



POORNAA PRAGNA INSTITUTE OF
NURSING & PARAMEDICAL SCIENCE
HASSAN - KARNATAKA

**Poornaa Pragna Institute of Nursing and Paramedical
Science**

Near MCF, Kanchamaranahalli, Kadaga Post, Kasaba
Hobli, Hassan - 573219

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info@poornaapragna.edu.in

Paste Photo

OFFLINE APPLICATION FORM

Course Applied For (Tick ✓)

B.Sc Nursing []	GNM []	DMLT []	DMIT []	DOT & AT []
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Applicant Details

Full Name: _____	Date of Birth (DD/MM/YYYY): _____	Gender (M/F): _____
Mobile No.: _____	Email ID: _____	Aadhaar No.: _____
Nationality: _____	Religion: _____	Category (SC/ST/OBC/Gen): _____

Parent / Guardian Details

Father / Guardian Name: _____	Occupation: _____	Mobile No.: _____
Mother Name: _____	Occupation: _____	Annual Income: _____

Address Details

Permanent Address _____ _____ _____
Communication Address _____ _____ _____

Educational Qualification

Exam	Board / University	Year	Reg No.	% / CGPA
SSLC / 10th				
PUC / 12th				
Other (if any)				

Documents Submitted (Tick ✓)

SSLC Marks Card []	PUC Marks Card (if applicable) []	Transfer Certificate []
Study Certificate []	Caste / Income Certificate (if applicable) []	Aadhaar Copy []
Passport Photos (2) []	Medical Fitness Certificate []	Other: _____ []

Hostel Requirement

Do you require hostel accommodation? Yes [] No []

Declaration

I hereby declare that the details furnished above are true and correct to the best of my knowledge. I agree to abide by the rules and regulations of the Institution.

Place: _____	Date: _____
Signature of Applicant _____	Signature of Parent / Guardian _____

Office Use Only (To be filled by the Institution)

Application No.	
Course Allotted	
Verified By	
Remarks	