

UAE/ADM/F/01



UNITY
Academy of Education
— explore life

APPLICATION NUMBER

APPLICATION FOR ADMISSION TO

- B.Sc Nursing
- Diploma in General Nursing and Midwifery
- M.Sc. Nursing (With Options)*

* Options : Community health nursing, Medical surgical nursing,
Pediatric health nursing(Child health nursing) & Psychiatric nursing

PHOTOGRAPH

Paste your recent passport size color photograph not older than 3 months. Do not pin or staple.

Fill the form in English using CAPITAL letters, except for signature

FOR OFFICE USE ONLY

Registration No..... Admit to Fees Paid.....

Cashier

Principal

NAME OF THE APPLICANT(SURNAME, FIRST NAME, OTHER NAME(S))

DATE OF BIRTH

<input type="text"/>	<input type="text"/>	<input type="text"/>
DATE	MONTH	YEAR

SEX(TICK ONE)

<input type="checkbox"/>	<input type="checkbox"/>
MALE	FEMALE

BLOOD GROUP

NATIONALITY

NAME OF PARENT/GUARDIAN

OCCUPATION OF PARENT/GUARDIAN

RELATIONSHIP TO GUARDIAN

PARENT/GUARDIAN'S ADDRESS

ISD/STD CODE

TELEPHONE NUMBER(R)

TELEPHONE NUMBER(O)

FAX/MOBILE NUMBER

EMAIL ADDRESS

STUDENT'S ADDRESS FOR CORRESPONDENCE

ISD/STD CODE

TELEPHONE NUMBER(R)

TELEPHONE NUMBER(O)

NAME AND ADDRESS OF LOCAL GUARDIAN (IF ANY)

ISD/STD CODE

TELEPHONE NUMBER(R)

TELEPHONE NUMBER(O)

APPLICATION FORM

ACADEMIC PARTICULARS

Exams Passed	Name & address of the School / College	Name of Board / University	Reg. No	Percentage & Class in which passed	Attempt / Year of passing
SSLC					
PUC or equivalent exam					
Degree or Equivalent exam					

Marks obtained in Basic B.Sc Nursing/ P.C B.Sc Nursing

Name of the exam	Name & Address of college	Name of University	Reg No & Class	% of passing	Attempts/ year
First year					
Second year					
Third year					
Fourth year					

Registration Number

RN RM

Name of the State Nursing Council.....

Date of Registration

Work Experience

Designation & Degree	Subjects	Name & Address of Hospital or College	Experience	
			From	To

Attested photocopies to be enclosed :

1. Nationality and domicile certificate, if there is change of domicile
2. Marks card of qualifying examination.(SSLC,PUC-T.C, conduct, medical, migration certificates. All originals to be produced at the time of interview)
3. Proof of age (attested photocopy of SSLC certificate)
4. Draft payable in Mangalore in favour of Unity Academy of education.
5. Registration memo card
6. 3 photos (passport size)

Declaration:

I hereby state that I have filled this form myself and to the best of my knowledge and belief, the particulars given above are true.

I hereby undertake to abide by all the conditions, rules and regulations in force at present and also those which may herewith be introduced for the administration of the academy, I shall do nothing unworthy of the students of the academy either inside or outside of anything that may interfere with its orderly working and discipline. I am aware that the management has the full authority to terminate my studies for disinterest, misbehavior and continuous failures.

I hereby undertake that I shall pay all the fee and other dues to the institution promptly on demand.

Place :

Date :

.....
SIGNATURE OF PARENT / GUARDIAN

.....
SIGNATURE OF APPLICANT



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