



# BRAHMARI INSTITUTE OF NURSING AND HEALTH SCIENCE

Lions Trust of Honavar, Lions Vidya Bhavan,  
Prabath Nagar Honavar-581334 (U.K)  
Karnataka, India

Email: brahmariinstitute@gmail.com Contact No: 7022438808

## APPLICATION FORM FOR B.SC. NURSING



NOTE: FILL IN BLOCK LETTERS ONLY

1. Name of the applicant

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2. Name of the Father

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3. Name of the Mother

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4. Parents Name and Address


Phone No. \_\_\_\_\_

Guardian's Name and Address


Phone No. \_\_\_\_\_

Male	Female
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5. Date of birth

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6. Gender

7. Occupation of the Parent/Guardian \_\_\_\_\_

Nationality	Religion	Caste	Category
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8.

9. Marital Status

Single	Married	No. of Children		Wife/Husband		
		Male -	Female -			

10. Mother Tongue \_\_\_\_\_

Languages	Kannada	English	Hindi	Malayalam			
Read							
Write							
Speak							

11.

12. Do you need Hostel Accommodation? YES / NO

13. Academic Details

Exam Passed	Name & Address of the School/ College	Name of the Board/University	Year of Passing	No. of Attempts	Total Marks Obtained	Percentage
SSLC/SSC						
PUC/Equivalent (Specify the combination)						

### Declaration by the Candidate

I hereby declare that all the above informations are true to my knowledge.

Name & Signature of the Student

Name & Signature of the Parent/Guardian

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**For Office Use Only**

Name: \_\_\_\_\_

**Year:** \_\_\_\_\_

**Advance amount paid:** \_\_\_\_\_

**Any special instructions:** \_\_\_\_\_

**Signature of the Admission Consultant**