



DIANA GROUP OF INSTITUTIONS

33/1 Byrothi Ext., Hennur Bagalur Main Road

Kothanur Post, Bengaluru - 560077

Email : dianagroupofinstitutions@gmail.com

Web : www.dianagroupofinstitutions.com

Affix passport
size recent colour
photograph

APPLICATION FORM

Application No.

Course Applied For : **GNM** **B.Sc Nursing**

D. Pharm **B. Pharm**

STUDENT INFORMATION

| | | | | | | | | | | | |
|------------------|--|--|----------|-------------|-----------------------|----|-----------------------|----------|-----------------------|-----|-----------------------|
| Applicant Name | | | | D.O.B. | | | | | | | |
| Father's Name | | | | Mobile | | | | | | | |
| Mother's Name | | | | Mobile | | | | | | | |
| Nationality | | | Religion | | | | | | | | |
| Sex : M / F | | | Caste | UR | <input type="radio"/> | SC | <input type="radio"/> | ST | <input type="radio"/> | OBC | <input type="radio"/> |
| Complete Address | | | | | | | | | | | |
| City | | | | State | | | | Pin Code | | | |
| Mobile | | | | Aadhaar No. | | | | | | | |

ACADEMIC QUALIFICATIONS

| EXAM NAME | BOARD/UNIVERSITY | PASSING YEAR | SUBJECT | TOTAL MARKS | OBTAIN MARKS | MARKS (%) |
|-----------|------------------|--------------|---------|-------------|--------------|-----------|
| X | | | | | | |
| XII | | | | | | |
| | | | | | | |

DOCUMENTS COPY SUBMITTED

- Madhyamik / SSC / 10th Standard Examination Admit.
- Madhyamik / SSC / 10th Standard Examination Marks Sheet.
- H.S. / 10+2 Mark Sheet.
- Transfer Certificate.
- Migration Certificate from the concerned Board/University.
- Identity Proof (Aadhaar, PAN, Voter ID etc.)
- Recent 6 copy Passport & 2 copy Stamp size Colour Photographs.

DECLARATION

I certify that all the information furnished in this application form for getting admission in **DIANA GROUP OF INSTITUTIONS** are correct, complete and to the best of my knowledge. I agree to abide by all the rules and regulations of the institution. I understand that withholding or giving false information will make me ineligible for admission. I understand the fee paid to **DIANA GROUP OF INSTITUTIONS** are neither refundable nor transferrable under any circumstances.

* Anti Ragging affidavit has to be submitted before admission.

Date :

Place :

Signature of Parent / Guardian

Signature of Student

FOR OFFICE USE ONLY

| Description | 1st Year | 2nd Year | 3rd Year | 4th Year |
|-------------|----------|----------|----------|----------|
| | | | | |
| | | | | |
| | | | | |
| Total Fees | | | | |

Admitted by

Sign. :
Name :
Mobile :

Verified & Approved by

Sign. :