



VIMALALAYA COLLEGE OF NURSING

Huskur Gate, Electronic City Post, Bengaluru -560 100

Web: www.vimalalayacollegeofnursing.com; Mail: vimalalayacollegeofnursing@gmail.com

Contact: 080-27832133; +91-9513025255

APPLICATION FOR ADMISSION TO B.Sc. NURSING COURSE

Application #:

Passport size
photo of the
Candidate

1.	Name in Full (Block Letters)		
2.	Age & Date of Birth (As per the SSLC/ 10 th Certificate)		
3.	Gender		
4.	Permanent Postal Address with mobile Number, Email ID of the Applicant		
5.	Caste/ Religion (Certificate to be produced in case of SC/ST)		
6.	Nationality		
7.	Place of Birth		
8.	Educational Qualification		
9.	Name & Address of the School last studied.	Class Studied	Duration
			From (Year)
10.	Medium of Instruction		
11.	Year of Passing		
12.	Total marks obtained in qualifying examination		

13.	Subjects	Max Mark	Marks Obtained	Percentage
*Attach Photocopy of the Marks Card.				
14.	Name, Address of the Parent/ Guardian			
15.	Relationship of the Applicant			
16.	Occupation and Income of the Parent			
17.	Are you in good health (Physical fitness certificate from a registered Medical Practitioner)			

DECLARATION

I (Candidate)..... do hereby agree to complete the course of training and undertake to abide by the rule of Vimalalaya College of Nursing and that of Vimalalaya Hospital, Huskur Gate, Electronic City, Bangalore. In case I fail to complete the course, I declare that I shall refund the expense incurred by the institution on my behalf and indemnify the institution for all the damages caused by me.

I do hereby undertake not to involve myself in any movement of organization or do any such act which might cause the discipline of the College of Nursing or Hospital. If I am found to be prima facie involved in any acts of discipline, I shall not question or resist any act of management for enforcing discipline in the institution

I affirm all the statement made by me in this application and the documents produced thereof, are true to the best of my knowledge and belief.

Place :

Signature of:

Date :

a) Candidate

b) Guardian

DECLARATION OF THE GUARDIAN

I (Name) (Relationship of the applicant)
has carefully gone through the prospectus and undertake in the event of the above applicant being
admitted to pay regularly the college fees, all the hostel and other dues till the completion of the course.

Place :

Signature of the Parent/ Guardian

Date :

Name :

FOR OFFICE USE ONLY

The Applicant..... has been given admission to B. Sc. Nursing
Course at Vimalalaya College of Nursing. Her statement of marks is verified and found correct.

Fees paid vide Receipt # :

Dated :

Checked by :

Principal