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ದಾಂಡೇಲಿ-581 325 (ಉ.ಕ)

**K.L.E.SOCIETY'S INSTITUTE OF NURSING SCIENCES,
DANDELI-581 325 (U.K)**

ALUMNI ASSOCIATION

APPLICATION FORM

1. Applicant's Name: _____

(In Block Letters, as per SSLC marks card)

2. Date of birth: _____

3. Sex: Male/Female: _____ Marital Status: _____

4. Present Address: _____

_____ Telephone No. _____

Email: _____

5. Permanent Address: _____

_____ Telephone No. _____

6. Educational Qualification: _____

7. Date of joining the course: _____

8. Date of completion course: _____

9. Planning for Higher Education: _____

10. Awards: _____

11. Extracurricular activities: _____

12. Fees Details DD.No. _____

Date: _____

Place: _____

Signature of applicant