



**SYMBIOSIS COLLEGE OF NURSING**  
Symbiosis International (Deemed University)

**Re-accredited by NAAC with 'A' grade**  
(Established under Section 3 of the UGC Act, 1956,  
vide notification No. F.9- 12/2001-U.3  
of the Government of India)

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Application Form No.

**APPLICATION FORM 2018**

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

**Programme:** B.Sc. Nursing

Post Basic B.Sc. Nursing

Paste passport Size  
Colour Photo.

**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): Email:

Date of Birth: D D M M Y Y Y Y	Marital Status:  Single/Married	Gender	Male	Blood Group:
			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

\*( B.Sc.(N) Physics,Chemistry,Biology(PCB) and English only can apply)

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

Work Experience (Clinical): **From** \_\_\_\_\_ **To** \_\_\_\_\_

### Category

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

Source of information about SCON (Please Tick)	Newspaper/ Media	Web Advertisement	University 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: \_\_\_\_\_

Candidate Signature: \_\_\_\_\_

### FOR OFFICE USE ONLY

<b>Eligible</b>	<b>Selected</b>	<b>Fee paid</b>	<b>Admitted</b>	<b>Director /Principal</b>
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