



SRI B. AYYAVARU REDDY MEMORIAL SCHOOL & COLLEGE OF NURSING, KADAPA, A.P.

(Under the auspicious of Kiran Educational Society, Kadapa.)

Recognised by Indian Nursing Council, New Delhi, (File No. 02/JUL/2006-INC)

Affiliated to Dr. N.T.R. University of Health Sciences, Vijayawada, A.P.

APPLICATION FORM

Sl. No :

1. Name in Full (in block letters) : _____
(As per SSC/SSLC Records)

Passport
Photo

2. a. Father's/ Guardian's Name : _____

b. Mother's Name : _____

3. Date of Birth (in words) : _____
(As per SSC/SSLC certificate)

4. Permanent Address

a. Name : _____

Father's / Guardian Name : _____

D.No. / Street Name : _____

Village / Town : _____

PIN Code : _____

Mandal / District : _____

State : _____

Cell No / Phone No. : _____

b. Nationality : _____

c. Mother Tongue : _____

d. Candidate Belongs to : _____
(Please tick)

SC	ST	BC	EBC	Others
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Sub caste : _____

5. Education Details

Previous Institutions Attended	School & College Name	Year of study & Medium	Percentage of Marks
10th			
+ 2 Equivalent			

Check list of Documents Enclosed:-----

▶ S.S.C/SSLC or equivalent certificate	ORIGINAL ()	PHOTO COPY ()
▶ Intermediate or its equivalent certificate	ORIGINAL ()	PHOTO COPY ()
▶ Transfer certificate of intermediate or equivalent	ORIGINAL ()	PHOTO COPY ()
▶ Caste certificate	ORIGINAL ()	PHOTO COPY ()
▶ Income certificate	ORIGINAL ()	PHOTO COPY ()
▶ Study Certificate 6th to 10th Class	ORIGINAL ()	PHOTO COPY ()
▶ If other state submit migraton certificate, EC	ORIGINAL ()	PHOTO COPY ()
▶ Nativity certificate	ORIGINAL ()	PHOTO COPY ()
▶ Six recent passport size photographs	ORIGINAL ()	PHOTO COPY ()
▶ Xerox Copy of Ration Card	ORIGINAL ()	PHOTO COPY ()
▶ Aadhar Card of Father, Mother & Student	ORIGINAL ()	PHOTO COPY ()
▶ Bank Pass Book	ORIGINAL ()	PHOTO COPY ()

DECLARATION

I promise to abide by all rules, regulations and order of the college and its authorities.

Date:

Signature of the Student

I shall be responsible for the payment of all his/her fees and other charges. I shall be responsible for his/her regularity, conduct during the period of the college career.

Date:

Signature of the Parent

Our Address: D.No. 93/142-1, Near RIMS, Mamillapalli, KADAPA - 516 004.

E-mail: principalsarm@gmail.com

Website : www.sarmcolleges.in