

MOTHER KRISHNA BAI COLLEGE OF NURSING

(Managed by Sagarlal Matadin Charitable Trust)

Sagarlal Memorial Hospital & Matadin Goel Research Centre

1-5-551- 554, Musheerabad, Hyderabad - 500 020

Phones: 23445508 Fax: 040-23445508, E-mail: mkbcollogeofnursing@gmail.com

Recognised by the Govt. of T.S. & T.S. Nursing Council & Indian Nursing Council, Delhi

Affiliated to KNR University of Health Sciences for Admission to Basic B.Sc. Nursing

Vide orders No. 3190/A5/Nsg/2002, Dated: 25-09-2002



B.Sc.(N) APPLICATION FORM

For Office Use

Application No..... Last Date..... Selection No..... Admission No.....	Photo
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1. Name of the Candidate.....
(In Block Letters)
2. Father's / Guardian's Name :
3. Age & Date of Birth :
- Place & State of Birth :
4. Religion, Community, Caste
(Whether belongs to SC/ST/BC/OC)
5. Permanent Address of Parent/Guardian :
-
- a) . Present Address :
-
6. Annual Income of Parent/Guardian :
7. Extra Curricular Activities if any :
8. Identification Marks :
- 9 a. Marital Status : Married / Unmarried
- 9 b. Educational Qualifications :

Examination	Reg. No.	Name of University	Optionals	Medium of instruction	Year passed	Max. Marks	Minimum Marks	Marks secured	Total percentage	No.of Attempts
1. S.S.L.C.										
2. Inter/HSC/ 12th std.										
3. Higher Qualification if any										
4. Any other Qualification										

10. Has any experience in Midwifery or Nursing? If so how long?

11. Languages known :

	Read	Write	Speak
a)
b)
c)
d)

12. References:

Give below names and addresses of two persons of good standing other than relatives to whom a reference may be made, one of whom should be the Principal of the Institution where you last attended :

- 1.
.....
- 2.
.....

DECLARATION BY THE CANDIDATE

I hereby declare that I have filled up this form by myself and all the information given herein is true to the best of my knowledge. I have read and understood the prospectus and hereby give an undertaking to abide by all the rules and regulations of the Institution. I also agree to follow the discipline of the college and promise not to indulge in any form of indiscipline considered as such by the Institution.

Date :

Signature of Parent/Guardian :

Signature of candidate

Relationship :

Name & Address :

IMPORTANT INSTRUCTIONS

- 1. The application should be filled up in block letters in your own handwriting.
- 2. The application should be enclosed with the following attested copies of documents (Do not enclose originals):
 - a) Copy of Intermediate/H.S.C./12th standard/P.D.C. or equivalent certificates and marks memos.
 - b) Copies of certificates of other educational qualifications, if any.
 - c) Copy of Transfer certificate.
 - d) Conduct certificate from the Head of the Institution last attended.
 - e) Eight recent passport size photographs.
 - f) Copy of certificate showing date of birth.
 - g) Caste certificate if SC/ST/BC class.
 - h) Self-addressed stamped envelopes of size 9" x 4".
 - i) Covering letter in the candidate's own handwriting, with list of enclosures.
 - j) Parent or Guardian 2 photographs
 - k) Self addressed envelop
- 3. Incomplete applications will not be entertained.

GENERAL FINANCIAL AGREEMENT AND DECLARATION

I hereby declare that I shall stand by this centre and give my wholehearted support and co-operation to the administration. I have no objection to my ward receiving instruction in your Institute. I agree to assume responsibility for my ward's educational expenses monthly. I will also bear for the loss or damage to the property due to my ward's behaviour and give full co-operation for my ward's discipline, behaviour, regular attendance and studies. I also state that the details given in the above application are true to the best of my knowledge.

PARENT / GUARDIAN

JOINT DECLARATION BY THE APPLICANT AND APPLICANT'S PARENT / GUARDIAN

Certified that the information furnished under items 1 to 12 above is correct to the best of my knowledge and belief.

I will abide by the rules and discipline of the Institute and I shall take care of the equipment entrusted to me. Should it however be found that information in the application or in the enclosure is untrue in material particulars I realise that I am liable to be discharged summarily.

Place :

Signature of the Applicant

Date:

Signature of the Parent/Guardian