

GOVERNMENT COLLEGE OF NURSING

FORT, BANGALORE – 560 002.

**APPLICATION FOR ADMISSION TO POST BASIC B.Sc. (NURSING)
DEGREE COURSE FOR THE YEAR 2017 - 18 FOR TWO YEARS**

To,

**The Member Secretary and Principal,
Selection Committee,
Govt. College of Nursing,
Victoria Hospital Campus,
Fort, Bangalore – 560 002**

**Affix Latest
Photo With
Attested**

Karnataka State Nursing Council Reg. No:

Note: The application to be filled in by the applicant in Block letters and returned to the Principal & Member Secretary, Selection Committee, Government College of Nursing, Fort, Victoria Hospital Campus, Bangalore-02 on or before 18/8/2017 at 4.00 PM.

A. GENERAL INFORMATION:

- 1. Name in Full (in Block letters) :**
(As per S.S.L.C Marks Card)
- 2. Sex :** **Male/Female**
- 3. A) Date of Birth & Age :**
B) Date of entry into Service :
- 4. Marital status (Tick one) :** **Married/Single**
- 5. Address Of Occupation :**
- 6. (A) Address :** **a) Present Working Address:**
b) Permanent:

(B) Contact No. / Email Address :

(C) Blood Group :

7. Name of the college which you Prefer to join :

Bangalore	<input type="checkbox"/>
Holenarsipura	<input type="checkbox"/>
Hassan	<input type="checkbox"/>
Kidwai, B'lore	<input type="checkbox"/>

8. Do you belong SC/ST / Cat-I (If yes, enclose certificate) :

9. Other reservation category :
If you belongs to Hyderabad–Karnataka Region, mention native place (enclose Proof for the same)

B.GENERAL EDUCATION:

h) Qualifying examination (s) passed (commencing from SSLC)

Exam	Name of the College/ Board	Year	Elective Subjects	Total Marks	Marks Obtained

C.PROFESSIONAL EDUCATION:

Programme	Institution	Location	Date	
			From	To
General Nursing/ Midwifery/ Psychiatric Nursing				

D. EMPLOYMENT:

10. Starting with commencement of Service:

Post Held	Institution	Location	Date	
			From	To

E. ACTIVITIES:

11. Have you published any articles
(If yes, give title, journal date) : Yes/No
12. Have you received recognition of
Achievement in hobbies of sports in
high school/college/Nursing School?
(If yes, give details) : Yes/No
13. Have you received prizes in National
or state S.N.A or TNAI exhibitions?
(if yes, give details) : Yes/No
14. Have you held any office in professional
Organizations? (If yes, give details) : Yes/No

F. DOCUMENTS:

15. Have you enclosed the following
Attested documents?
(If not enclosed give reasons) : Yes/No
1. S.S.L.C Marks card : Yes/No
2. PUC and higher qualification if any,
Certificate : Yes/No
3. Professional certificates : Yes/No
4. Nursing council certificates : Yes/No
5. Extract of Date of birth from SSLC
Certificate. : Yes/No
6. Extract of date of entry into service
from service register : Yes/No
7. Caste certificate if you belong to SC/ST/
CAT-1 or Backward Tribe (enclose
Xerox copy) : Yes/No

8. Certificate of Physical fitness in form No.1 : Yes/No

9. Have you submitted 2 blank forms-III
(Confidential report) one to the Medical
super indent and the other to the Nursing
super indent to be forwarded directly by
them, duly completed, to the Member
Secretary, Selection Committee, Govt.
College of Nursing, Bangalore-02 : Yes/No

G. DECLARATION:

16. By applicant:

I hereby declare that the information furnished in this application is accurate to the best of my knowledge. I am prepared to serve in any part of the Karnataka after finishing my studies.

Place:

Date:

SIGNATURE OF THE APPLICANT

By the Head of the Institution:

I agree to relieve this Staff Nurse should he/she be selected as a candidate for the Post Basic B.Sc. (Nursing) programme conducted at the Government College of Nursing, Fort, Bangalore-560 002.

Place:

Date:

**Signature and Designation of
the Head of the Institution**

FORM – III

CONFIDENTIAL TESTIMONIAL

(Fill up the following column with alphabets)

- A- Excellent
- B- Good
- C- Satisfactory
- D- Below average

POST OF THE APPLICANT.....

- 1. Name of the Applicant :
- 2. Conduct and Character :
- 3. Work Efficiency :
- 4. Relationship with colleagues :
- 5. Ability to adopt to novel ideas
and situations
- 6. Health :
- 7. Personality :
- 8. Development in the profession :
- 9. Suitability for higher studies :
- 10. How long you know the applicant :

SIGNATURE AND DESIGNATION OF
OFFICIAL SUPERIOR

Place:

Date:

PLEASE NOTE:

- 1. Please fill up this and send directly to the Member Secretary, Selection Committee, Government College of Nursing, Victoria Hospital Campus, Fort, Bangalore 560 002.
- 2. This is a confidential report and it is requested that a very objective evaluation of the candidate be given.
- 3. Testimonial should be from the concerned Medical Superintendent / Head of the Department.