

## ATHENA COLLEGE OF NURSING

(A UNIT OF ACT INDIA REGD)

Paste recent passport size colour photo

## Athena Hospital Complex, Falnir Road, Mangaluru - 575 001

Karnataka - India, Tel - 0824-2436678

E-mail: athenanursing\_07@yahoo.co.in Website: www.athenahealthsciences.edu.in

# <u>APPLICATION FOR ADMISSION TO B.Sc.(N)/P.B.B.Sc.(N)/M.Sc.(N) COURSE</u> (Please tick the appropriate course)

1. Name of the Student												
(in block letters)	:											
2. Father's Name	:											
3. Mother's Name	:											
4. a. Address for												
Communication	•											
	•											
b. Phone No.with STD code:												
Mobile No.	:											
Email ID	:											
,				I	I	I						
5. a. Aadhaar No.	:											
b. Blood Group	:											
6. a. Date of Birth	:						A	.ge			]	
b. Place of Birth	:										1	
c. State of Domicile	:											
7. a. Religion	:											
b. Caste	•	I		1	1	1						
	•	 l		l								
c. Sub caste – SC/ST/OBC	:											
8. Nationality	:											
		ı	1	ı	T	T						
9. If any Local Guardian Name	e											
Address	:											
Contact No.	:											

#### 10. Academic Particulars

Exam Passed	Name & address of the school/college	Name of the Board/univ.	Reg. No.	Percentage of Marks	Year of Passing
a. SSLC					
b. PUC/ HSE/+2 or Equivalent					
c. GNM					
d. B.Sc./ P.B.B.Sc.					

11. Total Marks obtained in English, Physics, Chemistry and Biology in PUC/HSE/+2 or

Equivalent Examina	ation.		
Marks	out of	Percentage	

- 12. Attested Photocopies of Marks card to be enclosed:
  - 1. SSLC/10th Marks card
  - 2. PUC/HSE/+2 Marks card
  - 3. GNM Marks Cards along with Course completion, PDC & State Registration (for P.B.B.Sc.(N) / M.Sc. (N) courses only)
  - 4. B.Sc.(N) / M.Sc. (N) Marks Cards along with PDC/Convocation, State Registration& Experience certificate (for M.Sc. (N) course only)
  - 5. Transfer Certificate/Conduct Certificate
  - 6. Migration Certificate (only for other than Karnataka state candidates)
  - 7. Eligibility Certificate (only for other than Karnataka state candidates)
  - 8. Copy of Aadhaar Card
  - 9. Latest Passport size photograph
  - 10. Application fee of Rs. 1,000/- to be paid through DD in favour of Athena College of Nursing, Mangaluru or Online payment.

Details of Online payment are:

Account Number: 39057337735,

IFSC code : SBIN0070226, Bank : SBI, Hampankatta, Mangaluru.

### **DECLARATION BY THE CANDIDATE**

I hereby undertake that I have filled up this form myself and to the best of my knowledge and belief the particulars given above are true.

I have read and understood the prospectus and I hereby undertake to abide by all the rules and regulations in force at present and also those which may hereafter be introduced for the administration of college and hostel.

I also undertake that so long as I am a student of this college, I will do nothing unworthy (of a student of the college) either inside or outside, anything that will interfere with its orderly working and discipline. I am aware that the management has the full authority to expel me for negligence in studies, misbehavior that will bring down the name of the Institution and my profession.

I hereby undertake that I shall pay the fees and other dues to the Institution promptly on demand.

Date: Signatur

Signature of the Applicant

Signature of the Parent/Guardian



Date:

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4. a. Address for Communication	:																	
b. Phone No.with STD code	:																	
Mobile No.	:																	
5. Local Guardian if any (Friend or Relative)	:																	
6. Contact No.	:																	
7. Visitors Name	:	1. 2.																
To  The Administrative Officer Athena College of Nurisng Mangalore																		
Sub : Application for accor	nmodat	ion in	Hos	tel														
I have applied for admission to the																		
		Yours faithfully																
Date:	4 .	, .					11			natu						. •		
I undertake that my son/da the rules and regulations and other						by a	all t	he	con	ditio	ns/r	egu	latio	ons	mei	ntio	ned	ın

Signature of the Parent