



ATHENA SCHOOL OF NURSING

(A UNIT OF ACT INDIA REGD)

Athena Hospital Complex, Falnir Road, Mangaluru – 575 001

Karnataka – India, Tel – 0824-2436678

E-mail : principalathenasonmng@gmail.com

Website : www.athenahealthsciences.edu.in

Paste recent
passport size
colour photo

APPLICATION FOR ADMISSION TO DIPLOMA IN GENERAL NURSING & MIDWIFERY COURSE (GNM)

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	:	
5. a. Aadhaar No.	:	
b. Blood Group	:	
6. a. Date of Birth	:	
		Age
b. Place of Birth	:	
c. State of Domicile	:	
7. a. Religion	:	
b. Caste	:	
c. Sub caste – SC/ST/OBC	:	
8. Nationality	:	
9. If any Local Guardian Name		
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. Any other Course					

11. Total Marks obtained in PUC/HSE/+2 or Equivalent Examination.

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. Transfer Certificate/Conduct Certificate
4. Migration Certificate (only for other than Karnataka state candidates)
5. Copy of Aadhaar Card
6. Latest Passport size photograph
7. Application fee of Rs. 1,000/- to be paid through DD in favour of Athena School Nursing, Mangaluru or Online payment.

Details of Online payment are :

Account Number : 077010200002646,

IFSC code : UTIB0000077, Bank : Axis Bank, Bunts Hostel, 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 :

Signature of the Applicant

Signature of the Parent/Guardian



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APPLICATION FOR HOSTEL

Name of the 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. :

5. Local Guardian if any
(Friend or Relative):

6. Contact No. :

7. Visitors Name : 1.
2.

To
The Administrative Officer
Athena School of Nursing
Mangalore

Sub : Application for accommodation in Hostel

I have applied for admission to the Course. I intend to stay in the hostel maintained by your college. I therefore request you to provide me an accommodation in the hostel. I have read the rules and regulations of the hostel and I agree to abide by all the conditions.

Yours faithfully

Date : **Signature of the student**

I undertake that my son/daughter/ward would abide by all the conditions/regulations mentioned in the rules and regulations and other conditions of the hostel.

Date : **Signature of the Parent**