



Government of Karnataka



SHRI ATAL BIHARI VAJPAYEE INSTITUTE OF ALLIED HEALTH SCIENCES AND NURSING

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STUDENT REGISTRATION DETAILS FOR THE ACADEMIC YEAR 2021-22

COURSE NAME:B Sc Nursing

CLASS NAME: I Year

Pass port size photo

Date of Admission:

/ /

NAME OF THE STUDENT: (FILL WITH CAPITAL LETTERS) (As on SSLC Marks Card)			
DATE OF BIRTH: (dd/mm/yyyy)			
GENDER			
FATHER NAME:			
MOTHER NAME:			
RANK NO		PAN NO:	
NATIONALITY:		Aadhar No:	
RELIGION:		CASTE :	
SUBCASTE:		CATEGORY:	
LOCAL GAURDIAN NAME			
PERMANENT ADDRESS:			
CORRESPONDANCE ADRESS			
PARENTS MOBILE NO:		RECIPT NO FEE PAID:	
ACCOUNT DETAILS: ACCOUNT NO:		BRANCH NAME:	
IFSC CODE:		MICR CODE:	
E-MAIL NO:			

QUALIFYING EXAMINATION	REG NO	MONTH	YEAR OF PASSING	BOARD

Note*: I hereby declare that the above furnished information is true to the best of my knowledge.