

## IKON NURSING SCHOOL & COLLEGE

No.32, Bheemanahalli, Bangalore Mysore Main Road, Bidadi Hobli, Ramanagara Taluk, Bangalore Rural Dist – 562 109

Ph: 080-29566662, Mob: 9845245424 / 9686997111 (admission)

Email: <u>ikonnsg@rediffmail.com</u> / <u>ikonnsg@gmail.com</u> Website: <u>http://ikongroupofinstitutions.in/nursing/</u>

					AP	PLI	CA	ΓΙΟΙ	N FC	RM	M.S	Sc (N	N) / E	3.Sc	(N)	/ <b>G</b>	INN	1									
Application form for Academic year																											
Name of the Candidate: (In Cap								ital)																			
Pre	esen	t Add	ress:																			_					
Pho	one	: (S)_							_(F)							(	(G)_										
Em	nail																										
I.		rsona			ck addı	ress to	which	applic	ation co	orrespo	ondence	e shoul	d be se	nt. Ple	ase no	tify	the In	stit	ite if	the	re is o	chan	ge ir	addres	š		
	Name of the Father / GuardianMother Name																										
Date of Birth					Blood Group							Age							_ Sex								
				Caste (optional)							Nationality_																
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List any outstanding performance viz., Academic and extr	a-curricular activities:									
Continue di contin										
Certificate required in original: For GNM & B.Sc (N)	For PB B.Sc (N)									
a. Statement of marks of 10+2 / Equivalent Examinations.	` '									
b. SSLC marks card showing date of birth	2. Diploma Certificates									
c. Transfer Certificate	<ul><li>3. GNM marks card of all years</li><li>4. Internship Certificate</li><li>5. Registration Certificate</li></ul>									
d. SC/ST/OBC Certificate (if applicable)										
e. Migration Certificate (if applicable)										
f. Physical Fitness Certificate.	-									
For M.S										
1. As mentioned for GNM & B.Sc (N) (a,b,c,d,e,f)										
2. B.Sc (N) Marks Card / PB B.Sc (N) Marks Card 3. Degree Certificate										
4. Registration Certificate										
5. Experience Certificate										
Note: 05 Pass port Size & 05 Stamp Size Photos (Col	lour),									
<b>Declaration by the Ca</b>	andidate and Parent / Guardian									
I hereby state that I have filled this form myself at given above are true.	nd to the best of my knowledge and belief, the particulars									
I hereby undertake to abide by all the conditions, rules and regulations in force from time to time. I will not do anything unworthy of a student of the college either inside or outside the college or anything that will interfere with its orderly working and discipline. I am aware that the management has the full authority to expel me for lack of interest in studies, misbehavior or continuous failure.										
I hereby undertake that I shall pay all the fees and d	lues to the institute promptly.									
Parent / Guardian's Signature	Candidate's Signature									
Place:										
Date:										
FOR OF	FICE USE ONLY									
Academic Year										
Application Fee										
Cheque / Cash_										
Receipt No.										

**Signature** 



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			<u>ACKNOWI</u>	LEDGEMENT								
Red	ceive	d the following o	original certificates from M	r./Ms								
S/o	/ D/o	0		to	towards admission to <b>B.Sc.</b> (N) / GNM/							
M.Sc. (N) at Ikon Nursing School and College for the academic year 2025-26.												
Domicile: Non-Karnataka NRI (Tick the relevant)												
Quota: CET MGT NON-CET MGT GOVT QUOTA												
	Sl. No	Doc	eument Details	Original Documents submitted	Xerox documents submitted	Remarks						
	1	SSLC marks ca	ard	Submitted	Submitted							
	2	PUC/+2 marks	card									
	3	Transfer Certifi	icate									
	4	Migration Certi	ificate (Non-Karnataka)									
	5	Conduct/Chara	cter Certificate									
	6	Physical Fitnes	s Certificate									
	7	Passport size Pl	hoto (05)									
			Parent									
	8	Aadhar Card	Student									
	9	Any Other Doc	euments									
Total No of original Certificates received are  Note: The above Certificates will be returned to student after completion of the course and on producing this receipt only. One set of all Xerox documents & photos should be with students in the hostel and one set with parents at home												
	Principal											