

# Application for admission to Post Basic B.Sc. Nursing, 2017-2018

COLLEGE OF NURSING, ST. JOHN'S NATIONAL ACADEMY OF HEALTH SCIENCES, BANGALORE - 560 034

Reg. No.

1. Name of Candidate : ..... Sex .....

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

2. Parent's Name / Occupation and Address in full : .....

..... Pin Code : .....

Tel. No./Contact No./Email ID:/Mob. No. : .....

Aadhar No. / Voter Id No. : .....

3. (a) Date of Birth : [D]:.....[M]:.....[Y]:..... (b) Religion..... (c) Blood Group.....
4. To which of the following categories do you belong? (Tick the CATEGORY / CATEGORIES that you belong to)

a) Catholic	[ ]	f) SC / ST / Others	[ ]
b) Other Christian Denomination	[ ]	g) Backward Class Catholic	[ ]
c) Non-Christian	[ ]	h) Holding a Foreign Passport	[ ]
d) Religious Sister	[ ]	i) Daughter of St. John's Staff	[ ]
e) SC / ST Catholic	[ ]	j) Sister of Alumna / Alumnus	[ ]

5. If Catholic, to which Diocese do you belong?.....

**Office Remarks:**

PHOTO

6. Nurse Registration Number.....State.....  
Date.....

7. Professional Association Membership (TNAI) No.....

8. Attach copies of the following certificates and post this application so as to reach us **on or before 15<sup>th</sup> May 2017**

- |                                              |                                           |
|----------------------------------------------|-------------------------------------------|
| 1. PUC marks card                            | 4. Medical Fitness Certificate            |
| 2. General Nursing and Midwifery Certificate | 5. X <sup>th</sup> Std / SSLC Certificate |
| 3. Certificate of Registration               | 6. Birth Certificate                      |

Local Contact in Bangalore : Name : ..... Relationship : .....

Tel. / Mob. No. : .....

9. If Religious Sister :

a) Date of First Profession : .....

b) Name of Congregation : .....

c) Name of Prov. Superior / General : .....

d) Address of the Provincial Superior / General : .....

.....

.....Phone No. ....

Email ID: .....

**PAYMENT DETAILS :**

Enclosed Demand Draft No. ....

Dated ..... for Rs. ....

11. I hereby declare that all information given above is true.

Date of Application.....

Signature of Candidate.....



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

**P.B.B.Sc Nursing Entrance Test - 2017**

**HALL TICKET**

No.

FULL NAME: .....

Attach your photograph  
with in this Square

ADDRESS : .....

.....

.....

DATE OF TEST : 29<sup>th</sup> May, 2017

VENUE : St. John's College of Nursing