



Since 1998

# ambika

NURSING & PARAMEDICAL INSTITUTIONS, BANGALORE

Affiliated to Rajiv Gandhi University of Health Sciences  
Recognized by KNC, INC, Karnataka Paramedical Board & Govt. of Karnataka

Application Form No.

Please paste  
photograph here

## APPLICATION FORM

Course Applying For .....

Important: • Please fill the form in capital letters • Incomplete/Illegible forms may be rejected • Wherever not applicable write NA

Name of Applicant

Father's Name

Mother's Name

Spouse/Guardian's Name

Date of Birth <input type="text"/>		Marital Status		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Blood Group		Caste: <input type="checkbox"/> SC <input type="checkbox"/> ST <input type="checkbox"/> OBC <input type="checkbox"/> Minority <input type="checkbox"/> General	
Nationality		Passport No. & Date Valid Upto		Visa Type, No. & Date Valid Upto		Passport Issued by			
ID Card No.:		Issued By:		Aadhar Card No.:					
Correspondence Address:									
City/Town:					State:				
Country:					PIN:				
Tel. No.(Res):					Email:				
Father's Mobile No.:					Mother's Mobile No.:				
Spouse's Mobile No.:					Guardian's Mobile No.:				

## Academic Record

Examination Passed	Marks (%)	Month & Year	Stream	Institution	Board/University
10th					
+2					

## Category

Government  Management  SAARC  NRI  Foreigner  Scholarship  Sponsored \_\_\_\_\_

## DECLARATION

I/We pledge that all information provided herewith is true to the best of our knowledge. I/We fully agree to abide by all the policies, rules and regulations of the institution framed from time to time and in case non-compliance would accept the verdict of the institution as the final. I/We also understand and accept that in case of discontinuation of the course for any reason/s. I/We shall forego the entire fee including deposits paid to the institution and not claim any reimbursement or compensation and I/We are also aware that I/We will be liable to pay the entire fees amount for the balance period of the course to the college. I/We are ready to pay the fee on time.

### Signature of Father/Mother/Spouse/Guardian

Name:
Relation:
Signature:

### Signature of the Student

Name:
Signature:

Date: 

D	D	M	M	Y	Y	Y	Y
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