



C.S.I. LOMBARD MEMORIAL SCHOOL OF NURSING

UDUPI - 576101

ADMISSION FORM

1. Roll No.		
2. Student's Name		
3. Course admitted		
4. Date of admission		
5. Date of Birth		
6. Gender	Male/Female (Tick one)	
7. Blood Group		
8. Marital Status	Married/Unmarried (Tick one)	
9. Father's Name		
10. Mother's Name		
11. State of Domicile		
12. Nationality		
13. Religion		
14. Caste		
15. Mother Tongue		
16. Guardian's Name, if Parents are not alive		
17. Relationship of Guardian to Student		
18. Profession of Father/Guardian		
19. Correspondence to be sent to (Tick) one	Present address/Permanent Address	
20. Present Address of Parent/Guardian		

21. Permanent Address of Parent/guardian	
22. STD Code/Telephone Numbers Mobile No.	
23. E-mail address	
24. Aadhar No.	
25. PAN No.	
26. Qualifying examination passed	
27. Total Marks Obtained in PCB & Percentage	
28. Percentage of Marks	
29. Total Marks obtained (all the Years)	
30. Reg. No.	
31. Month & Year of Passing	
32. School/College studied	
33. Board/ University	

Declaration : I hereby declare that all the particulars stated in this application are true to the best of my knowledge and belief. I have read and understood all the provisions of admissions and agree to abide by them. In the event of suppression or distortion of any fact like educational qualification etc; made in the admission form, I understand that my admission/ degree is liable for cancelation. I further understand that my admission is purely provisional subject to the verification of the eligibility conditions.

Candidate's Signature with Date

Parent/Guardian's Signature with date

Note:- To be submitted at the time of admission.

1. 5 sets of Xerox copies of all original certificates
2. 8 recent passport size photographs
3. Transfer Certificate
4. Migration Certificate (In case of Non-Karnataka Students)
5. Medical Fitness Certificate