



**SRI SATHYA SAI INSTITUTE OF HIGHER MEDICAL SCIENCES
EPIP AREA, WHITEFIELD, BANGALORE-560066**

Ph: 080-28411500; Fax: 080-28411502/503; Email: registrarblr@sssihms.org.in

APPLICATION FOR NURSING/ALLIED HEALTH SCIENCE COURSE

GENERAL DETAILS

COURSE APPLIED FOR

ACADEMIC YEAR

DATE OF APPLICATION

**AFFIX YOUR
LATEST PHOTO
HERE**

MODE OF INFORMATION ABOUT THE COURSE

WORD OF MOUTH

NEWSPAPER ADVT

OTHER

WEBSITE

SANATHANA SARATHI MAGAZINE

IF OTHER, MENTION SOURCE _____

PERSONAL DETAILS

NAME OF THE APPLICANT

DATE OF BIRTH
(dd/mm/yyyy)

SEX

AGE

FATHER'S NAME

MOTHER'S NAME

RELIGION

NATIONALITY

CASTE

OBC

SC/ST

PERMANENT ADDRESS

POSTAL ADDRESS

STATE

PIN CODE

LAND PHONE MOBILE

EMAIL

EXTRA-CURRICULAR ACTIVITIES/HOBBIES _____

EDUCATION DETAILS

Attach copies of SSSLC/10th Grade, PUC/10+2, Hall Ticket, Transfer, Conduct, Migration and Physical Fitness certificates.

Exam Passed	School/College Address	Board/ University	Year of Passing	Grade or %	No. Of Attempts
10 th GRADE					
PUC/10+2					
UNDER-GRADUATION					
ANY OTHER EXAM					

NATIVE/DOMICILE OF KARNATAKA: YES NO

PUC/10+2 DETAILS

SUBJECTS	MAX MARKS	MARKS OBTAINED	PERCENTAGE
PHYSICS			
CHEMISTRY			
BIOLOGY			
MATHEMATICS			
BOTANY			
ZOOLOGY			
ENGLISH			
TOTAL			

Instructions: Fill in the columns which are applicable to your subject combination in PUC/10+2. For subjects which are not applicable, mention NA.

CERTIFICATE DETAILS

Attested Copies of the Certificates to be enclosed. Tick (✓) Yes if enclosed.

- | | |
|----------------------------------------|--------|
| 1. SSSLC/10th Grade | Yes/No |
| 2. PUC/10+2 | Yes/No |
| 3. Hall Ticket for PUC/10+2 | Yes/No |
| 4. Transfer Certificate | Yes/No |
| 5. Conduct Certificate | Yes/No |
| 6. Migration Certificate | Yes/No |
| 7. Physical Fitness Certificate | Yes/No |

NOTE: Original Certificates should be produced at the time of Admission

DECLARATION

I CERTIFY THAT I HAVE FILLED THE APPLICATION FORM MYSELF AND THE INFORMATION GIVEN ABOVE IS TRUE AND COMPLETE.

APPLICANT SIGNATURE _____

PARENT/GUARDIAN SIGNATURE _____

PLACE _____

DATE _____

