

ಕರ್ನಾಟಕರಾಜ್ಯ ಶುಶ್ರೂಷ ಪರಿಷ್ಕಾ ಮಂಡಳಿ

KARNATAKA STATE DIPLOMA IN NURSING EXAMINATION BOARD

2nd Floor Govt School of Nursing Victoria Hospital building Fort, Bangalore 02. Ph 080 86700074, 26700075 Fax 080 26700034

Email ksdneb@gmail.com Web www.ksdneb.org, www.ksdneb.net

APPLICATION FORM FOR ADMISSION TO THE POST BASIC DIPLOMA IN _____
_____ NURSING COURSE YEAR 2017-2018

Name of the Nursing School
and Present Address with Seal

Govt. College of Nursing,
Victoria Hospital Premises,
Fort, Bangalore.

Affix
Student
Photo

Phone No: **080 2670 8745**

Date of Admission: _____

IMPORTANT: All entries must be made in English in Capital letters by the candidate only

1 Full Name of the Applicant

(As per SSLC(XthStd) Marks Card)

2 Father's Name

(As per SSLC(XthStd) Marks Card)

3 Date of Birth

4 Age

4 Name of the Nursing Institution & Place

Where you have studied GNM /

B.ScNsg / PB.B.ScNsg

5 Year of passing the GNM

B.ScNsg / PB.B.ScNsg

6 Have you registered your name in

KSNC Write the Date of Registration

Enclose a copy

7 Name of the Institution where you

have served as staff nurse / serving

at present give details

Sl. No	Name of the Institution	Date Since working
1		
2		
3		
4		

8 Nationality

9 For foreigners

1) Name of the Country

2) Have you produced equivalence certificate from INC

**10 Permanent residential Address
of the applicant with pin code**

11 Documents to be produced along with the application

(Attested Xerox copies of Xth Std., 10+2) Marks Card / B.Sc. Nsg. / PB.B.Sc. Nsg. Certificate / Migration Certificate / GNM Diploma Certificate / KSNC registration Certificate, Equivalence certificate of INC)

DECLARATION BY THE CANDIDATE

I agree to the conditions and in case any information furnished in the application is found to be false this application for admission may be cancelled and the fees paid may be forfeited.

Date:

signature

Certified that the records of the candidate have been verified and found eligible for the course

Signature of the Principle

For In-service Candidates

Declaration

I agree to relieve this nurse he/she be selected as a candidate for the post of Post Basic Diploma course program conducted at the Government College of Nursing Fort, Bangalore.

Place:

Signature and Designation of

Date:

The head of the institution