4)Pediatrics	<input type="checkbox"/>		
	5) Psychiatric	<input type="checkbox"/>		
Belongs to State (in which studied & passed B.Sc./PB. B.Sc.(Nursing))				
Previous Exam passed Details: [B.Sc./PB. B.Sc.(Nursing)]		College: University:		Month & Year of Passing
B.Sc. (Nursing) <input type="checkbox"/>		<u>Year</u>	<u>Maximum Marks</u>	<u>Marks obtained</u>
P.B. B.Sc. (Nursing) <input type="checkbox"/>		1 st Year		
Exam No: _____		2 nd Year		
		3 rd Year		
		4 th Year		
		Total		
		Overall Percentage		
<u>Experience</u> (Clinical /Teaching)	<u>Designation</u>	<u>Period & Total Years</u>	<u>Organization</u>	

To,
The Principal,
KLES Institute of Nursing Sciences,
Vidyanagar, Hubballi.

Sir,

I the undersigned wish to seek admission to **1st year M.Sc. Nursing Course** in your institution. I am giving here below my particulars and undertake that, if admitted, I agree to be bound by the rules & regulations in force as well as those that may be framed in future by the institution. I have attached all required Original Documents and attested copies of the same with this admission form.

1	Full Name of candidate : (In CAPITAL LETTERS as per SSLC Marks card)			
2	Name of Father :		Occupation :	
3	Name of Mother :		Occupation :	
4	Parents Permanent Address Pin Code : Mob No. :	Email ID :		
5	Local Guardian Address : (if Any)	Pin Code :	Mob No.	
6	Contact details of Candidate	Email ID:	Mob No.: (Whatsapp)	
7	Details of Birth	Date : (DD/MM/YYYY) :	Age as on today:	
		Place:	Gender :	

8	Nationality	INDIAN		
9	Details of Religion	Religion :	Caste :	
		Sub Caste :	Category:	
10	Aadhaar Number		11	Blood Group :
12	Marital Status	Married / Unmarried / Others		
13	Family Annual Income			

ACADEMIC INFORMATION

Examination Passed	Name of the School / College	Name of University/Board	Month & Year of Passing	Maximum Marks	Marks Obtained	Percentage
SSLC/SSC/ Xth Std.						
II-PUC/HSC/ XII Std						
G.N.M.						
PB. B.Sc./ B.Sc.(Nursing)						

Documents to be enclosed:

The following documents to be attached with the application form :		Checklist for office use only	
1.	S.S.L.C / X th Standard Marks Cards	(Original +1 attested copy)	
2.	II nd PUC / XII th Standard Marks Cards	(Original +1 attested copy)	
3.	G.N.M. Marks Cards (if applicable)	(Originals +1 attested copy)	
4.	PB. B.Sc. / B.Sc. (Nursing) Marks Cards	(Originals +1 attested copy)	
5.	Course Completion Certificate &	(Originals +1 attested copy)	
6.	P.D.C. & Convocation	(Originals +1 attested copy)	
7.	K.N.C. Registration Certificate	(Original +1 attested copy)	
8.	Experience Certificate (only for B.Sc. Nursing passed students)	(Original +1 attested copy)	
9.	Character Certificates from the previous institution	(Original +1 attested copy)	
10.	Transfer Certificate from previous Institution	(Original +1 attested copy)	
11.	Eligibility & Migration Certificate (Non Karnataka candidate only)	(Original +1 attested copy)	
12.	Caste / Income Certificates	(2 attested copy)	
13.	Aadhar Card	(2 attested copy)	
14.	Pass port size Colour Photos	04 numbers	

Note: The Candidate, who has passed the qualifying exam from a Board/University situated outside Karnataka State, must obtain Eligibility Certificate (E.C.) from Rajiv Gandhi University of Health Sciences, Bangalore by applying online & payment of prescribed fees. Student should submit the Eligibility Certificate before taking admission to 1st year M.Sc. Nursing Course.

I declare that the above information is true and correct and documents produced are genuine one.

Place:

Signature of the Candidate

Date:

Name:.....

FOR OFFICE USE ONLY

Mr./Miss. is admitted to 1st year M.Sc.(N) _____ course for the year & has paid the Fees as below;

- 1) Rs..... vide Receipt No.: Dated:
- 2) Rs..... vide Receipt No.: Dated:
- 3) Rs..... vide Receipt No.: Dated:
- 4) Rs..... vide Receipt No.: Dated:

Course Clerk:

Accountant:

Office Superintendent:

PRINCIPAL

KLES Institute of Nursing Sciences, Hubballi

DECLARATION BY THE CANDIDATE & PARENT / GUARDIAN

1. I am fully aware that my admission to M.Sc. Nursing Course is purely provisional and subject to approval by RGUHS.
2. If admitted, I hereby agree to adhere, to the rules and regulations in force at present or that may be framed hereafter for the governance of the institution, its Management & Hostel. I undertake that as long as I am a student of this institute, I do nothing either inside or outside the Institution, that will interfere with the orderly governance and discipline.
3. I hereby agree to make good any loss or damage to books, apparatus, furniture, and other belongings to institution and its attached Hostel etc., which may be caused by my carelessness, negligence or wontonness on my part.
4. I hereby solemnly affirm that statements made and information furnished in my application form and also all the enclosures submitted by me are TRUE. However, if any of the information is found to be UN-TRUE in material particulars, I realize that I am liable for criminal prosecution and I also agree to forgo my seat in the Institution.
5. I hereby assure that I will not indulge or resort myself in any form of anti-social and prohibitive activities such as Ragging or any kind of harassment of physical or otherwise. I am fully aware of the provisions of Indian Penal Code relating to offences connected with hurt, endangerment of life or personal safety, wrongful confinement, assault, criminal intimidation and so on, and if I am found indulging myself in such prohibitive and antisocial activities. I am liable for severe punishment including removal from the institution and handing over to the police.
6. I hereby declare that I hold myself responsible for the timely payment of dues to the Institution during my studies period, till all my accounts dues are cleared.
7. I am aware that fees once paid will not be refunded under any circumstances.
8. I am fully aware that I have to fulfill 80% of attendance in theory and practical to be eligible for University/Board examinations failing which, I myself will be held responsible for the consequences arising out of it.
9. I am fully aware that, in-case I want to discontinue before expiry / completion of the course, or want to seek transfer to any other college, I shall have to pay full fees (non refundable) then prescribed for all the remaining years i.e., for the entire course.
10. I hereby accept and agree that, all students & officials of the Institute are Indians in broad view. I will not indulge in & observe any kind of religious/traditional/any other customaries that are prohibited by Law, and that will hurt & affect the Grace, Unity, Integrity & Social Environment of the Institution & National well being.
11. I/We hereby declare that, I abide by the above mentioned rules. I/We also declare that, have carefully gone through the instructions for candidates, herein mentioned and agree for the same.

Signature of the Parent / Guardian
Name :
Date :

Signature of the Candidate
Name :
Date :

PRINCIPAL
KLES Institute of Nursing Sciences, Hubballi