KASTURABA COLLEGE OF NURSING

SMIT Campus, Chandipadar, Ganjam - 761003, Odisha
Cell: +91 9437888778, 9550110167, 9894330940
email: president.kcon@gmail.com website: www. kcon.org.in

Application Form

For the Office Use only (Number) : _____

Session : _____

Course applied for : GNM [ ] ANM [ ]
Post BSc Nursing [ ] BSc Nursing [ ]

1 Mr / Mrs / Miss / Ms / Other : _____

2 Name of the Candidate (Capital Letter) : _____

3 Name of the Father / Guardian : _____

4 Gender : Male [Tick] Female [Tick]

5 Marital Status : Married [Tick] Unmarried [Tick]

6 Caste : SC [Tick] ST [Tick] General [Tick]

7 Religion : _____

8 Domicile State : _____

9 Nationality : _____

10 Date of Birth (DD-MM-YYYY) : _____

11 Mobile Number : _____

12 e_mail Id : _____

13 Permanent Address : _____

_____

_____ Pin code: _____

14 Present Address : _____
(if different from Permanent Address)

_____

_____ Pin code: _____

15 Occupation of the Father / Guardian : _____

16 Emergency Contact Person Details : Tick Relevant One
In case of emergency Speak Parent / Guardian _____ Contact No _____ Relationship

17 Language Known
Read : _____
Write : _____
Speak : _____

18 Educational Qualifications : 10th, 10+2 & GNM (for P.B.B.Sc. Nursing) :

Examination Passed	Name of the Passing Institutions	Name of the Board / University	Year of Passing	Maximum Marks	Marks Obtained	Secured Marks in %

19 Registration No. : RN _____ RM _____

20 Professional Experience for P.B.B.Sc. Nursing :

Post	Name of the Institution	Date		Total Experience	Remarks
		From	To		

21 Do you need Hostel Accommodation : Yes ☐ No ☐

22 Do you have any criminal convictions : Yes ☐ No ☐

23 How you would know about this course : _____

DECLARATION

Undertaking and pledge by the candidate:

a. I hereby certify that the information given above is complete and accurate to the best of my knowledge an belief.

b. I agree to observe and abide by all the rules and regulations of the institution including those with regard to programme of studies, syllabus, examination rules and the hostel rules that may be laid from time to time by the institution during my period of studies and i will not associate myself with any activity prejudicial to the discipline of institution.

c. I fully understand that for any violation or infrigement of these rules and regulations, disciplinary action can be taken against me by the authorities which may include cancellation of the candidature.

d. I certify that I am not involved in any illigal activity and no criminal case is pending against me in any court of law.

e. I understand that in any stage, it is found that I have provided any wrong information to seek admission, my admission shall stand cancelled automatically and i shall have no claim whatsoever, on the seat or the dues paid to the institution.

f. I certify that I have not passed the qualifying examination from more than one Board/University/any other examination body.

- Male candidate shall affix their Left Thumb Impression
- Female candidate shall affix their Right Thumb Impression

Thumb Impression

Signature of the applicant

DECLARATION BY THE PARENT / GUARDIAN

I, have gone through the particulars filled above and the decalration signed by my ward. I undertake the responsible for the payment of all his / her dues, if any, to the institute. I am aware of the "Payment of Fees" has been charged for the course. I also agree to meet the expenses as may enhanced from time to time by the Institution. The whole course fees has to be paid if he/she withdraw the course voluntary in between the academic years / before completions.

I undertake to see that my ward abides by the rules and regulations of the College and Hostel attached to it. Together with the undertaking given by him / her (Declaration of the applicant). I undertake to withdraw him / her from the college and /or hostel should the college authority decide that such withdrawl is necessary in the interest of the college.

I assure that my son/daughter will not indulge in any illigal acts / ragging. If he/she found guilty in any aspect, he/she may be punished as per the court of law and the institution has the right to dismiss / suspend during the period of the course.

I also declare that the information furnished by my ward are correct, shoud it be found that any information furnished by my ward is untrue material particulars, i shall be liable to criminal prosecution and my word forego admission granted to him / her.

Place:

Date:

Full signature of the Parent / Guardian