

Sara Grace Educational Society

## GRACE COLLEGE OF NURSING

Door No: 3/39, Pothepalle, Machilipatnam,

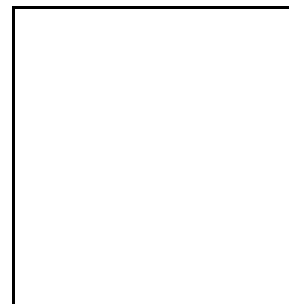
Krishna Dist., Andhra Pradesh - 521 002

Phone No: 7989766058, 9603561234

Recognised by the Govt. of A.P, Andhra Pradesh Nursing Council and I.N.C, New Delhi.

**AFFILIATED TO: DR. N.T.R. UNIVERSITY OF HEALTH SCIENCES, A.P.**

**College Whatsapp/Telegram : 8500254345, 9492644555**



Application form for Admission into **B.Sc Nursing** Course for the Year of \_\_\_\_\_

### APPLICANTS INFORMATION

Name of the Candidate (As per Intermediate )	:			
Name of the father/ Guardian	:			
Mother's Name	:			
Date of Birth	:			
Nationality:	:			
Mother Tongue	:			
Religion	:		Caste :	

Address for Correspondence of Applicant : Door No :

District		PIN:		State	

Father Mobile		Mother Mobile	
Mobile		Whatsapp Mobile :	

Candidate Aadhaar No		Father Aadhaar	
		Mather Aadhaar	

Educational Qualifications :

SSC (Regular)		SSC (Supplementary)		Intermediate (Regular)		Intermediate (Supplementary)	
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Year of Pass :		SSC Examination Hall Ticket No :	
Year of Pass :		Intermediate (10+2) Examination Hall Ticket No :	

AP-EAPCET or NEET Hall Ticket No :		AP-EAPCET or NEET Rank	
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<i>Intermediate Subjects :</i>	<i>Max</i>	<i>Marks Obtained</i>	<i>Intermediate Subjects :</i>	<i>Max</i>	<i>Marks Obtained</i>
English	200		Physics	150	
Hindi/Telugu/Others	200		Chemistry	150	
			Botany	150	
			Zoology	150	
			Other:		
<b>TOTAL</b>	<b>400</b>		<b>TOTAL</b>	<b>600</b>	

**Declaration**

*I hereby solemnly and sincerely affirm that the statement made and information furnished by me in the application form and also in all the enclosures thereto submitted by me are true and correct. I have not kept any information secret. Should it however be found that any information furnished therein is false,, incorrect or untrue in material particulars, I realize that my selection or admission to the course is liable to be cancelled and I am liable to criminal prosecution. Further I also agree to forego my seat in the Training Institute unconditionally. If selected for training I am prepared to pay the fees in full and abide by the RULES and REGULATIONS of the Institution.*

***Signature of the Applicant***

*I have fully read the information furnished by my daughter, affirm that it is true and if it is proved that the information was fraudulent, I am liable to be prosecuted.*

*Date : .....*

*Place : .....*

***Signature of Father / Guardian***

***Note :*** No application will be entertained unless the declaration is signed by candidate and Parent / Guardian. (Guardian,if Father is not alive)

<b><i>DOCUMENTS TO BE SUBMITTED ALONG WITH THE APPLICATION FOR</i></b>					
1	S.S.C. Examination	2	Intermediate Certificate	3	Transfer Certificate
4	6th Class to Intermediate Study Certificate	5	Caste Certificate	6	Aadhaar card copys of Candidate& Father & Mother
7	AP-EAPCET or NEET Rank Card	8	FIVE Recent Passport		

**for office use:**

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