



BWWW TRUST (R)

RAMAN GROUP OF INSTITUTIONS

RECOGNIZED BY KNC ,INC, PCI &APPROVED BY GOVT. OF KARNATAKA
KSDNEB ,BOARD OF EXAMINING AUTHORITY & KNPSEA(PARAMEDICAL BOARD)

No.133/3,Devannapalya, Dasanapura Hobli,NH4,
Near sub registrar office, Bangalore 562162

Affix Your
Passport Size
Photograph
Here

APPLICATION FORM

Admission No:

Serial No:

STUDENT INFORMATION

Student Name:

Father's Name:

Mother's Name:

Nationality:

Student's Mob No:

Parent's Mob. No:

Aadhar/Citizenship No:

D.O.B. / /

Caste:

Sex:

COURSE APPLY FOR

- GNM(General Nursing &Midwifery
- Diploma in pharmacy
- Diploma in Ophthalmic Technology
- Diploma Operation Theater &Anaesthesia Technology
- Diploma in Medical Laboratory Technology
- Diploma in medical Imaging Technology
- Diploma in Dialysis Technology

STUDENT CONTACT INFROMATION

Permanent Address: _____

Local Guardian Address: _____

Relation with Student: _____

Email: _____

Documents Required Affix photocopies (Originals to be Produced at the time of Admission)

- | | |
|---|---|
| <input type="checkbox"/> SSLC Marks Sheet / 'O' Level | <input type="checkbox"/> Citizenship proof (Aadhar, Passport, Nagarikta) |
| <input type="checkbox"/> II PUC/10+2 / PDC Marks Sheet / 'A' Level | <input type="checkbox"/> Student Passport Visa (for foreign nationals) |
| <input type="checkbox"/> Transfer Certificate | <input type="checkbox"/> Degree Certificate & Marks Sheets (PG Programs) |
| <input type="checkbox"/> Conduct Certificate (issued from institution last studied) | <input type="checkbox"/> Income & Caste Certificate (if applicable) |
| <input type="checkbox"/> Migration Certificate from the concerned University/Board | <input type="checkbox"/> Diploma Certificate/Marks Sheets/Registration for Pc.B.Sc./M.Sc. |
| <input type="checkbox"/> Recent 4 Passport & 1 Stamp size latest Colour Photographs | |

Previous Academic Details

Name of University/ Board:		
Name of the College/School:		
Marks Secured in last Qualifying Examination		
Subject	Marks Obtained	Percentage
TOTAL		

Declaration

I/ we pledge that all information provided herewith is true to the best of our knowledge. I/we fully agree to abide by all the policies, rules and regulations of the institution and in case of non-confirmation would accept the verdict of the institution as the final. I/we also understood and accept that in case of discontinuation of the course for any reasons. I/we shall forgo the entire fee including deposits paid to the institution and not claim any reimbursements for compensations.

*Antiragging affidavit has to be submitted before joining.

Date:		
Place:	Signature of Father / Guardian	Signature of Student

For Office Use only

Description	1st Year	2nd Year	3rd Year	4th Year
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.....
.....
.....

Admitted by	Entered by	Principal
Name :	Name :	Date:
Mobile:		