



St. Lords Educational Trust (R)

# SHREE BHAVANI GROUP OF INSTITUTES

Recognised By Govt. of Karnataka, Indian Nursing Council, New Delhi &

Karnataka Nursing Council, Bangalore

Head Office : Near Radhakrishna High School, Gutte Srinagar, Bangalore – 50.

#19/1, 19th Cross, 3rd Main Road, Bhuvaneshwarinagar, Bangalore – 560023.

Website : [www.shreebhavaniinstitutes.com](http://www.shreebhavaniinstitutes.com)

Sl. No.

Date.....

COURSES: GNM / B.Sc. (N) / PBSC (N) / MSC (N)

SCHOOL / COLLEGE

1. Name of the Candidate  
(in block letters)

2. a) Name of the Father / Guardian  
a) Name of the Mother / Guardian  
b) Occupation of Parent /Guardian  
c) Annual income of the Parent /Guardian

3. Date of Birth and Age

4. a) Sex Male /Female  
b) Marital Status

5. Whether the candidate belongs to  
Karnataka / Non-Karnataka (Mention the State)

6. a) Nationality, Religion i) S.C / S.T  
b) Whether the candidate belongs to ii) Physically Challenged  
(Certificate should be enclosed) iii) General

7. Mother Tongue

8. Highest Examination Passed i) Reg No  
ii) Month & Year  
iii) Marks  
iv) Percentage

9. Address

Permanent Address

Correspondence Address

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## DECLARATION

I declare that above statements are true & correct to the best of my knowledge. I further certify that I have obtained permission from my parents to accept a seat in your institute, if it is offered to me. I agree to abide by the rules & regulations of the institution & hostel.

.....  
Signature of Parents / Guardian

Place:

Date:

.....  
Signature of Candidate

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## IMPORTANT INSTRUCTIONS

### List of Documents to be Attached :

- 1) A copy of S.S.L.C / Matriculation / P.U.C / P.D.C / any other educational certificate
- 2) Aadhar Card /Residential Certificate
- 3) PAN Card and Parents Income Certificate
- 4) Ten copies of recent Passport size photograph

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## FITNESS CERTIFICATE

(to be certified by a recognized Medical Practitioner)

Height :

Weight:

Sight:

Hearing:

Condition of :

Heart :

Lings:

Teeth:

Whether the candidate has suffered from any other :

### Remarks:

I certify that Mr./Mrs. ....

And that I cannot identify any disease, constitutional weakness or bodily infirmity in him or her. I consider him/her find is fit to undergo training admitted Nursing Course.

Date:

Place:

.....  
Signature of Medical Practitioner

(with Seal & Reg No.)

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## OFFICE USE ONLY

Admission No..... Nursing Course

Admn. Fee..... year.....

Date of Admission .....

Date :

.....  
Authorised Signatory