

# Ashrith Trust (R), Kota

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РНОТО

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AP	PLICATION	FOR A	DMI:	SSIO	N FOI	R TH	IE /	<b>ACA</b> I	DEN	IIC	ΥE	AR	20		<b>-2</b>	0						
	B.Sc. Nursing		Diplom	na in G	eneral N	lursi	ng 8	Midv	vifery			DI	<b>/ILT</b> (	Diplo	ma	in M	edica	al Labo	orato	ry Te	echno	logy)
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1.	Name of the	Applican	t																			
2.	Name of Fath	ier		! !					!_	!		·					ļ					
3.	Name of the	Mother																				
4.	PARENT's N	ame & A	ddress	S					G	UA]	RD	IAN	's Na	ame	& A	Addı	ress					
	Phone with S	TD							P	hone	e w	ith S	TD									
5.	Date of Birth								6	. Gei	nde	er [	M l	F								
7.	Occupation of	f Parent /	Guaro	lian																		
8.	Nationality		Relig		T	Ca	aste							(	Cate	egor	v					
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9.	Marital Status	Sing	le	Marri				f Chil	dren						Wi	fe/H	Iusba	and				
	Male- Female- Employed Unemployed Student																					
10.	Mark 🗸 to y	our Moth	ner ton	gue.																		
	Languages	Kannada	Eng	glish	Hindi	Τι	ılu	Mala	ayala	m								N	1oth	er 7	Гопд	ue
	Read																					
	Write																					
	Speak																					
11	Do you need	Hostel A	ccomr	nodati	ion? (V	FS /	NO	))														
	In case Hoste				-			*	nom	do y	ou	stay	? - F	urni	sh f	full	addr	ess				
	With Parent	S																				
	With Guard	ian																				
	With Relativ	ves																				
	Other arrang	gements,	if any																			
12.	Academic De	tails:																				
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	S.S.L.C./S.S	.C.																				
	PUC/Equiva Specify com																					

13. Marks obtained in Qualifying Examination i.e. 10+2 / Pl	10+2 / PUC
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Sl.No.	Name of the Subject	Month and year of Passing	Maximum Marks	Marks Obtained
1				
2				
3				
4				
5				
6				

## 14. Health condition of Applicant:

(Please provide details of any major illness/long standing illness recent or in about five years period.)

Sickness	Serious/Major Illness	Surgical/ Non-surgical	Communicable Disease	Any problem at present
Specify Name & details if available				

#### 15. Visible distinguishing mark, if any:

I hereby affirm that all	particulars	furnished by	v me (th	he applicant)	are true to i	the best o	of mv	knowledge	and helie	f.

Signature of the Parent/Guardian Date:	Signature of the Applicant
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#### CHECK LIST OF DOCUMENTS ENCLOSED:

- 1. Qualifying Examination (10+2(PUC) / SSLC) Marks Statement Original & 5 photocopies Attested
- 2. S.S.L.C./Class 10 Certificate showing Date of Birth Original & 4 photocopies Attested
- 3. Transfer Certificate Original & 5 photocopies Attested
- 4. Conduct and Character Certificate & Study of PUC Original & 4 photocopies Attested
- 5. Income Certificate Original & 4 photocopies Attested
- 6. Caste Certificate Original & 4 photocopies Attested
- 7. Ration Card & Aadhar Card Photocopy Attested
- 8. Physical Fitness Certificate
- 9. Rural (Gramina) & 7 year Karnataka Study Certificate Photocopy Attested
- 10. Migration Certificate (other than Karnataka State students) Original & 4 photocopies Attested
- 11. Photographs: recent 7 copies passport size, 4 copies stamp size
- 12. Bank Pass Book Photocopy Attested

### **DECLARATION**

I do hereby undertake that I have filled up this form myself and to the best of my knowledge and belief the particulars furnished above are true.

I, hereby, undertake to abide by all the conditions, Rules, Regulations in force at present and also those which may hereafter be introduced by Ashrith Trust (R), Kota for the administration of the College & Hostel. I also undertake that so long as I am a student of this college I will do nothing unworthy of a student of the College either inside or outside anything that will interfere with its orderly working and discipline. I am aware that the management has the full authority to expel me for negligence in studies, misbehavior and/or continuous failure.

I do hereby, undertake that I shall pay all the fees and dues to the Institutions promptly on demand. I am also aware that Fees once paid shall not be refunded. In case I need to quit the course, I am liable to pay the full amount for the whole course.

Date Place	Signature of Parent/Guardian	Signature of Applicant
	FOR OFFICE USE ONLY	
Student Name:	Register No.:	
Fess Paid ·	Admitted :	