



SHRI MARUTHI GROUP OF INSTITUTIONS

Recognised by Govt. of Karnataka, Affiliated to RGUHS, KSDNEB & Approved by KNC, INC, PCI & Karnataka Paramedical Board

APPLICATION No.:

#21/A, Doddabylakere, Hesarugatta Road
Shivakote, Yelahanka, Bengaluru - 560089

91 82965 34339
smcollegebangalore@gmail.com

www.smgjedu.com

APPLICATION FORM

NURSING

GNM B.Sc.Nurisng P.B.B.Sc.Nurisng

M.Sc. Nursing

Medical Surgical Pediatric

OBG Psychiatric

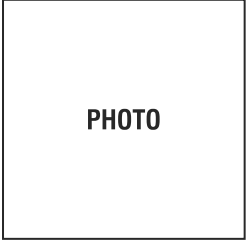
PHARMACY

D-Pharm

PARAMEDICAL

DMLT DMIT

DOTT



Name of the Candidate (In BLOCK Letters)

Father's Name

Mother's Name

Permanent Address

Pin Code

Present Address

Pin Code

E-mail

Land Phone Mobile

Nationality Sex Male Female

Date of Birth Age

Religion Caste

Blood Group Mother Tongue

EDUCATIONAL QUALIFICATIONS

Educational Qualification	Name of the Board	Year of Passing	No. of Attempts	Total Marks Scored	% (Percentage)
SSLC / 10th					
Plus Two / 12th					

ATTESTED PHOTOCOPIES OF THE CERTIFICATES TO BE ENCLOSED ALONG WITH 10 RECENT PASSPORT SIZE PHOTOGRAPHS

Sl. No.	Item	Yes / No
1	10th Certificate & Mark Sheet	
2	Plus 2 Certificate & Mark Sheet	
3	Migration Certificate	
4	Eligibility Certificate	

Sl. No.	Item	Yes / No
5	Transfer Certificate	
6	Conduct Certificate	
7	Aadhaar Card	
8	Passport Size Photo-6nos.	

Local Guardian's Address

Pin Code

Land Phone

DECLARATION BY THE CANDIDATE & PARENT:

We hereby declare that all the information provided in the application form above are true to the best of our knowledge and belief.

Date:

Place:

Signature of the Parent / Guardian _____

Signature of the Candidate _____

Fee & other considerations are to be paid through DD in favour of Shri Maruthi Group of Institutions, payable at Bangalore

FOR OFFICE USE ONLY

Admitted Yes No Admission No.

Signature of Admission Director

Signature of the Principal