



SRI VENKATESWARA COLLEGE OF NURSING

Recognized by the Govt. OF A.P & Indian Nursing Council, New Delhi
Affiliated to Dr. NTR University of Health Sciences, Vijayawada, &
Accredited by NAAC, Bengaluru with 'A' Grade.

RVS Nagar, Tirupathi Road, Chittoor – 517 127(A. P)

College Code: SVCC143 website: www.svconedu.org.

e-mail: svcon.rvs@gmail.com, principal.svcon@gmail.com, svson.rvs@gmail.com Mob: 7729999174, 7729999171

ADMISSION FORM

Application No. Branch

01. Name of the Student (As per SSC Marks Memo in Block Letters)



02. Name of the Father / Guardian

03. Name of the Mother

04. Date of Birth : (As per SSC Marks Memo)

05. Gender: Female

06. Nationality: Indian If others (specify)

07. Religion: Hindu Muslim Christian Others

08. Mother Tongue:

09. Community: SC ST BC OC

10. EDUCATIONAL DETAILS

Course	Hall Ticket No.	Year of Pass	Name of the Institution	School / Board	Marks & Grade (or) %
SSC					
Intermediate					
Diploma					
PG					

11. Personal Marks of Identification : (As given in SSC Certificate) a) b)

12. Blood Group :

13. FEE PARTICULARS

Sl. No.	YEAR	Tuition Fee	Spl. & Adm. Fee	Hostel Fee	TOTAL
1.	1 st Year				
2.	2 nd Year				
3.	3 rd Year				
4.	4 th Year				

PRESENT ADDRESS

PERMANENT ADDRESS

Street		
Village/Mandal		
City		
State		
Nation		
PIN Code		
Phone		
Email ID		

COURSES OFFERED

B. Sc. Nursing

GNM

M. Sc. Nursing

SOURCE OF INFORMATION

How did you hear about SVCON ?

Tick [✓]

SVCON website SVCON Student Friends Press Advertisement Trade Fair/Exhibition

Banners/Hoarding Direct Mailer Search Engineer SVCON Representative School Management

Educational Consultant / Agent Please specify the Name _____

DECLARATION

I hereby declare that all particulars stated in this application form are true to the best of my knowledge and belief. I have read and Understood all provisions of admission and agree to abide by them. In the event of submission of fraudulent, incorrect or untrue Information or suppression or distortion of any fact like educational qualification, marks, nationality etc., I understand that my Admission/degree is liable for cancellation. I further understand that my admission is purely provisional subject to the verification of the Eligibility conditions. I am also aware of the financial obligation of applying to and studying at this institution and I undertake to pay the Tuition and other fees payable to this institution and abide by all rules and regulations of the institution that are in force from time to time.

Signature of the
PARENT / GUARDIAN

Signature of the
APPLICANT

