Application No. _____

K.L.E. Society's

INSTITUTE OF NURSING SCIENCES

Main Road, **GOKAK - 591 307.** Dist. Belagavi, Karnataka.

APPLICATION FORM FOR ADMISSION TO GENERAL NURSING AND MIDWIFERY

1	Year of Admission			Fix your Passport Size Photograph
2	State			
3	Marks obtained at 10+2 or its equivalent exam.	Marks : Percentage :	Out of :	
4.	Aggregate Mark of PCBE or any other 3 main subjects plus English	Marks : Percentage :	Out of :	

To,

The Principal,
KLES Institute of Nursing Sciences, Gokak

Sir/Madam,

I the undersigned wish to seek admission to **1st Year General Nursing and Midwifery Course** in your institution. I am giving below the following 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 the original documents and attested copies of all necessary documents with this admission form.

1. Full Name of the Candidate (In block letters)			
2. Father's Name			
3. Full Name of the Parent / Guardian with postal address			
4. Contact No.			
5. Local address of Parent / Guardian, if any			
6. Contact No.			
7. Date of Birth, Place of Birth & Age			
8. Nationality / Religion / Caste			
9. Languages known			
10. Marital Status			
11. Occupation of Parent / Guardian			
12. Annual Income of Family			

ACADEMIC INFORMATION

Examination Passed	Name of the School/College	Name of University/Board	Exam. Seat No.	Month & Year of Passing	Total Marks Obt. & %
SSLC / SSC Xth Std.					
II PUC XII Std. (Science/ Commerce/ Arts)					
Others, if any					

Subjects Studied at IInd PUC/XII Std. or its Equivalent

1) _____ 2) _____ 3) _____

4) _____ 5) _____ 6) _____

Important :

The following original attested copies (in 4 sets) of documents have been attached with the application

1) S.S.L.C./Xth Standard Marks Cards
2) IInd PUC/XII Standard Marks Cards
3) Transfer/L.C. Certificate from previous Institution
4) Migration Certificate (only for Non Karnataka students)
5) Character Certificates from the previous institution.
6) Physical Fitness Certificate
7) Caste & Income Certificate

Note :

The admission is subject to the approval from Karnataka State Nursing Council and KSDNEB, Bengaluru.

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

Signature of the Candidate

Name _____

Place _____

Date _____

DECLARATION BY THE CANDIDATE & PARENT / GUARDIAN

1. I hereby agree, if admitted to the G.N.M. Course, I abide by the rules and regulations at present in force or that may be hereafter framed for the governance of the institution and its Management and Hostels and I undertake that so long as I am a student of the institute, I do nothing either inside or outside the Institution, that will interfare with the orderly governance and discipline.
2. I hereby agree to make good any loss or damage to books, apparatus, furniture, and other belongings to institution and its attached Hostels etc., which may be caused by my carelessness, negligence or wantonness on my part.
3. I hereby solemnly affirm that statements made and information furnished in my application form, as also all the enclosures there to submit by me. are true. Should it however, be found that any information furnished therein 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.
4. I hereby assure that I will not indulge or report myself in any form of anti-social and prohibitive activities such as Ragging or any kind of harassment 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, assult, 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.
5. I hereby declare that I hold myself responsible for the timely payment of dues to the Institution during period of my studies, till the accounts are cleared.
6. 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.
7. I am aware that fees once paid will not be refunded under any circumstances.
8. I am fully aware that, in-case I want to discontinue before expiry/completion of the course, or wants 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.
9. I hereby declare that I abide by the above mentioned rules. I also declare that I have carefully gone through the instructions to candidates, herein mentioned and agree for the same.

Signature of the Parent/Guardian		Signature of the Candidate	
Name	:	Name	:
Aadhar No.	:	Aadhar No.	:
Date	:	Date	:

FOR OFFICE USE ONLY

Mr./Miss _____ is

admitted to 1st year G.N.M. course for the year _____

Fee Receipt No. _____ Dated _____ for Rs. _____

Date : _____

Principal
KLES Institute of Nursing Sciences,
Gokak