

	SYMBIOSIS COLLEGE OF NURSING (SCON) Symbiosis International (Deemed University) Accredited by NAAC with grade 'A' Established under Section 3 of the UGC Act, 1956, vide notification No. F.9- 12/2001-U.3 of the Government of India Senapati Bapat Road, Pune- 411004, Maharashtra, (INDIA) Tel. +91- 20 25652444 (Ext. 186) +91- 20 25671907 E-mail: symbiosisnursing@gmail.com Website: www.scon.edu.in			Application Form No.	
	APPLICATION FORM 2010			Please Paste Photograph here	
IMPORTANT: *Please fill the form in capital letters *Incomplete/ Illegible forms will be rejected *Wherever not applicable write NA					
Programme:	B.Sc. Nursing	<input type="checkbox"/>	Post Basic B.Sc. Nursing		<input type="checkbox"/>
Personal Details (Write the official name that appears on your certificate.)					
First Name	Middle Name	Last Name			
Correspondence Address Line 1:					
Correspondence Address Line 2:					
Correspondence Address Line 3:					
City/ Town:	State:		Pin:		
Tel. No. (Res.)		Email:			
Mobile:					
Permanent Address Line 1:					
Permanent Address Line 2:					
Permanent Address Line 3:					
City/ Town:					
Tel. No. (Res.):	Tel. No. Office:		Email:		
Date of Birth: d d/ m m/ y y y y □□ □ □ □ □ □ □	Marital Status:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Blood Group:		
Nationality:	Passport No. & Date Valid upto:	Visa Type, No. & Date valid upto:	PP Issues By:		
Details of the Guardian:					
Parent/ Guardian/ Spouse Name:					
Designation and Organization:					
Office Address:					
Residential Address:					
Tel. No. (Res.):		Tel. No. (Office):			

Academic Record

Exam	Degree	Year of Passing	%	Class	Specialization/ Stream	University/ Board College/ School
10 th	SSC				N/A	
12 th	HSC/ Diploma				Arts/ Science/ Commerce/ Diploma	
GNM						
Other						
Computer related courses						

Work Experience if Any:

Category:

1= SC, 2= ST, 3= Open, 4= NRI, 5= International 6= Handicapped
 7= Kashmiri Migrants 8= Armed Forces Dependents, 9= Sponsored 10= OBC

Source of Information about SCON (pl. Tick)	Newspaper Name	Web Advertisement	Website	College	Word of Mouth	Other (Specify)

Declaration:

I have carefully read the information about SCON and have noted the contents. I know that this information is disseminated well in advance of the academic year and consequently details may vary. The University reserves the rights to make alterations to the courses and fees as necessary. I hereby submit to disciplinary jurisdiction of the Vice Chancellor on that behalf, and also by the rules made by the Director of the SCON from time to time. I also declare that the information mentioned above by me is true to my knowledge. I am also aware that any false information given will lead to cancellation of my admission and the fees deposited by me will be forfeited.

Date: _____

Student's Signature: _____

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Eligible	Selected	Fees paid	Admitted	Director/ Principal
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