App. No.

ATHENA SCHOOL OF NURSING

(A UNIT OF ACT INDIA REGD)

Athena Hospital Complex, Falnir Road, Mangalore - 575 001.
Karnataka - India.
TEL: 91-824-4267843
E-mail: athenasonmangalore1@gmail.com Website: www.athenahospital.com

Affix Passport size Photograph

APPLICATION FOR ADMISSION TO DIPLOMA IN NURSING COURSE

1. Name (in block letters) :
2. Father's Name :
3. a) Address for Communication :

   PIN :

   b) Phone No. with STD Code :

   Mobile No. :
4. a) Date of Birth : Age Years

   b) Place of Birth :

   c) State of domicile :
5. a) Religion :

   b) Caste :

   c) SC/ST/OBC :
6. Nationality :
7. a) If any Local Guardian Name & Address

   b) Contact Telephone No. :

8. Academic Particulars

Exam Passed	Name and Address of the School/College	Name of the Board/Univ.	Reg. No.	Percentage of Marks	Year of Passing
a) S.S.L.C./ Metric					
b) PUC or Equivalent Examination					
c) Any other Examination					

9. Total Marks obtained in the qualifying examination and percentage of Marks Secured

Marks _____ out of _____ percentage _____

10. Attested Photostat Enclosures in two sets required are:

1) Marks Card of S.S.L.C.
2) Marks Card of Qualifying Examination (10+2)
3) T.C.
4) Migration Certificate
5) Latest Passport size photographs

DECLARATION BY THE CANDIDATE

I hereby undertake that I have filled-up this form myself and to the best of my knowledge and belief the particulars given above are true.

I have read and understood the prospectus and I hereby undertake to abide by all the rules and regulations in force at present and also those which may hereafter be introduced for the administration of School & hostel.

I also undertake that so long as I am a student of this school, I will do nothing unworthy (of a student of the School) either inside or outside, anything that will interfere with its orderly working and discipline. I am aware that the management has the full authority to expel me for negligence in studies, misbehavior, that will bring down the name of the institution, and nursing profession.

I hereby undertake that I shall pay the fees and other dues to the institution promptly on demand.

Date : Signature of the Applicant Signature of the Parent/Guardian