

Highland College of Nursing

Highland Hospital,
Highlands, Mother Theresa Road,
Mangalore - 575002

(Under Mariam Educational Trust)

Application form for Admission – B.Sc Nursing Program (2025)

1. Personal Details

Full Name (as per 10th Certificate): _____

Date of Birth: ____ / ____ / ____

Gender: ☐ Male ☐ Female ☐ Other

Nationality: _____

Religion: _____

Category: ☐ General ☐ SC ☐ ST ☐ OBC ☐ Others: _____

2. Contact Details

Mobile Number: _____

Email ID: _____

Residential Address: _____ PIN Code: _____

3. Parent/Guardian Details

Father's Name: _____ Occupation: _____ Contact Number: _____

Mother's Name: _____ Occupation: _____ Contact Number: _____

Guardian (if applicable): _____ Relationship: _____ Contact Number: _____

4. Academic Details

Exam Passed	Name of Institution	Board/University	Year of Passing	% / Grade
SSLC / 10th				
PUC / 12th				

Subjects Studied in 12th: _____

NEET Roll Number: _____

NEET Score: _____

5. Additional Information

Are you applying for Hostel Accommodation? ☐ Yes ☐ No

Any Medical Condition (if any): _____

How did you hear about us? ☐ Website ☐ Social Media ☐ Friend/Family ☐ Other: _____

6. Declaration

I hereby declare that the information provided above is true and correct to the best of my knowledge. I understand that providing false information may result in the cancellation of admission.

Signature of Applicant: _____

Signature of Parent/Guardian: _____

Date: ____ / ____ / ____

Date: ____ / ____ / ____