



JSS MAHAVIDYA PEETHA JSS COLLEGE OF NURSING

1st Main, Saraswathipuram, Mysore - 9
(Affiliated to Rajiv Gandhi University of Health Science, Bangalore)
(Recognized by Indian Nursing Council & Karnataka State Nursing Council)

Space for photo to be affixed please stick with adhesive do not pin

No.	FORM 'B'		
662	Application for Admission to B.Sc. Nursing (Post Basic) Course 20 - 20		
1. Name of the Candidate in full (block letters) to be entered as found in the certificate of the qualifying examination			
2. Father's Name/Husband's Name (if married)			
3. Name of the guardian & relationship (if Father/Husband is not alive)			
4. Permanent address of Father/Husband/Guardian with Telephone number, Mobile, email.			
5. Present address of the candidate with Telephone number, Mobile, email.			
6. Religion			
7. Whether you belong to Scheduled Caste/ Scheduled Tribe/Backward Class (State sect, if you belong to any one of these categories)			
8. Occupation of Father/Guardian/Husband			
9. Annual income of Father/Guardian/Husband			
10. a) Date of birth (in Christian era)			
b) Place of birth	Place	Taluk	District
c) State of domicile			
d) Mother tongue			
e) Languages which you can:	Read	Write	Speak
11. Are you :			
a) A citizen of Indian Union? If not mention nationality			
b) Have you applied for Eligibility Certificate	Yes	No	

12. Academic Particulars

Exam passed at the School/ College	Name & Address of the School / college	Name of the Board/Univ	Reg. No.	Percentage of Marks Obtained & Class/Division	No. of attempts for Passing	Year of Passing
a) SSLC/ Matriculation						
b) PUC/ Equivalent Examination						

13. Details of the Qualifying Examination (G.N.M)

Institution Names & Address, where studied	Name of the Board	Reg. No.	Percentage of Marks Obtained & Class/Division	No. of attempts for Passing	Year of Passing

Name of the Registration Council:

RN

RM

Registration Number

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14. PROFESSIONAL EXPERIENCE AFTER COMPLETING G.N.M

Name & Address of Institution	Designation Held	Duration		Total experience in year & Months
		From	To	

15. Details of enclosures to be attached to the application:

- a) One photocopy of the G.N.M & Marks card
- b) One photocopy of the Registration Certificate (Both RN & RM)
- c) One photocopy of the PUC Certificate & the statement of the marks cards
- d) One photocopy of the S.S.L.C. certificate showing the date of birth
- e) One latest passport size photo duly affixed to the application form
- f) One photocopy of SC/BC certificate duly certified, if applicable
- g) One photocopy of the Experience Certificates

DECLARATION BY THE CANDIDATE

1. I hereby declare that the above information is true and complete and I am aware that if any information is found to be incorrect or incomplete my application shall be rejected/admission shall be cancelled.
2. I have read and understood all the provision contained in the prospectus and declare to abide by these provisions.
3. I have attached FORM 'B' and photocopies of the following certificates, I have not attached original certificates.
 - a. GNM certificate
 - b. Marks sheet of GNM & B.Sc. Nursing
 - c. Date of Birth Certificate
 - d. P.U.C. or 10 + 2 marks sheet & certificate
 - e. Experience certificate
 - f. Registration certificate
 - g. One passport size photo
 - h. SC/BC certificate (if applicable)

Note : Do not attach FORM 'A' & 'C'

Place:

Date:

Signature of the Candidate

DECLARATION BY THE PARENT/GUARDIAN

I hereby declare that I am aware of the financial obligations of admitting my child/wife at this institution and I can afford and undertake to pay the tuition and other fees payable to the institution under its rules. I also affirm and endorse the declaration made above by my child/wife.

Place:

Date:

Signature of the Parent/Guardian

FOR OFFICE USE

Eligible/Not eligible
for admission

Admission is approved/
Rejected

Admitted/
not admitted