

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

Reg. No			
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## General Nursing & Midwifery - Admissions 2019 - 2020 Application form

Attach recent Passport Size photograph

1.	Name of the	Candidate (Block 1	Letters	):		Mobile No. :		
2.	Date of birth	:	& Age	e in yrs	I	Blood Group :		
3.	Gender:							
4.		e of birth :						
5.		nicile :						
6.	Religion:							
7.	Nationality:				I	Adhar No. :		
8.			•	-	•	ck the Categories that you belor	ig to)	
	,		-			ocese		
	,	stian Denomination	[	]	g)	Backward Class Catholic	Ĺ	]
		gion (Non Christian)	[	]	h)	Holding a Foreign Passport Son / Daughter of St. John's Staff	[	]
	d) SC / ST Ca e) SC / ST Oa		[	]	i)	Son / Daughter of St. John's Staff	[	J
	f) OBC	iners	L [	]				
9	Details of Par	ents:	L	J				
<u></u>	D V WILL OIT WIL	Father				Mother		
N	ame							
О	ccupation							
A	nnual income							
M	obile No.							
La	and Line No.							
E-	mail Id							
W	ouse Address ith pin code ermanent)							
	Medium of I	nstruction: 10 <sup>th</sup> St	d :			12 <sup>th</sup> Std:		

12	2. Lo	cal Guardian	in Bangalore	e : Name					
Re	Relationship :Contact No. :								
13	3.On	ly For Religio	ous						
Name of the Superior General/ Provincial:									
Na	12. Local Guardian in Bangalore : Name								
14. AC	CAD	EMIC CARE	ER					lowith.	
1			Year of		No. of attempts	No. of tempts Maximum aken to Marks	Marks & % obtained by candidate in each		
• )			Passing				Marks	0/0	
		-		1.					
Interm	ediat	e		2.					
If, others, specify			3.						
				4.					
				5.					
				6.					
			To	tal marks & %					
a. Soci	ial / (	Cultural		b. Games	c. A	Athletics		-	
		Particulars							
-		Marks cards of Q	Qualifying Exam	(2nd year PUC /CBSE/	ISC/PDC/Interr	nediate)			
	2.	Birth Certificate							
	3.	Caste Certificate	Contact No. :						
	4.								
	5. Letter from Parish Priest (Only Catholics – Roman, Syrian, Latin))								
	6.								
	7								
	7.	Certificate of Be	putation / Spons						
Enclos	sed I	Demand Draft 1	No						
Dated				For R	S				
DATE	OF	APPLICATIO	N	SIGN	ATURE OF	CANDIDAT	Έ		