

St. John's National Academy of Health Sciences, Bengaluru St. John's College of Nursing

Reg. No			
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Attach recent Passport Size photograph

<u>General Nursing</u>	<u>& Midwifer</u>	<u>v - Admissions 2020 - 2021</u>

		App	lication	form		pne	otograp)II
	Name of the Candidate (Blo	ck Let	tters):					
	Mobile No.:							
	Date of Birth:		& Ag	e in yrs.:	Blood	Group:		
	Gender:							
	Place & State of Birth:							
	State of Domicile:							
	Religion:							
	Nationality:						• • • • • • • • • • • • • • • • • • • •	
	To which of the following ca					es that you be	long to)
ı)	Catholic (Roman, Latin, Syrian)]] If Yes,	name of Di	ocese			
)	Other Christian Denomination	Γ	1	g)	Backward Class Catl	nolic	[1
:)	Other Religion (Non-Christian)	[]	h)	Holding a Foreign Pa	assport	[]
l)	SC / ST Catholic	[]	i)	Son / Daughter of St	. John`s Staff	[
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(:	SC / ST Others	L]					
)	OBC	[]					
)		[]			Mother		
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)	OBC Details of Parents:	[]			Mother		
)	OBC Details of Parents: Name	[]			Mother		
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	aly for	Reli	gious	Relationship:		Co	ontact No.	••••••
N	Name o	of the	Superio	or General/ Provincial:				
N	Name o	of the	congreg	gation:	·····			
P	Perman	ent a	ddress:					
N	Month	and Y	Zear of 1	1 st Profession:				
_			CARE:	${f E}{f K}$ BE CORRECT AND LEGIBLE (Ap	plication wi	ll be rejected	l, if there is	lack of clari
	Examin	ation	Year of Passing		No. of		Mar obt	ks & % ained date in each bject
					pass		Marks	%
	D II C/CDCE/I			1.				
	P.U.C/CBSE/I SC PDC/ Intermediate			2.				
				3.				
	If, othe			4.				_
	specif	y		5.				
				6				
5. Ex	xtra-C	urric	ular Ac	Total Marks & % etivities: (Attach the certific	-	· Collegiate	/ Inter State	e / National
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