



SHRI MARUTHI SCHOOL OF NURSING

#21/A, Doddabyalakere, Hessarghatta Road, Shivakote, Yelahanka
Bengaluru - 560089, Phone: +91 99867 37666
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NURSING APPLICATION FORM

USE ONLY BLOCK LETTERS

Personal Application

Mr. Ms. Mrs.

Name of the Applicant

Gender M F Date of Birth Marital Status

Caste SC ST OBC GN Aadhaar No

Place of Birth

Nationality Religion

Father Name Mother Name

Father Occupation Mother Occupation

Contact Number Contact Number

Medical Disability (If any) Blood Group

Address

Name & Address

City State PIN

Phone Mobile

Email

Select Programme

GNM

Academic Record

X					
XII					
I Year					
II Year					
III Year					
IV Year					

Note : If appearing for the final year / Final Semester graduation examination, then please mention the month and year of the examination

Month :

Year :

Entrance Test Details

Work Experience

Do you have a Passport : Y N

If yes please give the following details :

Passport No :Year of expiry : Issued at :

Country :Visa No.

Declaration

I certify that all the information furnished in this application form for getting admission in SHRI MARUTHI 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 SHRI MARUTHI GROUP OF INSTITUTIONS are neither refundable nor transferrable at any circumstances.

Date :

Place :

Signature of the Applicant