

ST. IGNATIUS INSTITUTE OF HEALTH SCIENCES

(Affiliated to Rajiv Gandhi University of Health Sciences and Recognized by the Govt. of Karnataka, INC & KNC)

Prabhat Nagar, Honavar – 581 334

B.Sc.
Application No.

(To be filled in by the candidate)

Last date for receipt of filled application to the Office 31st July 2017

From:

(IN BLOCK LETTERS) Name & Full Address

.....
.....
.....
.....
.....

Affix here your
Latest Photography
duly attested

Telephone No.

To:
The Admission Officer,
St. Ignatius Institute of Health Sciences
Prabhat Nagar
Honavar – 581 334

Phone: 08387/220145/220745

E-mail: sison_03@yahoo.co.in
sison04@gmail.com

DECLARATION BY THE CANDIDATE

I hereby state that I have filled this form myself and all the information given in this application form is true to the best of my knowledge.

I have read and understood its prospectus and I hereby undertake to abide by all the rules and regulations mentioned in the prospectus of St. Ignatius Institute of Health Sciences for the B.Sc. Nursing course.

I also agree to follow the discipline of the college and hostel and promise not to indulge in any form of indiscipline that will bring down the name of the institution and Nursing Profession.

Dated:

.....
Signature of the Candidate

.....
Signature of the parent/Guardian

Name

(Relationship)

PERSONAL DATA

- 1. Name of the Applicant if full
(Block letters) As per S.S.L.C. Record :
- 2. Full Name of Father/Mother/Guardian :
- 3. Address :

- 4. Sex :
- 5. Age & Date of Birth :
- 6. Religion :
- 7. Denomination Caste :
- 8. Nationality :
- 9. State :
- 10. Mother Tongue :
- 11. Language know to speak :
- 12. Approximate Annual Income of the family :
- 13. Health Condition & any history of Chronic illness or Physical handicap :
- 14. Permanent Address :

.....
.....
.....

Pin code

- 15. Address to which correspondence has to be sent :

.....
.....

Pin code

- 17. Telephone No. : (R)(O)..... (Mobile)

S.T.D. Code :

Fax :

E-mail :

ACADEMIC RECORD

S.S.L.C./X Std.

Institution School/College	Examination	Year/ Attempt	Subjects	Percentage of Marks obtained	Division of Pass

GRAND TOTAL

XII/PUC Marks

Institution School/College	Subjects	Year/ Attempt	Marks Obtained	Percentage	Division of pass
GRAND TOTAL					

Details of Extra Curricular Activities if any

.....Hobbies

BRIEF FAMILY HISTORY						
Name	Age	Living/ Dead	Qualification	Occupation	Income	Health Status
Father/Guardian:						
Mother:						
Brothers/Sisters:						
1.						
2.						
3.						
4.						
5.						

N.B: 1) Please indicate the names of parents and siblings in the columns given above.
2) Strike off what is not applicable.

ATTESTED COPIES OF CERTIFICATES AND OTHER ENCLOSURES REQUIRED:

(Do not enclose originals)

- a. Marks Card: SSLC Marks Card
XII Std./ II PUC
Higher qualification if any
- b. Medical fitness Certificate from a registered Medical Practitioner.
- c. Character Certificate from the head of the Institution where last attended.
- d. Transfer Certificate from II P.U.C
- e. Migration Certificate for interstate candidates
- f. Birth Certificate

N.B.: 1) Application accompanied by the above mentioned certificates only will be considered.

2) Last date for receipt of filled in application form will be 31st July 2017

3) All the certificates should bear same name, as per S.S.L.C Certificate.