

Science

(PCMB, PCMC)

SRI LAKSHNI GROUP OF INSTITUTIONS

No. 127/1, Sri Gandada Kaval, Magadi Main Road, Vishwaneedam Post, Sunkadakatte, Bangalore - 560 091. Ph: +91-80-23585832, 23587680 www.srilakshmigroup.org

Affix your Passport size Photograph here

	Photograph here						
Admission No.		Serial No. :					
COURSE APPLY FOR	STUDENT INF	FORMATION	l				
Nursing	Student Name:						
☐ GNM ☐ B.Sc. Nursing	Father's Name:						
P.B.B.Sc. Nursing	Mother's Name:						
M.Sc. Nursing	Nationality		Caste :				
☐ Pediatric☐ Medical Surgical	D.O.B.	/ /	Sex:				
□ Community	Student's Mobile No.:		Parent's Mob. No.:				
□ OBG□ Psychiatry	Aadhar / Citizenship No.						
Allied Science	Student Contact Infromation						
☐ B.M.L.T ☐ Renal Dialysis	Permanent Address :						
☐ Imaging Tech ☐ 0.T.Paramedical							
☐ D.M.L.T ☐ Dialysis							
☐ X-Ray ☐ 0.T.							
Management ☐ BBA ☐ BCA							
☐ B.Com ☐ M.Com	Local Guardian Address :						
□ BA □ B.Sc. Pharmacy							
☐ D. Pharmacy							
☐ B. Pharmacy							
Pre-University Commerce	Relation with Student:						
(HEBA, SEBA,CEBA)	Email :						

	Documnets Required Affix	k pnotocopies(Original	s to be produ	ced at the tin	ne of Admission)				
	SSLC Marks Sheet / '0' Level Citizenship proof (Aadhar, Passport, Nagarikta)								
	☐ II PUC / 10+2 / PDC Marks Sheet /	'A' Level Stı	udent Passport Vis	a (for foreign natio	onals)				
	Transfer Certificate	☐ De	gree Certificate &	Marks Sheets (PC	G Programs)				
	Conduct Certificate (issued from ins	titution last studied)	come & Caste Cert	ificate (if applicat	ole)				
	Migration Certificate from the conce	erned University/Board Dip	oloma Certificate/I	Marks Sheets/Re	gistration for Pc.B.Sc./M.S	ъс.			
	Recent 4 Passport & 1 Stamp size la	atest Colour Photographs							
		Previous Academic	: Details						
	Name of University / Board:]			
Name of the College/School:									
	1	Marks Secured in last Qualifyi	ng Examination			1			
	Subject		Marks Ob	tained	Percentage	1			
						1			
						1			
						1			
						1			
						1			
		TOTAL				1			
		 Declarat				J			
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 s	submitted before joining.							
	Date:								
	Place: Sign	nature of Father / Guardia	n	Signature o	f Student				
		For Office Us	se only						
	Description	1st Year	2nd Year	3rd Year	4th Year				
	Total Fees								
	Admitted by	Fnte	red by		Principal	7			
		2110	,						
	Name :								
	Mobile:	Name :		Dota	٥٠.				
	INIODIIC	Name :		Date	/				