

**Karnataka State Nursing Council**

No. 71, Nightingale towers, A-street, 6<sup>th</sup> cross,  
AR Extension, Gandhinagar, Bangalore-560009.

**APPLICATION FORM FOR THE POST OF NURSE REGISTRAR**

Affix  
Passport size  
Photograph

(Please fill Sl No. 1 to 4 in Capital Letters Only)

1.	Name of the Applicant					
2.	Name of the Father/Mother/Spouse					
3.	a. Permanent address					
	b. Postal Address for correspondence					
	c. Mobile Number					
	d. E-mail ID					
4.	a. Date of Birth & Age (as recorded in the SSLC certificate)					
	b. Nationality					
	c. Religion					
	d. Caste & Category					
5.	QUALIFICATION (Enclose Relevant Documents)					
	<b>Qualification</b>	<b>Marks / Grade</b>	<b>Percentage</b>	<b>Name of the College</b>	<b>University</b>	<b>Year of Passing</b>
a.	B.Sc (Nursing)					
b.	M.Sc (Nursing)					
c.						
d.						
6.	Particulars of registration with Karnataka State Nursing council					
7.	Professional Experience (Enclose Relevant Documents)					
	<b>Designation</b>	<b>Period</b>		<b>Total No. of Years</b>	<b>Name of the hospital</b>	<b>Remarks</b>
		<b>From</b>	<b>To</b>			
a.						
b.						
c.						
d.						

