

College Logo

GIMS Government College of Nursing
Mallasamma, GADAG - 582103

Student photo

Signature of candidate

ADMISSION FORM

Student Personal Information given in a black box

Admission No:-

Date of Admission :-

Admission form for class

Fill information below as per S.S.L.C. marks card

1 Name of the candidate

2 Father's Name

3 Mother's Name

4 Date of Birth

5 Nationality

6 Gender

7 Category

8 Permanent Address

Phone:

Mobile:

E-mail:

9 Correspondance Address

Phone:

Mobile:

E-mail:

10 Educational Qualification

Sl No	Examination	Board/University	Year	%of marks	Subject
1	10th (SSLC)				
2	10+2 (PUUC)				
3	Any other qualification				

Declaration by the Candidate

I, hereby declare that the information furnished in this form is true to the best of my knowledge and belief. I understand that my candidature is liable to be cancelled by the university if any information given above by me is found incorrect or misleading.

Place :

Date:

Signature of the candidate