



KARNATAKA STATE NURSING COUNCIL

#71, Nightingale Towers, 'A' Street, 6th Cross, A.R. Extension, Near
Movieland Theater, Gandhinagar, Bengaluru, Karnataka 560009

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Phone : +91-80-22383230. Fax : +91-80-41516486



APPLICATION FOR ELIGIBILITY FOR JOINING GNM COURSE

Application No:

1. Name of the Candidate :
2. Gender :
3. Date of Birth :
4. Name of the Course Completed :
5. Name of College studied :
6. Postal Address :
7. Contact Number :
8. Online Payment details:

Paste Passport
Size Photo

Amount	Transaction No.	Date of Payment	Name of the Bank

The information furnished above is correct as per my records & knowledge.

Place:

Date:

Signature of the Candidate

Enclosures:

1. SSLC/10th Marks Statement
2. 10+2/ PUC Marks Statement
3. Transfer certificate
4. Address Proof
5. Personal Identification Number (NRI/foreign students)
6. Photocopy of AADHAR CARD
7. Recent Two Passport size Photos
8. Receipt of online payment of Rs 500/-