

# BHAVANI COLLEGE OF NURSING

JAMMIGADDA, SURYAPET, SURYAPET(DIST), TELANGANA - 508213  
(Affiliated to KNR University of Health Sciences, Warangal & Recognized by the  
Indian Nursing Council & T.G.N.M.C)  
Email ID: bhavanicon777@gmail.com, Ph No. 9949641757

## APPLICATION FORM

Application No. \_\_\_\_\_

Date of Admission : \_\_\_\_\_

Application for admission into **Four Years B.Sc Nursing Course** for the academic year **2026-2027**.

(To be filled by the Candidate only)

### PERSONAL DATA

1. Name of the Student (in Block Letters) : \_\_\_\_\_
2. Name of Father / or / Guardian : \_\_\_\_\_
3. Name of Mother : \_\_\_\_\_
4. Date of Birth : \_\_\_\_\_
5. Religion : \_\_\_\_\_
6. Caste (SC/ST/BC/OC) : \_\_\_\_\_
7. Place of Birth : \_\_\_\_\_
8. Mother Tongue : \_\_\_\_\_
9. Languages known : \_\_\_\_\_
10. Any history of chronic illness : \_\_\_\_\_
11. NEET-2025 details : \_\_\_\_\_
12. Aadhar Number : \_\_\_\_\_

Latest Passport  
Size  
Photograph

13. Full Postal Address : \_\_\_\_\_

\_\_\_\_\_ Dist: \_\_\_\_\_

Pin Code: \_\_\_\_\_ Mobile No: 1. \_\_\_\_\_ 2. \_\_\_\_\_

### EDUCATIONAL QUALIFICATIONS

| Examination/<br>Course                    | Reg.No/Hall<br>Ticket No | Name of the<br>School/College | Year of<br>Passing | Medium | Marks obtained<br>and % | Optional marks<br>obtained and % |
|-------------------------------------------|--------------------------|-------------------------------|--------------------|--------|-------------------------|----------------------------------|
| S.S.C/S.S.L.C                             |                          |                               |                    |        |                         |                                  |
| Intermediate /<br>Plus 2 or<br>Equivalent |                          |                               |                    |        |                         |                                  |
| Higher<br>Qualifications<br>if any        |                          |                               |                    |        |                         |                                  |

### DECLARATION BY THE CANDIDATE

I hereby state that I have filled this form myself and all the information given in this application form is true to the best of my knowledge.

I have read and understood its prospectus and I hereby undertake to abide by all the rules and regulations mentioned in this prospectus of BHAVANI COLLEGE OF NURSING for the four years B.Sc. Nursing Degree Course for the years 2026-27 to 2029-30.

I promise that I would not indulge in any form of indiscipline that brings down the name of the institution and nursing profession.

Signature of the Parent/Guardian :

Signature of the Candidate :

Name & Address :

Date : \_\_\_\_\_

\_\_\_\_\_ (Relationship)

\_\_\_\_\_ Mobile No.

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The Completed application form should be returned along with the Xerox copies of the following documents:

- Copy of S.S.C/S.S.L.C Memo
- Copy of Intermediate/Plus two Memo
- Copy of Transfer Certificate
- Study & Conduct certificates from VI to Intermediate/Plus two
- Caste Certificate if SC/ST/BC
- Migration Certificate for students other than Telangana State
- Recent Passport size photographs (10 Nos.)
- Income Certificate if Telangana State after 01.04.2026
- Aadhar Card of students and parents
- NEET-2026 Hall Ticket and Rank Card

**Note:** Incomplete application will not be entertained.

-Last date for submission of this application: \_\_\_\_\_

Send back this filled in application by College Email Id: bhavanicon777@gmail.com