



SYMBIOSIS COLLEGE OF NURSING (SCON)

Symbiosis International 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@scon.edu.in Website: www.scon.edu.in

Application Form No.

APPLICATION FORM 2017

IMPORTANT: *Please fill the form in capital letters *Incomplete / Illegible forms will be rejected *Wherever not applicable write N A

Programme:	B.Sc Nursing	<input style="width: 50%; height: 20px;" type="text"/>	Post Basic B.Sc Nursing	<input style="width: 50%; height: 20px;" type="text"/>
-------------------	---------------------	--	--------------------------------	--

Please Paste
Photograph
here

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:	State:	Pin:	
Tel No.(Res):	Tel No.(Office):	Email:	
Date of Birth: d d m m y y y y	Marital Status:	Gender: Male	Blood Group:
<input style="width: 20px; height: 20px;" type="text"/>		Female	
Nationality :	Passport No. & Date valid up to:	Visa Type, No. & Date valid upto:	PP Issued by:

Details of the Guardian:

Parent / Guardian/Spouse Name:

Office Address:

Residential Address:

Academic Record

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

Work Experience (if Any):

Category

1 - SC, 2 - ST, 3- Open, 4 - NRI, 5 - International 6 - Differently abled,
7 - Kashmiri Migrants 8 -Dependent of Armed forces Personal 9 – Sponsored

Source of information about SCON PI Tick	Newspaper Name	Web Advertisement	Website	College word	Word of Mouth	Any Other (Specify)

Declaration:

I have carefully read the information about SCON and 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 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 fee deposited by me will be forfeited.

Ragging:

Any act which amounts to ragging in any form as defined under Maharashtra Prohibition of Ragging Act, 1999 and also under the UGC Prohibition of Ragging Regulations, 2009 is subject to Disciplinary action under this Code. I will abide by the UGC regulations pertaining to prohibition of Ragging.

Date: _____ Student's Signature: _____

FOR OFFICE USE ONLY

Eligible	Selected	Fee paid	Admitted	Director /Principal
-----------------	-----------------	-----------------	-----------------	----------------------------