

## Highland College of Nursing

Highland Hospital,  
 Highlands, Mother Theresa Road,  
 Mangalore - 575002  
 (Under Mariam Educational Trust)

Application form for Admission – B.Sc Nursing Program (2025)

### 1. Personal Details

Full Name (as per 10th Certificate): \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Gender: ☐ Male ☐ Female ☐ Other

Nationality: \_\_\_\_\_

Religion: \_\_\_\_\_

Category: ☐ General ☐ SC ☐ ST ☐ OBC ☐ Others: \_\_\_\_\_

### 2. Contact Details

Mobile Number: \_\_\_\_\_

Email ID: \_\_\_\_\_

Residential Address: \_\_\_\_\_ PIN Code: \_\_\_\_\_

### 3. Parent/Guardian Details

Father's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Guardian (if applicable): \_\_\_\_\_ Relationship: \_\_\_\_\_ Contact Number: \_\_\_\_\_

### 4. Academic Details

Exam Passed	Name of Institution	Board/University	Year of Passing	% / Grade
SSLC / 10th				
PUC / 12th				

Subjects Studied in 12th: \_\_\_\_\_

NEET Roll Number: \_\_\_\_\_ NEET Score: \_\_\_\_\_

## 5. Additional Information

Are you applying for Hostel Accommodation? ☐ Yes ☐ No

Any Medical Condition (if any): \_\_\_\_\_

How did you hear about us? ☐ Website ☐ Social Media ☐ Friend/Family ☐ Other: \_\_\_\_\_

## 6. Declaration

I hereby declare that the information provided above is true and correct to the best of my knowledge. I understand that providing false information may result in the cancellation of admission.

Signature of Applicant: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_