



ASTER SCHOOL OF NURSING

No. 21/A, Doddabylakere, Hesarghatta Road,
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Website : www.asterschoolofnursing.com

Applicant's
Photo

NURSING APPLICATION FORM

USE ONLY BLOCK LETTERS

Personal Application

Mr. ☐ Ms. ☐ Mrs. ☐

Name of the Applicant

Gender ☐ M ☐ F Date of Birth Marital Status

Caste ☐ SC ☐ ST ☐ OBC ☐ GN Aadhaar No

Place of Birth

Nationality Religion

Father Name Mother Name

Father Occupation Mother Occupation

Contact Number Contact Number

Medical Disability (If any) Blood Group

Address

Name & Address

City State PIN

Phone Mobile

Email

Select Programme

GNM ☐

Academic Record

X					
XII					
I Year					
II Year					
III Year					
IV Year					

Note : If appearing for the final year / Final Semester graduation examination, then please mention the month and year of the examination

Month :

Year :

Entrance Test Details

Work Experience

Do you have a Passport : ☐ Y ☐ N

If yes please give the following details :

Passport No :Year of expiry : Issued at :

Country :Visa No.

Declaration

I certify that all the information furnished in this application form for getting admission in SHRI MARUTHI GROUP OF INSTITUTIONS are correct, complete and to the best of my knowledge. I agree to abide by all the rules and regulations of the institution. I understand that withholding or giving false information will make me ineligible for admission. I understand the fee paid to SHRI MARUTHI GROUP OF INSTITUTIONS are neither refundable nor transferrable at any circumstances.

Date :

Place :

Signature of the Applicant