

Sl No.

Roll No.



SAINATH COLLEGE OF NURSING

C/O SHRI HOSPITAL, PLOT 22, M.M CHOUBEY WARD, NH 7,

KATNI (M.P) 483501

www.sainathsconkatni.webs.com, saxeenahospital@gmail.com



APPLICATION FORM FOR ADMISSION IN

(To be filled by the candidate)

To

THE PRINCIPAL,
SAINATH COLLEGE OF NURSING, KATNI

Sir/Madam,

B.Sc (N) GNM ANM

I am desiring enough of being admitted in your institute as a regular student and submit the following Bio-data/information for my eligibility and consideration for admission.

1. Name of the Applicant (in Block Letters)

2. Father's Name

3. Mother's Name

4. Name of the Guardian Occupation

5. Permanent Address : At _____ P.O. _____
P.S. _____ Via. _____
Dist. _____ Pin _____
State _____

6. Present Address : At _____ P.O. _____
P.S. _____ Via. _____
Dist. _____ Pin _____
State _____

7. Telephone No. (Res) _____ (Office) _____ (Mobile) _____

8. Education Qualification _____

(Original Mark Sheet & Attested Passport Size Photograph should enclosed here with)

Year of Passing	Name of Exam	Board/University	Total Marks Secured

9. Date of birth (as record) in figure _____ (in words) _____

10. Nationality : _____ 11. Category : (GEN/OBC/SC/ST) _____

12. Course Applying for /Class in which Admitted : _____

13. Sex (Male / Female) _____

I, Shri / Kumari _____ do hereby declare that the above information are true and I agree to abide by all the rules and regulations indicate in the above in the prospectus of the institution. Complete the course, pay the fees, shall not be defaulter and irregular in any respect, shall not misuse any machinery/fixtures, shall not misbehave any member of the institution, failing which my name shall be stuck at any time and my deposited fees and caution money shall be forfeited automatically.

Your's Faithfully

Signature of the Father/Guardian

Full Signature of the Applicant