



Sri venkateshwara Educational Trust (R)

# MANASA COLLEGE OF NURSING

(Approved by the Govt of Karnataka, Affiliated to Rajiv Gandhi University of Health Sciences  
Recognised by Karnataka Nursing Council and Indian Nursing Council-Newdelhi)

Hosur Main Road, MALIR - 563 130, Kolar District, KARNATAKA STATE

Phone No. 08151-211716, 211633, 235252 Fax : 08151 - 233055 Mobile : +91 94480 19997

www.manasainstitutions.com

e-mail : bsdhrpmc@yahoo.co.in

SL. No. Of Application :

Date of Issue :

To,

The Chairman / Principal,  
Manasa School / College of Nursing,  
Malur - Hosur Road, Malur - 563 130.

Dear Sir/ Madam,

I furnish the following particular to admit my son/ daughter into your school / college

1. Name of the pupil in full \_\_\_\_\_  
(In Block Letters) (Name) (Father's Name) (Surname)

2. Sex Male  Female  Date of birth in figures \_\_\_\_\_

Date of birth in words \_\_\_\_\_  
\_\_\_\_\_

3. Place of Birth \_\_\_\_\_

4. Father's Name \_\_\_\_\_

Mother's Name \_\_\_\_\_

5. Father's Qualification \_\_\_\_\_ Mother's Qualification \_\_\_\_\_

6. Father's occupation in detail \_\_\_\_\_

Mother's occupation \_\_\_\_\_ Parents Annual Income \_\_\_\_\_

7. Parents/Guardians address \_\_\_\_\_

\_\_\_\_\_ Phone No. : \_\_\_\_\_

8. Nationality \_\_\_\_\_ Religion \_\_\_\_\_ Caste \_\_\_\_\_

9. For Scheduled Caste/Scheduled Tribes ( Sub Caste) \_\_\_\_\_

10. Mother tongue \_\_\_\_\_

11. No of brothers \_\_\_\_\_ No of sisters \_\_\_\_\_

12. whether they are studying in this school. If so name & std. \_\_\_\_\_

\_\_\_\_\_

