COLUMBIA COLLEGE OF NURSING

(Managed by Srinidhi Education Trust)

(Recognized by Government of Karanataka KSNC, Bengaluru & INC New Delhi,
Affiliated to Rajiv Gandhi University of Health Sciences)

71, Mariyappanapalya, Gnanabharathi Post, Kengeri Hobli, Bengaluru - 560 056. Karnataka, India.
Ph.: 080-23241584, 23241517 Mob.: +91 9880986925

E-mail: columbiansgblr@columbiacollege.co   www.columbiacollege.co

Application for admission to Four Years Bachelor of Nursing B.Sc (N) for the academic year 20   - 20   .

Application No. :
_____

PERSONAL DATA
To be filled by the candidate.

1. Name of the Applicant in full (Block letters) as per SSLC Record

....

2. Full Name of Father

....

3. Full Name of Mother

....

Affix here your
latest Photograph
duly attested

4. Permanent Address

....

....

....

5. Telephone No.

....

6. E-mail

....

7. Gender

....

8. Age & Date of Birth

....

9. Religion & Sub-Caste

....

10. Nationality

....

11. State to which you belong

....

12. Languages known to speak

....

13. Blood Group

14. Aadhar Number

15. Health Condition (mention if any history of chronic Illness or Physical defect is present)

....

16. Address to which correspondence has to be sent

....

....

....

COLUMBIA COLLEGE OF NURSING

Academic History

CLASS (XII)	Max Marks	Marks Obtained	Instution / School	Year	Place of Study	State	Country
XII							

XII / PUC MARKS

Subject	Max Marks	Marks Obtained	Percentage
Physics			
Chemistry			
Biology			
TOTAL			

ATTESTED COPIES OF CERTIFICATES AND OTHER ENCLOSURES REQUIRED:
(Do not enclose originals)

a. Marks Card: SSLC Marks Card

12 Std. / II P.U.C.
Higher qualification if any

b. Transfer Certificate
c. Migration Certificate (Non Karnataka students)
d. Medical fitness Certificate from a registered Medical Practitioner.
e. Submit a Identification proof (Voter ID / Pan Card / Passport / Driving License / Aadhar Card)

N.B: 1. Application accompanied by the above mentioned certificates only will be considered.

2. All the certificates should bear the same name, as per S.S.L.C. Certificate.

Dated : ....

Signature of the Candidate

....
Signature of the Parent / Guardian

Name & Address

....
....
(Relationship) ....

FEES

I{st} Year		
II{nd} Year		
III{rd} Year		
IV{th} Year		