



**K.L.E SOCIETY'S CENTENARY
INSTITUTE OF NURSING SCIENCES
YALLUR ROAD, BELAGAVI 590005.**

ONLINE APPLICATION FORM

To,
The Principal,
KLES Centenary Institute of Nursing Sciences,
Yallur Road, Belagavi

Sir/Madam,

I the undersigned wish to seek admission to **1st Year General Nursing and Midwifery Course** in your institution. I am giving below the following particulars and undertake that if admitted I agree to be bound by the rules & regulations in force as well as those that may be framed in future by the institution. I have attached all the original documents and attested copies of all necessary documents with this admission form.

| | | | |
|---|--------------------------|----------|--|
| 1. Year of Admission | | | |
| 2. State | | | |
| 3. Full Name of the Candidate (As per 10 th certificate) | | | |
| 4. Gender | Male | Female | |
| 5. Age & DOB (As per 10 th certificate) | Age | DOB | |
| 6. Aadhar Card No. | | | |
| 7. Contact No. & E-mail address | | | |
| 8. Name of the father | | | |
| 9. Occupation/Income | | | |
| 10. Contact No. & E-mail address | | | |
| 11. Languages known | | | |
| 12. Nationality / Religion / Caste | | | |
| 13. Postal address | <u>Permanent address</u> | | <u>Local address</u> |
| 14. 2nd PUC or 12th Standard | Science | Commerce | Arts Mention if Any equivalent course. |
| 15. Name of the School or College With address | | | |
| 16. Name of the 12th board | | | |
| 17. Month & year of passing | | | |

| 18. Marks & percentage of 12 th standard | Total marks | Obtained marks | Percentage (%) |
|---|--------------------------------------|------------------------------|---|
| | | | |
| 19. Subjects studied at 12 th standard | 1. | 2. | 3. |
| | 4. | 5. | 6. |
| 20. Upload certificates (Upload files in JPG format, maximum size 100KB) | 12 th certificate | 10 th certificate | Photo |
| | 12 th Leaving Certificate | Medical certificate | Migration certificate (Non Karnataka students only) |

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| D.D. in the favor of | President KLES Centenary Institute Of Nursing sciences, Belagavi. |
| For Online payment Bank Details (Note: kindly contact the institution after the online payment with details.) | Name of the account: President KLES Centenary Institute of Nursing sciences, Belagavi. Name of the Bank: Canara Bank Branch: Vadagaon, Belgaum. Ac. No.: 5299101003689 IFSC: CNRB0005299 MICR CODE: 590015007 |
| Name of the bank with branch | |
| D.D No./Transaction No./NEFT Ref. No. | |
| Transaction Date | DD/MM/YY |
| Amount | |

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| <p>I. I hereby declare that the above information is true and complete to the best of my knowledge. I am aware that if any information herein is found to be incorrect or incomplete, my application form will be rejected / admission will be cancelled.</p> <p>II. If admitted to KLE Society centenary Institute of Nursing Sciences Yallur Road, Belagavi. I shall abide by its Rules and Regulations.</p> <p>III. I have read and understood all the provisions contained in the brochure and hereby agree to abide by these provisions.</p> <p>IV. The candidate should cross check all the details filled in the on-line application, before finally submitting the same, as no correction / no refund of fees after submitting the form</p> |
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