

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 closed:

1. SSLC/10th Marks card
2. PUC/HSE/+2Marks 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: 923010018034588,

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 under take 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 under take 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



ATHENA SCHOOL OF NURSING

(A UNIT OF ACT INDIA REGD)

Athena Hospital Complex, Falnir Road, Mangaluru-575001.
Karnataka-India, Tel-0824-2436678

Pasterecent
passportsize
colourphoto

E-mail: principalathenasonmng@gmail.com

Website: www.athenahealthsciences.edu.in

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**