Cell : 9845766661

SURABHI NGO WELFARE ORGANISATION (R)

PRAYAVI SCHOOL OF NURSING ☐ SURABHI INSTITUTE OF NURSING ☐
PRAYAVI COLLEGE OF NURSING ☐ AMRUTHA SCHOOL OF NURSING ☐

Recognised by Govt of Karnataka and Affiliated to KNC & INC

Plot No. 6A, KIADB Area, Humnabad Road, Kolhar (K), Bidar - 585 401. Ph 08482-232191

APPLICATION FORM

(TO BE FILLED IN BLOCK LETTERS)

Affix with Latest Photograph

1. Full Name of Applicant
   To be filled in block latter by the applicant in his writing

2. Aadhar Card Number

3. Father's / Guardian's Name.....

   Mother's Name.....

Occupation of Father / Guardian.....

3. Date of Birth.....Age .....Place of Birth.....

4. Sex ☐ Male ☐ Female ☐ Marital Status .....

5. Whether the candidate belongs to Karnataka Yes ☐ Other State .....

6. Nationality .....Religion ..... Caste.....

7. If SC / ST / Backward Class give particulars (Attach Proof) .....

8. Mother Tongue .....Languages Known .....

9. Name of college last attended .....

10. Year of Passing .....Qualifying exam passed Reg. No. .....

Sl No.	SUBJECT	Marks Obtained in PUC/ PDC / INTER 10+2	Percentage of Total Marks
1.			
2.			
3.			
4.			
5.			
6.			

10. Address - Permanent

Phone Numbers

1. Student :..... e-mail ID .....

2. Father :..... e-mail ID .....

3. Mother :..... e-mail ID .....

11. Address for Correspondence

12. Identification Marks as per 10th Certificate

1. .....

2. .....

3. .....

DECLARATION

Declare that the above statements are true to the best of my knowledge and belief, further I certify that I have obtained permission from my parents / guardian to accept a seat on your institution if it is offered to me. I agree to abide by the rules regulations of the institution and the Hostel.

Signature of Parent / Guardian

Signature of Student

Place :

Date :