

Application for Admission to Basic B.Sc. Nursing, 2017 - 2018
COLLEGE OF NURSING, ST. JOHN'S NATIONAL ACADEMY OF HEALTH SCIENCES, BANGALORE.

Reg. No.

1. **NAME OF THE CANDIDATE :**

(Complete name in the same order as found in the qualifying exam marks card)

2. Name Occupation and Address of Father / Mother / Guardian.....

.....

.....Pin Code :

Contact Tel. No. / Mob. :E-mail ID.....

3. Aadhar No / Voter Id No. :

4. (a) Date of Birth : [D]:.....[M]:.....[Y]:.....(b) Religion.....(c) Caste.....(d) Blood Group.....

5. To which of the following categories do you belong? (Tick the Categories that you belong to)

- | | | | | |
|-----------------------------------|-------------------------|----------------------------------------------------|---------------------------------------|-----|
| a) Catholic | [] | f) Backward Class Catholic
(Attach Certificate) | [] | |
| b) Other Christian Denomination | [] | g) Holding a Foreign Passport | [] | |
| c) Other Religion (Non Christian) | [] | h) Daughter of St. John's Staff | [] | |
| d) SC/ST Catholic | } Attach
certificate | [] | i) Any member of the family is | [] |
| e) SC / ST Others | | [] | studying or has studied in St. John's | |

6. If Catholic, to which DIOCESE do you belong?.....

Office Remarks:

PHOTO

P.T.O.

7. (a) State of Domicile :.....(If Karnataka, attach Xerox copy of the certificate).

(b) Year of Completing XII Std / PUC / PDC :

(c) Educational Institution Attended :

Std. X : School :..... State :.....

XII : School :..... State :.....

8. Local Contact in Bangalore :

Name :

Relationship :

Tel. / Mob. No. :

ONLY FOR RELIGIOUS SISTERS (NUNS)

9. a) Date of First Profession :.....b) Name of Congregation :

.....

c) Name of Provincial Superior:.....

d) Provincial's Address:.....

.....Phone :.....

PAYMENT DETAILS :

Enclosed Demand Draft No..

Dated for Rs.

DATE OF APPLICATION.....SIGNATURE OF CANDIDATE.....



College of Nursing
St. John's National Academy of Health Sciences
Bangalore - 560 034

B.Sc Nursing Entrance Test - 2017

HALL TICKET

No.

FULL NAME:

Attach your photograph
with in this Square

ADDRESS :

.....

.....

DATE OF TEST : 22nd & 23rd May, 2017

VENUE : St. John`s College of Nursing