



PAN-ASIA INSTITUTIONS

Lohithnagar, Nelamangala,
Bangalore - 562 123, Karnataka.

(Recognised by Govt. of Karnataka, INC & KNC, KSDNEB, Affiliated to RGUHS)

ADMISSION APPLICATION FORM

- GNM P.B.B.Sc. Nursing
 B.Sc. Nursing M.Sc. Nursing

Affix your
Passport size
Photograph here

Admission No.

Year 20 20.....

Date : _____

Name of Student : _____

Date of Birth :

Age : _____ Sex : M F

Aadhar No. : _____

Nationality : _____ Caste : _____ Blood Group : _____

Religion : _____

Father's Name : _____

Mother's Name : _____

Postal Address : _____

Street : _____

City : _____

State : _____

Residential Number : _____ Whatsapp No. : _____

Student Email ID : _____

(Original Documents required at the time of Admission)

- | | |
|---|---|
| <input type="checkbox"/> SSLC / 10th | <input type="checkbox"/> Degree Certificate |
| <input type="checkbox"/> Plus Two / PUC | <input type="checkbox"/> State Registration Certificate |
| <input type="checkbox"/> GNM Marks Card | <input type="checkbox"/> Transfer Certificate |
| <input type="checkbox"/> Diploma Certificate | <input type="checkbox"/> Experience Certificate |
| <input type="checkbox"/> DOB Proof / Admit Card | <input type="checkbox"/> Transcript |
| <input type="checkbox"/> B.Sc. Marks Card | <input type="checkbox"/> Course Completion |
| <input type="checkbox"/> Photos | <input type="checkbox"/> Aadhar Xerox |

Qualified Examination Passed : _____ Registration No. : _____

Marks obtained in the qualifying Examination :

Sl. No.	Subject	Marks Obtained	Percentage

DECLARATION

I / we pledge that all information provided herewith is true to the best of our knowledge. I /we fully agree to abide by all the policies, rules and regulations of the institution and in case of non-confirmation would accept the verdict of the institution as the final. I/we also understood and accept that in case of discontinuation of the course for any reasons. I/we shall forgo the entire fee including deposits paid to the institution and not claim any reimbursements for compensations.

Date :

Place :

Signature of Parent / Guardian

Signature of Student

FOR OFFICE USE ONLY

Description	1st Year	2nd Year	3rd Year	4th Year
.....
.....
.....

Course

Branch

Admitted by

Verified/Entered by

Parent

Principal