



Raman Education Society (R)

# RAMAN SCHOOL OF NURSING

(Recognized by Govt. of Karnataka & Approved by KNC & INC)

# 134, "Vishwabharathi campus" Magadi Road, Kamakshipalya, Bangalore -79. Phone : 23488623

## APPLICATION FOR ADMISSION TO GENERAL NURSING AND MIDWIFERY COURSE

302

Sl.No.

Date .....

1. Name of the Candidate  
(in block letters)

2. a) Name of the Father/Guardian  
b) Occupation of Parent/Guardian  
c) Annual Income of the Parent/Guardian

3. Date of Birth and Place of birth

4. a) Sex Male/Female  
b) Martial Status

5. Whether the candidate belongs to  
Karnataka/Non-Karnataka (Mention State)

6. a) Nationality, Religion & Caste  
b) Whether the candidate belongs to  
Certificate should be enclosed)
- |              |                   |
|--------------|-------------------|
| i) S.C.      | vi) Group D       |
| ii) S.T.     | vii) Group E      |
| iii) Group A | viii) Handicapped |
| iv) Group B  | ix) General       |
| v) Group C   |                   |

7. Mother Tongue

8. a) Highest Examination Passed  
b) Medium of Instruction in PUC/PDC  
c) Give details of passing PUC/PDC  
or equivalent examination
- |                         |
|-------------------------|
| i) Reg. No.....         |
| ii) Month & Year.....   |
| iii) Maximum Marks..... |
| iv) Marks obtained..... |
| v) Percentage.....      |

9. Address Permanent Address Correspondence address

P.T.O.

## DECLARATION

I declare that above statements to be true and correct to the best of my knowledge and belief, I further certify that I have obtained permission from my parents to accept a seat in your institution, if it is offered to me, I agree to abide by the Rules and Regulations of the Institution and Hostel.

.....  
Signature of the Parent/Guardian

.....  
Signature of the Candidate

Place :

Date :

## IMPORTANT INSTRUCTIONS

1. List of documents to be attached:
  - a) A xerox copy of S.S.L.C./Matriculation/P.U.C./P.D.C./ any other educational certificate with the marks list (copies of originals).
  - b) Character Certificate attested by Head of School/College/Institution or a gazetted officer.
  - c) Five copies of recent Passport size photograph.
  - d) Self-addressed Post Cover.

## MEDICAL CERTIFICATE

(to be certified by a recognised Medical Practitioner)

Height:

Weight:

Sight:

Hearing :

Condition of

Heart :

Lungs :

Teeth :

Whether the candidate has suffered from any of the following:

- |                     |                                |
|---------------------|--------------------------------|
| a) Tuberculosis     | e) Varicose Veins              |
| b) Rheumatic Fever  | f) Mental or Nervous disorders |
| c) Rheumatism       |                                |
| d) Cardiac diseases |                                |

### Remarks:

I certify that I have examined .....

and that I cannot discover any disease, constitutional weakness or bodily infirmity in him/her. I consider him/ her to be fit to undergo training in General Nursing and Midwifery.

Date :

Place :

.....  
Signature of Medical Practitioner  
(With Seal) and Reg.No.

## OFFICE USE ONLY

Admission No. ....

Admitted into 1 year General Nursing and Midwifery

Admn. Fee Rt.No. ....

Course for the year .....

Date of Admission .....

Date:

Signature of the Principal