

St. John's National Academy of Health Sciences, Bengaluru

Reg. No			
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St. John's College of Nursing

General Nursing & Midwifery - Admissions 2024 - 2025

Attach recent Passport Size

		Application form		photograph
1.	Name of the Candidate (I	Block Letters):		
2.	Mobile No.:	Email Id:		
3.	Date of Birth:	& Age in yrs.:	Blood Group:	
4.	Gender:			
5.	Place & State of Birth:			
6.	State of Domicile:			
7.	Religion:			
8. 9. a)	Nationality: To which of the following Catholic (Roman, Latin, Syria	g categories do you belong? (Tie	Aadhar No.:ck the Categories that yo	ou belong to)
b)	Other Christian Denomination	n [] g) Ba	ackward Class Catholic	[]
c)	Other Religion (Non-Christia		olding a Foreign Passport	[]
d)	SC / ST Catholic	[] i) So	on / Daughter of St. John's St	aff []
e) f)	SC / ST Others OBC	[]		
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	Name	1 40101	11200	
	Occupation			
	Annual income			
	Mobile No.			
	Land Line No.			
	E-mail Id			
	House Address with pin code (Permanent)			
		10 th Std:	12 th Std:	

	r Reli	gious						
Name	of the	Superio	or General/ Provincial: .					
Name	of the	congreg	gation:					
Perma	nent a	ddress: .						
Month	and V	Voor of 1	st Profession:					
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Exami	nation	Year of Passing		No. of attempts taken to		Mark obta by candid	Marks & % obtained by candidate in each	
		8		pass		Marks	%	
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P.U.C/C SC PDC			2.					
Interme	ediate		3. 4.					
If, oth			5.					
speci	II y		••					
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Sl. No 1. 2. 3. 4.	Par Mark Birth Caste Medi Lette Certi	es of following ticulars as cards of a Certificate e Certificate ical Fitness or from Parificate of Experience of	Total Marks & Activities: (Attach the certification of the Company	ficates - Inter attached alc C/CBSE/ISC/Pl	c. Athletic	e application Attach Yes /	on form	
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