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SDM INSTITUTE OF NURSING SCIENCES, MANJUSHREENAGAR SATTUR DHARWAD 580009

 **Recognized by Indian Nursing Council, New Delhi. Karnataka State Nursing Council, Bangalore**

 **Affiliated to KSDNEB, Bangalore**

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**APPLICATION FORM FOR ADMISSION TO**

**Diploma in (Nursing) DGNM COURSE FOR THE YEAR ­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_**

**(Please fill in block letters only)**

|  |  |  |  |
| --- | --- | --- | --- |
| 1. | Name of the candidate(As per SSLC/10th Marks Card) |  | **PASSPORT SIZE****PHOTO** |
| 2. | Gender (tick ) |  Male Female  |  |
| 3. | Date of Birth :Mother Tongue:Aadhar Number:PAN Number |  |
| 4. | Father’s name |  |
| 5. | Mother’s name |  |
| 7. | Postal address for correspondence:  |
| Present Address:Pin Code: State: | Permanent Address:Pin Code: State: |
| 8 | a) Ph. No. (Landline) with STD Code: c) Mob. No. Father :b) Mob. No. (Student): Mother: |
| 9. | Email ID  |  Student: |
|  | Father: | Mother: |
|  |  |  |
|  |  |  |
|  |  |  |
| 10 | Month and Year of Passing XII/ PUC II Examination:Name of the Board:Registration No:Name of the College: |
| 11. | Marks Obtained in II PUC/ Equivalent examination

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Marks | Language 1 | Language 2 | Sub I | Sub II | Sub III | Sub IV | Total |
| subjects |  |  |  |  |  |  |  |
| MAX |  |  |  |  |  |  |  |
| SECURED |  |  |  |  |  |  |  |

 |
| 13. | Category (tick ) Caste: Sub Caste:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| GM | Cat I | Cat II A | Cat II B | Cat III A | Cat III B | SC | ST |
|  |  |  |  |  |  |  |  |

 |
| 14. | Nationality : | Religion: |
| 15. | Father’s Occupation / Profession: | Mother’s Occupation / Profession: |

DECLARATION OF THE CANDIDATE

I hereby declare that, all the information furnished above are true and correct to best of my knowledge and also agree that my admission may be cancelled in the event of any falsification of information produced and fees paid may be forfeited.

**Signature of Father/Mother/Guardian Signature of the Candidate**

Place:

Date:

**Fees Undertaking**

I hereby agree to pay the Tuition and other fees prescribed by the college authorities relating under graduate Degree Course/ Diploma Course for the current academic year as well in the subsequent years of the duration of the course. I also agree to meet any financial implications or other consequences as a result of me giving false information.

Course Name:

Category:

I hereby fully aware that following is the Fees payment liability during the course period.

|  |  |  |  |
| --- | --- | --- | --- |
| **Year** | **Tuition Fees** | **College Fees \*** | **Total Fees** |
| 1st Year |  |  |  |
| 2nd Year |  |  |  |
| 3rd Year |  |  |  |

\*College fees subject to change.

I hereby declare that college officials has been explained us the above details at the time of admission of my ward in local language and I am fully aware and agree for the same.

PARENT UNDERTAKING

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Son/daughter of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Residing\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_aged\_\_\_\_\_\_\_\_\_Parent / Guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ do agree for the above undertaking.

Date:

Place: Signature of Parent/Guardian

Date: Signature of the Applicant

**Important Note:**

* The candidate is hereby informed to keep one set of photocopies of his/her all certificates with him/her before submitting originals to the college office.
* All the relevant documents should be submitted by candidate before joining to the Institution without fail.
* In case of withdrawal 10% of the Course fees will be deducted as administrative charges on or before 31.08.20 . Later on no withdrawal will be entertained or student should pay the full course fees.
* Candidate is required to attend the minimum 90% of the training both in Theory and Practical separately during each academic year of the undergraduate course before appearing for final examination.
* Any student who fails to complete the course in the manner stated above shall not be permitted for the University Examination.

 Signature of the Applicant

CERTIFICATE/DOCUMENTS TO BE SUBMITTED FOR ADMISSION TO UNDERGRADUTATE COURSE UNDER GOVERNMENT/MANAGEMENT QUOTA ALONG WITH 3 SETS OF ATTESTED PHOTOCOPIES.

|  |  |  |  |
| --- | --- | --- | --- |
| SL.NO | Particulars of Certificates | YES | NO |
| 1 | Original Seat allotment Order of KEA in case of Government Students |  |  |
| 2 | KEA Fees paid Challan |  |  |
| 3 | KEA Original documents received acknowledgement |  |  |
| 4 | Date of Birth Certificate (SSLC Marks Card / Birth Certificate/School Leaving Certificate) |  |  |
| 5 | PUC II Year Marks Card |  |  |
| 6 | Transfer Certificate |  |  |
| 7 | Migration Certificate in case of Non Karnataka Students |  |  |
| 8 | Eligibility Certificate in case of Non Karnataka Students /CBSE students |  |  |
| 9 | Study Certificate |  |  |
| 10 | Medical Fitness Certificate along with Blood Group |  |  |
| 12 | Photocopy of Aadhar Card Students/Parent |  |  |
| 13 | Photocopy of Bank Pass Book |  |  |
| 14 | Photocopy of Parent/Candidates PAN Card |  |  |
| 15 | Caste & Income Certificate in case of SC/ST/OBC |  |  |
| 16 | Stamp Paper (Face Value Rs.100/-) for fees under taking in the name of the student |  |  |
| 17 | Photos (Passport + Stamp size) 6 each |  |  |

Name:

Course: Signature of the Candidate

Date:

Place: Dharwad. Signature of the College Official