

Application for Admission to General Nursing & Midwifery, 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./Mob. No :.....

E-mail ID.....

3. Adhar No. / Voter Id No.

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

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 [] i) Any member of the family is []
e) SC / ST Others } certificate [] 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

GNM Entrance Test - 2017

HALL TICKET

No.

FULL NAME:

Attach your photograph
with in this Square

ADDRESS :

.....

.....

DATE OF TEST : 29th May, 2017

VENUE : St. John's College of Nursing