



THE HUBLI CO-OPERATIVE HOSPITAL SOCIETY'S  
**HUBLI INSTITUTE OF NURSING SCIENCES**  
 CO-OPERATIVE HOSPITAL  
 COEN ROAD, HUBLI. TEL. : 0836-2369453, 6452544, 2261007.  
 E-mail ID: hubli institute @ yahoo.com.

**APPLICATION FOR DIPLOMA IN  
 GENERAL NURSING AND MIDWIFERY COURSE**

Application No. \_\_\_\_\_

To be filled by the candidate IN BLOCK LETTERS only

1. FULL NAME : \_\_\_\_\_
2. FATHER'S/ HUSBAND'S / GUARDIAN NAME: \_\_\_\_\_ 3. OCCUPATION : \_\_\_\_\_
4. AGE : \_\_\_\_\_ years. (As on the presentation of this application) SEX :  M /  F
5. DATE OF BIRTH : \_\_\_\_\_ PLACE OF BIRTH: \_\_\_\_\_ DISTRICT \_\_\_\_\_ PIN CODE: \_\_\_\_\_
6. IDENTIFICATION OF MARK : \_\_\_\_\_
7. RELIGION & CASTE : \_\_\_\_\_ 8. MARITAL STATUS: \_\_\_\_\_
9. a) PERMANENT ADDRESS: \_\_\_\_\_ b) POSTAL ADDRESS: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- PIN CODE: \_\_\_\_\_ PIN CODE: \_\_\_\_\_
10. TOTAL INCOME OF THE FAMILY PER YEAR Rs. \_\_\_\_\_
11. MARKS SECURED IN a) S.S.L.C. \_\_\_\_\_ % b) P.U.C. (10+2) \_\_\_\_\_ %
12. Contact No. Cell Phone / Land Line : \_\_\_\_\_

**DECLARATION**

1. If my application is incomplete by not providing correct information or by not enclosing any of the document or by any other reason that may be rejected.
2. Once I get the admission I will complete my course. If by any reason I discontinue. I compensate all the losses that institution my incur fees once paid will not be returned.
3. I declare the above all information given are true to the best of my knowledge.
4. I have read and understood the prospectus and I hereby undertaken to abide by all the rules and regulation of the institution.

Date : \_\_\_\_\_  
 Place : \_\_\_\_\_ Signature of Guardian \_\_\_\_\_ Signature of the Condidete \_\_\_\_\_

Witness Name and Address:

Name : \_\_\_\_\_ Relation: \_\_\_\_\_ Contact No.: \_\_\_\_\_  
 1. \_\_\_\_\_ Signature \_\_\_\_\_  
 2. \_\_\_\_\_ Signature \_\_\_\_\_  
 Date : \_\_\_\_\_  
 Place : \_\_\_\_\_

**PHOTOSTAT ENCLOSURES REQUIRED:**

1. MARKS CARDS : 10% STANDARD AND P.U.C. II (10+2)
2. BIRTH CERTIFICATE.
3. CHARACTER CERTIFICATE FROM THE HEAD OF THE INSTITUTION.
4. CASTE & INCOME CERTIFICATE.
5. TRANSFER CERTIFICATE.
6. 8 NOS. RECENT PASSPORT SIZE PHOTOGRAPHS.
7. CERTIFICATE OF PHYSICAL FITNESS FROM REGISTERED MEDICAL PRACTITIONER.
8. MIGRATION CERTIFICATE (ONLY FOR OUT SIDE KARNATAKA STUDENTS.)
9. 8 SETS XEROX COPY OF CERTIFICATES

**PARENTS OBJECTIVE IN SENDING THEIR DAUGHTER / SON FOR NURSING COURSE**

\_\_\_\_\_  
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 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Parents / Guardian signature

**FOR OFFICIAL USE**

Sri/Smt./ Miss \_\_\_\_\_  
 Has attended interview on \_\_\_\_\_ 20 \_\_\_\_\_ and has been selected by selection committee for 3 years Diploma in General Nursing & Midwifery course (GNM).  
 NOTE: Final admission subject to approval by management.  
 Admission Date : \_\_\_\_\_ Admission No. \_\_\_\_\_  
 Fees Receipt No. \_\_\_\_\_ Dated : \_\_\_\_\_  
 Remarks : \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

ADMINISTRATOR

CHAIRMAN

PRINCIPAL