



BLDE Association`s

## COLLEGE OF NURSING, TIKOTA - 586130

Tq.: TIKOTA Dist.: VIJAYAPUR, Karnataka, India

Recognized by Government of Karnataka,

Karnataka State Nursing Council and Affiliated to RGUHS, Bengaluru.

E-mail: principal.cont@bldea.org | www.bldeanursingtikota.ac.in

Phone : 08352-295025 Mob: 9513397405

### ADMISSION FORM

(For official use only)

Admission No. \_\_\_\_\_ Date: \_\_\_\_\_  
D D M M Y E A R

Please Affix  
Your Recent  
Passport Size  
Color  
Photograph

**INSTRUCTION:** Student should fill in the form neatly and legibly in own hand writing in  
**BLOCK LETTERS** using blue/black ball pen (as per SSLC Marks Card).

Course Applied for : \_\_\_\_\_ For the Academic Year: \_\_\_\_\_

**Mode of Admission:** Management  Government  NRI

### PERSONAL DETAILS

1. Name of the Student: \_\_\_\_\_

2. Father's / Guardian's Name: \_\_\_\_\_

3. Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ 4. Place of Birth: \_\_\_\_\_

5. Gender: \_\_\_\_\_ 6. State: \_\_\_\_\_ 7. Country: \_\_\_\_\_

8. Nationality: \_\_\_\_\_ 9. Religion: \_\_\_\_\_ 10. Caste: \_\_\_\_\_

11. Category (Attach Certificate): GM/SC/ST/OBC/Others \_\_\_\_\_

12. Mother Tongue: \_\_\_\_\_ 13. Marital Status: Single/Married: \_\_\_\_\_

14. Present Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ PIN \_\_\_\_\_

15. Permanent Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ PIN \_\_\_\_\_

16. E-Mail: \_\_\_\_\_

17. Mobile No. Student : \_\_\_\_\_ Father/Guardian \_\_\_\_\_

18. Aadhar Card No. of Student : \_\_\_\_\_

19. Aadhar Card No. of Father : \_\_\_\_\_ Mother : \_\_\_\_\_

20. Father /Guardian's Occupation : \_\_\_\_\_

21. Academic Details:

Exam Passed	Name & Address of School/ College	Name of Board/ University	Reg. No.	Subjects	Total Marks Obtained	Percentage	Year & Month of Passing
10 <sup>th</sup> SSLC				Kannada/.....			
				English			
				Hindi			
				Science			
				Mathematics			
				Social Science			
				Any Other			
<b>Total</b>							
10+2 PUC				English			
				Physics			
				Chemistry			
				Biology			
				Mathematics			
				Any Other			
<b>Total</b>							
Percentage : In <b>PCB</b>							

**Attested Copies of the Certificates to be Enclosed (Please Tick)  
(Original + 2 Sets Xerox Copies)**

Sl. No.	Name of the Certificates	Original	Xerox Copy
1	Marks Card of SSLC/10 <sup>th</sup>		
2	Marks Card & Certificate (10+2 <sup>th</sup> /PUC)		
3	Leaving Certificate / Transfer Certificate		
4	Character/Conduct certificate by the College last studied.		
5	Medical Fitness Certificate		
6	Eligibility Certificate (Non Karnataka)		
7	Migration Certificate (Non Karnataka)		
8	Eight (8) ID Size Colour photographs		
9	Aadhar Card No: Student, Father & Mother		
10	Income & Caste Certificate		

## **DECLARATION BY THE STUDENT AND PARENT/ GUARDIAN**

1. I hereby agree that, if admitted to the rules and regulations at present or that may be hereafter to framed for the Governance of Institution and Management, I under take that as long as I am a student of the Institute and Hostel, I do nothing either inside or outside the Institution, I that will interfere with the orderly governance and discipline.
2. I hereby consent to make great, any loss or harm to Books, Instruments, Furniture and different assets of the Institution and its appended Hostels and so forth., which might be brought about by my lack of regard or carelessness on my part.
3. I hereby assure that I will not indulge or resort myself in any form of anti-social and prohibitive activities such as ragging in and out of the Institution, Campus and Hostel or any kind of harassment physical or otherwise. I am fully aware of the provisions of Indian Penal Code relating to offences connected with hurl, endangerment of life or personal safety, wrongful confinement, assault criminal intimidation and so on. I am liable for severe punishment including removal from the institution and handing over to the Police.
4. I hereby declare that I hold myself responsible for the timely payment of dues to the Institution during period of my studies, till the accounts are cleared.
5. I am aware that fees once paid will not be refunded under any circumstances.
6. I am fully aware that, in case I want to discontinue before completion of the course, or want to seek transfer to any other college, I shall have to pay full fees (non-refundable) prescribed for all the remaining years i.e. for the entire course.
7. I am fully aware that I have to fulfill the 80% of attendance in Theory and 100% of attendance in Practical to be eligible for University Examinations, failing to which I myself will be held responsible for the consequences arising out of it.
8. It is my responsibility to intimate any change of address to institution authorities immediately without fail.
9. I hereby solemnly affirm that statements made and information furnished in my application form and also all the testimonies, enclosures and certificates there to submitted by me are true. Should it however, be found that any information furnished therein is untrue in material particulars, I realize that I am liable for criminal prosecution and I also agree to forgo my seat in the Institution.
10. I hereby declare that I abide by the above mentioned rules. I also declare that I have carefully gone through the instructions to students, herein mentioned and agree for the same.

**Signature of Parent/Guardian**

**Signature of the Student**

**Date:**

**Date:**

**Place:**

**Place:**

(All the above information will be kept confidential and strictly for management use)

### BANK DETAILS OF STUDENT

A/C No \_\_\_\_\_ IFSC Code: \_\_\_\_\_

Bank: \_\_\_\_\_ Branch: \_\_\_\_\_

### TO BE FILLED BY THE OFFICE

The student has been interviewed in light of her/his qualification, aptitude and ability.

She/he is accordingly ADMITTED/NOT ADMITTED

Course: \_\_\_\_\_ Academic Year: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Admission Incharge

PRINCIPAL

### FEE RECEIPT DETAILS

Name of Bank: \_\_\_\_\_ Rs: \_\_\_\_\_

Cash Receipt No/DD No/Transaction ID No: \_\_\_\_\_ Dated: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of office Incharge/Accountant