



232559

KALPATHARU SCHOOL OF NURSING

Belthangady, Mangalore, D.K (District), Karnataka - 574214

Affiliated to KSDNEB, Recognized by Indian Nursing
Council, Karnataka State Nursing Council
Approved by Govt. of Karnataka

Application No .

APPLICATION FORM

Affix
PHOTO**Course**GNM Name of the Candidate
(IN Block Letters)

Father's Name

Mother's Name

Permanent Address

Present Address :

Nationality

Pincode

Land Phone

Mobile

E-mail

Whatsap

Sex

 Male Female

Marital Status

 Yes No

Age

Date of Birth

Religious

Caste

Blood Group

Mother Tongue

EDUCATIONAL QUALIFICATIONS

Educational Qualification	Name of the Board	Year of Passing	No. of Attempts	Total Marks Scored	% (Percentage)
SSLC / 10 th					
Plus Two / 12 th					

Attested photocopies of the Certificates to be enclosed along with 10 Recent Passport Size Photographs

Items	Yes/No	Items	Yes/No
1) 10 th Certificate and Marks Sheet		5) Transfer Certificate	
2) Plus Two Certificate and Marks Sheet		6) Conduct Certificate	
3) Migration Certificate		7) Aadhaar Card	
4) Eligibility Certificate		8) Passport Size Photo - 6 nos.	

Local Guardian's Address.....

Phone :..... Mobile :.....

Declaration by the Candidate & Parent: We hereby declare that all the information provided in the application form above is true to the best of our knowledge and belief.

Signature of the Parent / Guardian

Signature of the Candidate

Date :.....

Place :.....

Fees and Other Considerations are to be paid through DD in favor of Kalpatharu School of Nursing payable at Mangalore.

(for Office use only)

Admitted : Yes /No.

Admitted No. :

(Signature of Administrator)

(Signature of the Principal)