



MIRANDA COLLEGE OF NURSING

CA-29, 5th Phase, KHB Colony, Yelahanka New Town, Bangalore – 560106.

Ph 080-28096056, Fax: 080-25253284

APPLICATION FOR ADMISSION

B Sc Nursing / P.B.B Sc / M Sc Nursing

[Please fill the form in block letters]

Name - _____

Date of Birth - ___ / ___ / ___ Gender –M / F _____

Nationality- _____ Religion - _____

E mail ID - _____ Blood Group - _____

Mother Tongue- _____

Languages Known - _____

Parent's Name - _____

Postal Address - _____

Local Guardian (if any) _____

Address: _____

Mobile Number of the parent / Guardian: _____

Email ID of the Parent/ Guardian : _____

ACADEMIC DETAILS

Name and Address of : _____

the Institution Last Attended _____

Name of the Qualifying Examination : _____

Month and Year of Passing : _____

Name of the Board/ University : _____

Subjects Offered : _____

Percentage of Marks : _____

Declaration by the parent and Candidate : We hereby declare that all the information provided in the application form is true to the best of our knowledge and belief.

Date : _____

Place : _____

Signature of the Parent : _____

Signature of the Candidate: _____

