GITAM UNIVERSITY

(Estd. u/s 3 of the UGC Act, 1956)

VISAKHAPATNAM ✻ HYDERABAD ✻ BENGALURU

Accredited by NAAC with A+ Grade

GITAM
School of Nursing

PHOTOGRAPH

Paste your recent passport size colour photograph

Application for Admission to **B.Sc. Nursing** Program offered at Visakhapatnam campus for the academic year 2017 – 2018.

LAST DATE : 14-August-2017

1. NAME OF THE APPLICANT : (AS PER CLASS X OR EQUIVALENT MARKS MEMO)

2. DATE OF BIRTH DATE MONTH YEAR

3. GENDER (Mark ✓) FEMALE

4. CATEGORY (Mark ✓) : OC SC ST PH Others

5. NATIONALITY : **RELIGION :**

6. FATHER NAME:

7. MOTHER NAME :

8. ADDRESS FOR CORRESPONDENCE :

STATE : **PIN CODE :**

9. MOBILE NUMBER

10. EMAIL

11. QUALIFYING EXAM DETAILS (INTERMEDIATE / 10+2 EXAMINATION)

NAME OF THE BOARD

HALL TICKET NO.	MONTH & YEAR OF PASSING	MARKS OBTAINED	MAXIMUM MARKS

12. Details of Registration Fee (Rs. 300/-)

DD Number	DD Date	DD Amount	Issuing Bank
		Rs. 300/-	

Note : ***Please enclose the DD along with the Application, mentioning your Name and Application Number on the reverse side of the Demand Draft.***

13. Preferred Test Centre (Details are mentioned in the Test Brochure)

CENTRE 1	CENTRE 2	CENTRE 3

DECLARATION : I hereby declare that all the particulars stated in this application are true to the best of my knowledge and belief. I shall abide by the rules and regulations of GITAM UNIVERSITY from time to time. In the event of submission of incorrect or untrue information at the time of registration or in future, my admission is liable for cancellation. Further I understand that my admission is purely provisional and subject to the fulfilment of the eligibility conditions. I agree to receive SMS on my Mobile / Email from GITAM University.

SIGNATURE OF THE PARENT/GUARDIAN **SIGNATURE OF THE APPLICANT**