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APPLICATION NO:NHF201819.....

DATE:...../...../2018

DD NO:.....AMOUNT:.....

**NARAYANA HRUDAYALAYA GROUP OF INSTITUTIONS**

**(Narayana Hrudayalaya Institute of Allied Sciences, Narayana Hrudayalaya College of Nursing,  
Narayana Hrudayalaya School of Nursing, Narayana Hrudayalaya Institute of Physiotherapy)**

Affiliated to Rajiv Gandhi University of Health Sciences, Para Medical Board Karnataka, Karnataka Nursing  
Council Examination Board.

1. Name in full.....
2. Date of birth.....Place of Birth.....Blood group.....
3. E mail ID.....Mobile number.....
4. Father Name.....
5. Occupation .....Annual Income.....
6. Telephone No.....E mail ID.....
7. Mother Name.....Occupation .....
8. Address : Local

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Permanent

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9. Nationality.....State of Domicile..... Mother Tongue.....

10. Religion..... Caste..... Sub caste.....

Category (Applicable for Karnataka candidates only).....

11. Details of Examination

a. Examination Passed.....

- b. Board name.....
- c. Name of the institute.....
- d. Medium of Instruction.....
- e. Total percentage of Marks.....
- f. PCB percentage marks\*.....

(\*Applicable to candidates applying on the basis of 12<sup>th</sup> Marks)

Subject	Maximum Marks	Marks obtained

12. Mark the course you wish to apply

Course	Preference	Course	Preference
Bachelor of Physiotherapy		Master of Physiotherapy	
M.Sc Nursing (Medical Surgical)		M.Sc Nursing (Psychiatric)	
M.Sc Nursing (Paediatric)		M.Sc. Nursing (OBG)	
M.Sc. Perfusion Technology		M.Sc. Echocardiography	
MSc Clinical Research		Diploma in Medical Records Technology	
Diploma in General Nursing And Mid Wifery (GNM)		Diploma in Medical Laboratory Technology	
Diploma in Operation Theatre Technology		Diploma X Ray Technology	

**Application form fee should be paid in the form of Demand Draft (DD) drawn in favour of Narayana Hrudayalaya Foundations payable at Bangalore. (For Diploma INR 500/- For UG & PG Programs INR 1000/-)**

## Declaration

I hereby certify that the information furnished above is true to the best of my knowledge and belief. I promise to abide by the rules and regulation of the college, its authorities and will accept the decision of the Principal as final, in all matters of discipline vide rules in the college calendar or as may be issued from time to time

## *Candidates Name and Signature*

**Send in your application to:** Academic Section Narayana Hrudayalaya Foundation (Ground Floor, T R I Building) Narayana Health City, 258/A, Bommasandra Industrial Area, Bangalore- 560 099 or email the same to: **[collegeadmission@narayanahealth.org](mailto:collegeadmission@narayanahealth.org)**