



# SHRI MARUTHI COLLEGE OF NURSING

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Applicant's  
Photo

## NURSING APPLICATION FORM

USE ONLY BLOCK LETTERS

### Personal Application

Mr. ☐ Ms. ☐ Mrs. ☐

Name of the Applicant

Gender ☐ M ☐ F Date of Birth  Marital Status

Caste ☐ SC ☐ ST ☐ OBC ☐ GN Aadhaar No

Place of Birth

Nationality  Religion

Father Name  Mother Name

Father Occupation  Mother Occupation

Contact Number  Contact Number

Medical Disability (If any)  Blood Group

### Address

Name & Address

City  State  PIN

Phone  Mobile

Email

### Select Programme

GNM ☐ Bsc.(N) ☐ PB.BSc. (N) ☐

M.Sc. (N) ☐

Select Specialization

Medical Surgical Nursing ☐ Community Health Nursing ☐ Pediatric Nursing ☐

Psychiatric Nursing ☐ Obstetrics and Gynecological Nursing ☐

## Academic Record

X					
XII					
I Year					
II Year					
III Year					
IV Year					

Note : If appearing for the final year / Final Semester graduation examination, then please mention the month and year of the examination

Month :

Year :

## Entrance Test Details



## Work Experience



Do you have a Passport : ☐ Y ☐ N

If yes please give the following details :

Passport No : .....Year of expiry : ..... Issued at : .....

Country : .....Visa No. ....

## Declaration

I certify that all the information furnished in this application form for getting admission in SHRI MARUTHI GROUP OF INSTITUTIONS are correct, complete and to the best of my knowledge. I agree to abide by all the rules and regulations of the institution. I understand that withholding or giving false information will make me ineligible for admission. I understand the fee paid to SHRI MARUTHI GROUP OF INSTITUTIONS are neither refundable nor transferrable at any circumstances.

Date :

Place :

Signature of the Applicant