



DIANA

GROUP OF INSTITUTIONS

Affiliated to Rajiv Gandhi University of Health Sciences & Recognized by Indian Nursing Council
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APPLICATION FORM

PHOTO

Application No.

Personal Information

* USE ONLY BLOCK LETTERS

Mr. Ms. Mrs.

Name of Applicant

Gender M F Date of Birth Marital Status

Caste SC ST OBC General

Religion _____ Nationality _____ Place of Birth _____

Father's Name _____ Mother's Name _____

Father's Occupation _____ Mother's Occupation _____

Contact Number _____ Contact Number _____

Medical Disability (if any) _____ Blood Group _____

Permanent Address

Name & Address

City State Pin

Mobile Alternate No

Select Diploma/Degree

GNM B.Sc. Nursing PB B.Sc. Nursing M.Sc. Nursing D. Pharm
 B.Pharm DMLT DMIT DHI DOT & AT

Academic Qualification

Examination Name	Passing Year	Subjects Taken/Stream	Marks (%)	Board / Council University

Note: If appearing for the final year / final semester of graduation examination, then please mention the month and year of the examination.

Month:

Year:

Work Experience

Organization	Designation	From (mm/yyyy)	To (mm/yyyy)

How you got to know about our Institution

News Paper Online Refer Others

Name of the Media / Person _____

Declaration

I/We pledge that all information provided herewith is true to the best of my/our knowledge. I/We fully agree to abide by all the policies, rules and regulations of the institution framed from time and in case non-compliance would accept the verdict of the institution as the final. I/We also understand and accept that in case of discontinuation of the course for any reason/s. I/We shall forego the entire fee including deposits paid to the institution and not claim any kind of reimbursement or compensation.

Date:

Place:

Signature of the Applicant

Signature of the Parent / Guardian