

List any outstanding performance viz., Academic and extra-curricular activities:

Certificate required in original:

For GNM & B.Sc (N)

- a. Statement of marks of 10+2 / Equivalent Examinations.
- b. SSLC marks card showing date of birth
- c. Transfer Certificate
- d. SC/ST/OBC Certificate (if applicable)
- e. Migration Certificate (if applicable)
- f. Physical Fitness Certificate.

For PB B.Sc (N)

1. As mentioned for GNM & B.Sc (N)
2. Diploma Certificates
3. GNM marks card of all years
4. Internship Certificate
5. Registration Certificate

For M.Sc (N)

1. As mentioned for GNM & B.Sc (N) (a,b,c,d,e,f)
2. B.Sc (N) Marks Card / PB B.Sc (N) Marks Card
3. Degree Certificate
4. Registration Certificate
5. Experience Certificate

Note : 05 Pass port Size & 05 Stamp Size Photos (Colour),

Declaration by the Candidate and Parent / Guardian

I hereby state that I have filled this form myself and to the best of my knowledge and belief, the particulars given above are true.

I hereby undertake to abide by all the conditions, rules and regulations in force from time to time. I will not do anything unworthy of a student of the college either inside or outside the college or anything that will interfere with its orderly working and discipline. I am aware that the management has the full authority to expel me for lack of interest in studies, misbehavior or continuous failure.

I hereby undertake that I shall pay all the fees and dues to the institute promptly.

Parent / Guardian's Signature

Candidate's Signature

Place :

Date:

FOR OFFICE USE ONLY

Academic Year _____

Application Fee _____

Cheque / Cash _____

Receipt No. _____

Signature



IKON NURSING SCHOOL & COLLEGE

No.32, Bheemanahalli, Bangalore Mysore Main Road
Bidadi Hobli, Ramanagara Taluk,
Ramanagara Dist – 562109

Ph: 080-29566662/9845245424/9686997111 (admission)

Email: ikonng@gmail.com/ikonng@rediffmail.com

Website: <http://ikongroupofinstitutions.in/nursing/>

ACKNOWLEDGEMENT

Received the following original certificates from Mr./Ms. _____

S/o / D/o _____ towards admission to **B.Sc. (N) / GNM/**

M.Sc. (N) at Ikon Nursing School and College for the academic year **2026-27**.

Domicile: **Karnataka** **Non-Karnataka** **NRI (Tick the relevant)**

Quota: **CET MGT** **NON-CET MGT** **GOVT QUOTA**

Sl. No	Document Details	Original Documents submitted	Xerox documents submitted	Remarks
1	SSLC marks card			
2	PUC/+2 marks card			
3	Transfer Certificate			
4	Migration Certificate (Non-Karnataka)			
5	Conduct/Character Certificate			
6	Physical Fitness Certificate			
7	Passport size Photo (05)			
8	Aadhar Card	Parent		
		Student		
9	Any Other Documents			

Total No of original Certificates received are _____

Note :

- The above Certificates will be returned to student after completion of the course and on producing this receipt only.
- One set of all Xerox documents & photos should be with students in the hostel and one set with parents at home

Signature of: Student

Teacher

Principal



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Email : ikonng@gmail.com, ikonng@rediffmail.com

Website- <http://ikongroupofinstitutions.in/nursing/>

ANTI RAGGING CONSENT

I Mr./Ms _____, studying, M.Sc. (N) / B.Sc. (N) / GNM hereby promise that I will not be involved in any type of ragging activities in the college campus and acknowledge the college with decent behaviour. If found violating the rules, the college can take necessary action against me.

Signature of Anti Ragging
Committee president

Signature of the student

PHONE CONSENT

This is to bring to your kind notice that I Mr/Mrs _____
P/o Mr/Ms. _____ have given permission to my
daughter/son to use mobile phone in hostel as per the norms of the college
authorities.

Signature of Parent:

Signature of Principal:

Date:

Date:



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Website- <http://ikongroupofinstitutions.in/nursing/>

DECLARATION

Date:

I Mr/ Mrs _____ P/O _____

taken admission into IKON Nursing School & College for the _____
course for the academic year 2026 – 2027. Kindly declare that I am explained about
the Emergency Leave Policy i.e. parents should accompany the student for the
pickup and drop in case of emergency leave needed.

NOTE: No Emergency Home/ Outing permissions will be granted over the phones.

Signature of Parent

Signature of Candidate

Signature of Principal

COURSE : B.Sc. (N) / GNM / M.Sc. (N)

STUDENT NAME :

FATHER NAME :

MOTHER NAME :

GENDER :

CASTE & RELIGION :

DATE OF BIRTH :

BLOOD GROUP :

PERMANENT ADDRESS :

MOBILE NO. (STUDENT) :

E-MAIL ID (STUDENT) :

NATIONALITY :

STATE :

NATIONALITY :

QUALIFYING EXAM : +2/12th Class

REGISTER NO. :

PASSED YEAR :

UNIVERSITY/BOARD :

OPTIONAL SUBJECTS :

MAX MARKS :

SEC. MARKS :

AADHAR CARD NO. :

STUDENT SIGNATURE :

THUMP IMPRESSION :