

# M.N.G. GROUP OF INSTITUTION

Recognized by Govt. of Karnataka, Affiliated to RGUHS & K.S.N.C. Karnataka Recognized by Indian Nursing Council, New Delhi

Contract -	# 98, 5th Block, SMV Railway Layout, Kodigehalli Kenchanapura, Bengaluru - 560 091.			
	APPLICATION FORM	Affix your Passport size		
Admission No.	Serial No.	Photograph here		
Student Information				
Student Full Name:	D.O.B.	/ /		
Father's Name:	Mobile			
Mother's Name:	Mobile			
Nationality	Sex : M / F			
Nationality Citizenship No				
Course Apply for :				
<ul> <li>GNM</li> <li>B. Sc. Nursing</li> <li>P.C.B. Sc. Nursing</li> <li>M.Sc. Nursing</li> <li>D. Pharmacy</li> <li>B.Sc. Allied Science</li> <li>BPT</li> </ul>	Marks Scored in Class XIIMarks ScoredLast Exam Passed:SubjectMarks ScoredBoard Name :IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII			
	Student Contact Infromation			

## **Student Contact Infromation**

Permanent Address :	Local Guardian Address :
	Relation with Student :
Student Mobile :	Mobile :

SSLC Marks Sheet / 'O' Level	Citizenship proof (Aadhar, Passport, Nagarikta)
II PUC / 10+2 / PDC Marks Sheet / 'A' Level	Student Passport Visa (for foreign nationals)
Transfer Certificate	Income & Caste Certificate (if applicable)
Conduct Certificate (issued from institution last studied)	Diploma Certificate / Marks Sheets / Registration for Pc.B.Sc.
Migration Certificate from the concerned University/Board	Recent 4 Passport & 1 Stamp size latest Colour Photographs

Documents Required Affix photocopies (Originals to be Produced at the time of Admission)

#### Declaration

I / we pledge that all information provided herewith is true to the best of our knowledge. I /we fully agree to abide by all the policies, rules and regulations of the institution and in case of non-confirmation would accept the verdict of the institution as the final. I/we also understood and accept that in case of discontinuation of the course for any reasons. I/we shall forgo the entire fee including deposits paid to the institution and not claim any reimbursements for compensations.

\*Antiragging affidavit has to be submitted before joining.

Date :

Place :

Signature of Guardian

Signature of Student

### For Office Use only

#### **Fee Details**

Course	1st Year	2nd Year	3rd Year	4th Year
GNM				
B. Sc. Nursing				
P.C.B. Sc. Nursing				
M.Sc. Nursing				
D. Pharmacy				
B.Sc. Allied Science				
ВРТ				

Admitted by	Entered by	Verified by	
Name :			
Mobile :	Name :	Name :	

Marketing by : ASGK Health Care Hub Pvt.Ltd./ASGK Educational Charitable Trust