

**SRI JAYADEVA INSTITUTE OF CARDIOVASCULAR
SCIENCES & RESEARCH**

(Government of Karnataka-Reg. Autonomous Institute)

Jayanagar 9th Block, Bannerghatta Road

Bangalore – 560069. Phone No: 080 – 222977400

Website: www.jayadevacardiology.com

**AFFILIATED TO KARNATAKA STATE DIPLOMA NURSING
EXAMINATION BOARD, KARNATAKA**

Affix Passport
Size
Photograph and
Sign across photo
below neck level

To,
The Member – Secretary,
Selection Committee for Post Basic Diploma
in Cardio Thoracic Nursing ,
**Sri Jayadeva Institute of Cardiovascular
Sciences & Research,**
Jayanagar 9th Block, Bannerghatta Road
Bangalore – 560069

Admission to Post Basic Diploma in Cardio Thoracic Nursing Course

(Application to be filled in by the applicant in his/her own handwriting, strike out whichever is not applicable)

Note:

In-service candidates should apply through Head of the Parent Department along with No-objection certificate. If, candidates selected they must submit Relieving order from Parent Department at the time of admission.

**1. Name of the Applicant:
(IN BLOCK LETTERS)**

**2. Date of Birth:
(Enclose attested copy of
SSLC Marks Card/TC/ extract from the
Cumulative Records Showing Date of Birth)**

**3. Father / Guardian's Name:
(With address and occupation)**

4. Address of the applicant:
**a. Present address:
(Where the interview notice should be sent)**

b. Permanent address:

Contact Number: Res:

Mobile:

Off:

5. Gender: Male:

Female:

5a. Blood Group:

Marital Status: Single:

Married:

**6. Place of Birth with
Native District and State:**

7. State in which you are domiciled:

**8. Are you a citizen of India by Birth?
If not what is your nationality?**

**9. Do you belong to SC/ST
Cat-I, Cat-IIA, IIIA, IIIB and GM:**

10. Qualifications:
(Enclose attested copies)

11. Particulars of all examinations & Experience: Eg:- SSLC, PUC, GNM, B.Sc (N) examination passed

Sl. No	Name of the Course	Name of the School/ College	Year of Passing	Percentage of marks obtained	Remarks
1.					
2.					
3.					
4.					
5.					

(If passed in more examinations please attach a separate sheet to mention details and enclosed attested photocopies of the same)

11. WORK EXPERIENCE:

Sl.No.	Work Experience including present employment		
	PLACE	DESIGNATION	DURATION
1			
2			
3			
4			
5			

- 12. List of Documents to be Enclosed:**
- a. SSLC Marks Card**
 - b. PUC or Equivalent Exam marks card**
 - c. GNM/ B.Sc (N) Marks cards**
 - d. GNM/ B.Sc (N) Certificate**
 - e. KNC Registration Certificate**
 - f. Experience Certificate**
 - g. Address Proof**
 - h. Caste & income certificate**

DECLARATION BY THE APPLICANT

1. I agree to undergo the course on a full time basis and shall not engage myself in any kind of other activities during the period of the course.
2. I hereby declare that I shall abide by the rules and regulations of the institute that are framed from time to time.
3. I hereby declare that information given in this application is true and correct to the best of my knowledge and belief. In case of any information given by me in this application proves to be false or incorrect, I shall forfeit my selection and also face all the legal consequences.

DATE:

PLACE:

SIGNATURE OF THE APPLICANT

DECLARATION BY THE PARENT/GUARDIAN OF THE APPLICANT

I hereby declare that I am responsible for the timely payment of all fees & dues payable to Sri Jayadeva Institute of Cardiovascular Sciences & Research, Bangalore in respect of my son/daughter ward..... during the period of his/her study at the institute and thereafter until the accounts are cleared. I also declare that the information given above is true and correct.

DATE:

PLACE:

SIGNATURE OF THE PARENT/GUARDIAN

APPENDIX-I

The following information should be furnished by the In-service candidate and should be verified and forwarded by the concerned Head of the department

Department	
Date of entry in to service	
Number of years of service	
Speciality in which he/she is working	
Whether probationary period has been declared or not (If declared, mention the order Number, date of declaration and furnish the document)	
Whether any enquiry is pending against him/her	
Whether he/she is under suspension/unauthorized absence	

Date:

Signature of the Candidate

Certified that the particulars furnished above have been verified and found correct and he/she is eligible to apply for the Post Basic Diploma in Cardio-thoracic Nursing course.

Date:

Place:

**Signature of the head of
the department with seal**