

## SMT. SARASWATHAMMA GROUP OF PARAMEDICAL INSTITUTIONS

(Recognised by Indian Nursing Council, New Delhi A.P. Nurses and Midwives Council Government of

A.P. & NTR University of Health Sciences, Vijayawada.

 $Address: Saraswati\ Nagar,\ Madanapalle,\ Chittoor,\ Andhra\ Pradesh-517325.$ 

Contact Info: 9490885999, 9490963339)

	APPLICATION FORM	Affix photo						
Application submitted for : B.Sc.								
1. Full Name of the Applicant: (as per SSC/Tenth)								
2. Father/ Guardian Name:								
Occupation:								
3. Mother Name:								
Occupation:								
4. Permanent address:								
District:	PIN CODE	:						
State:								
5. Temporary address:								
District:	PIN CODE	;						
State:								
5. Aadhar No:	Mobile/Telephone No:							
6. Date of Birth: / /	Age: Gender:							
7. Nationality:	tionality: Religion: Caste:							
8. Marital Status: Mother Tongue:								
9. Identification Marks:  1. 2.								

Name of the Board	Name of the School	Address of the School	s From (Year)	Year of Passing		Marks Secured / Total Marks	Percentage /GPA
ntermediate/ Name of the Board	/HSC/+2: Name of the Institution	Addres of the Institut	(Year)	Year of Passing		t Marks Secured / Total Marks	Percentage /GPA
Intermediate S.No.	:/HSC/+2 Su	bject Detail		Ola		/ Total Marks	Result
5.110.		Buojects			(GPA		(Pass/Fail)
					11	24.0	
Class	Acade	Academic Year (Start-End)  Name of the School / Institut		nstitution	SC/+2: Address of the School / Institution		
V VI VII							
VIII IX X							
Inter (1 <sup>st</sup> yes							
<b>Office Use:</b> 2. Challan N	No:		C	hallan Am	ount (Rs):	Challan I	Date:
3. Bank Naı	me:		В	ank Branch	n:		

## **DECLARATION**

I hereby solemnly and sincerely affirm that the statement made and information furnished by me in the application form and also in all the enclosures thereto submitted by me are true and correct. I have not kept any information secret should it however be found that any information furnished therein is fraudulent, incorrect or untrue in material particulars, I realize that my selection or admission to the course is liable to be cancelled and I am liable to criminal prosecution. Further I also agree to forego my seat in the school of Nursing unconditionally.

Date:

Signature of the applicant

I have fully read the information furnished by my daughter / ward and affirm that it is true and if it is proved that the information was fraudulent, I am liable to prosecution.

Date:

Signature of Father / Guardian (If father is not alive)

Note:- No application will be entertained unless the declaration is signed by candidate and parent / guardian (if father is not alive).

## **Documents to be submitted along with the application form**

- 1.Tenth/SSC Marks List/Memo.
- 2.HSC/+2/Intermediate Marks List/Memo.
- 3. Transfer/Leaving Certificate.
- 4. Migration Certificate.
- 5.Caste & Income Certificate.
- 6.Aadhar card.
- 7. Recent Colour Passport & Stamp Size Photos.