FLORENCE INSTITUTIONS

507, 1 'D' Main, 3^{rd,} Block Kalyannagar, HRBR Layout, Bangalore – 43.

APPLICATION FOR ADMISSION

Register No.	Last date for submission

							• • •	cant in own handw	O		
COURSI		PLIED	• G	NM	•	PC B.Sc	(N)	• BPT			
F	FOR		• B.	Sc Nursing	•	M.Sc (N)		• MPT			
		<u>'</u>			<u>'</u>						
Name in I	Full (in block le	tters)								
Sex: Male/Female Mari							ıs	•••••			
Name of l	Fathe	r/Guardian	1			Occi	ipation.				
Date of B	irth		((in words)							
Place of E	Birth.				State.						
Permanen	ıt Ado	dress									
		Ph:									
Present A	ddres	ss/									
Local Gua	ardiaı	n's									
Address						Ph					
Education	ı Qua	lifications:	:								
Examination	n	Name of	From -	Medium	Year of	Maximum	Marks	Percentage	Number		
		the Institution	to	of Instruction	Passing	Marks	Secured		of attempts		
		studied		111001001					accomp to		
a)S.S.L.C											
b)Pre-											
University	y										
	hor										
c)Any ot	ilei										
Higher											
Higher Qualificat	tion	· Hove ve	y oyyan has	on amalays	d hafara	VEC		NO			
Higher Qualificat Exper	tion	•		en employe	d before?	YES		NO			
Higher Qualificat Exper If YES, gi	tion ience	e followin	g particul	lars:					ovina.		
Higher Qualificat Exper	tion ience	•	g particul	lars:	d before?			NO Reason for lea	aving		
Higher Qualificat Exper If YES, gi	tion ience	e followin	g particul	lars:					aving		

Reference: Give be whom a reference can be		address of two person	ns of good standing other than relatives	s to	
1.					
2.					
Proficiency in Sports & C	Games				
Social Service/Other extr	a – Curricular	activities, if any:			
Other Languages know to	o read / write:				
	I	MEDICAL CERTIFIC	ATE		
	(To be certifi	ed by a registered Med	lical Practitioner)		
Height:	Weight:	Sight:	Hearing:		
Condition of Heart:		Lungs:	Teeth:		
Whether the candidate ha	s suffered from	n any of the following:			
a) Tuberculosis	b) Rhe	umatic Fever c) Rh	eumatism d) Cardiatic disease		
e) Varicose Veins	f) Mental	disorders g) Dent	al disorders		
Remarks:		-			
	ase, constitutio		and that in firmity in him/her. I consider him/he		
Date:				,	
Place:		Si	Signature of Medical Examiner with		
			seal and registration No.		
		DECLARATION			
I declare the above states agree to abide by the rule			st of my knowledge if it is offered to med the hostel.	e. I	
Signature of Parent/Guar	dian		Signature of the Candidate		
Date:					
Place:					
	IM	PORTANT INSTRUC	TIONS		

- 1.List of documents to be attached:
- a) A Xerox copy of SSLC/Matriculation/PUC/any other educational certificate with the marks list (copies of originals)
- b) Character certificate attested by head of the school/college/Institution or a gazette officer.
- c) Five copies of recent passport size photograph.
- 2. No original certificates should be sent except conduct certificate. Originals to be produced at the time of interview.
- 3. Documents of rejected candidates will not be returned unless requested for with a duly stamped and self addressed envelope.