



DIVINE INSTITUTE OF NURSING SCIENCES

GO No. AAKUKA 116 MME 1998 & AAKUKA153/MME/2011

Recognized By Indian Nursing Council, New Delhi (INC School Code: 1502676) & Karnataka State Nursing Council (KNC No.199:2017-18) KSDNEB, School Code : 083 # 1-1279/06/109, Near DDPI Office, Masjid - E -Almarif Road, Divine Nagar, Kalaburagi-585102, Karnataka State, Email: divineion083klb@Gmail.com,Cell:7019763441,Ph:08472263442

APPLICATION FORM FOR ADMISSION TO: (GNM / B.SC NURSING / PB BSC NURSING / MSC NURSING) COURSES

S.No,

for the Academic Year 20 - 20

1. FULL NAME OF APPLICANT
(AS PER 10TH MARKS CARD)
CAPITAL LETTER ONLY

2. FATHER NAME.....

3. MOTHER NAME.....

4. DATE OF BIRTH..... IN WORDS:

5. NAME OF THE COLLEGE LAST STUDIED.....

6. QUALIFYING EXAMINATION PASSED.....

7. AADHAR NUMBER..... BLOOD GROUP:

8. PARENTS CONTACT NUMBER.....

9. STUDENT EMAIL ID:

10. QUALIFICATION MARKS DETAILS

S.L NO	OPTIONAL SUBJECT	MARKS OBTAINED	PERCENTAGE
1			
2			
3			
4			
TOTAL MARKS			

PERMANENT ADDRESS:

.....

PHONE NUMBER:...../..... PIN CODE.....

DECLARATION BY CANDIDATE

I agree to the condition that in case any information furnished in the application found to be false this application for admission may be cancelled and the fees paid may be forfeited.

DATE :

PLACE:

SIGNATURE OF THE CANDIDATE

DECLARATION BY THE PERENT

I have gone through the rules and regulation of the institution and i agree with all the terms and conditions.

DATE :

PLACE:

SIGNATURE OF THE PARENT

Contact No:

FOR OFFICE USE ONLY

CERTIFIED THAT THE RECORDS OF THE CANDIDATE HAVE BEEN VERIFIDE ARE FOUND CORRECT.