

APPLICATION FORM

(Tick in the appropriate Box)

1.	Correction of Marks Card		4.	Correction / Duplicate Internship	
2.	Duplicate Marks Card		5.	Correction / Duplicate Course Completion Certificate	
3.	Correction / Duplicate Certificate				

I.	Name of the Candidate with Residential Address (In Block Letters only)	Mobile No: _____ Pin Code: _____		
II.	Name of the Father / Guardian (As per SSLC (10 th) Marks Card)			
III.	KSDNEB Register Number	DN		
IV.	Name of the Institution with Address			
V.	Candidates applying for the Duplicate Marks Card or Consolidate Marks Card should specify the Marks Card enquired.	Marks Cards of the year	Year of Examination	Revaluation
		1 st Year	Aug..... Feb.....	Aug..... Feb.....
		2 nd Year	Aug..... Feb.....	Aug..... Feb.....
		3 rd Year	Aug..... Feb.....	Aug..... Feb.....
VI.	Fees Paid Details	Amount	Challan Date	Name of the Bank
				STATE BANK OF INDIA

Date:

Signature of the Candidate

The above particulars are found to be correct.

Signature of the Principal
With Institution Seal

Note: All fees are to be paid through Online Payment from ksdneb.org

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KARNATAKA STATE DIPLOMA IN NURSING EXAMINATION BOARD, BENGALURU.

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APPLICATION FORM FOR OLD SYLLABUS DIPLOMA CERTIFICATE

Affix Latest
Uniform Photo

1.	Name of the Candidate (As per SSLC (10 th) Marks Card) with Residential Address			
	Mobile No:	Pin Code: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
2.	Name of the Father / Guardian			
3.	KSDNEB Register Number	DN		
4.	Name of the School / Institute	School Code : <input type="text"/>		
5.	Date of Joining			
6.	Date of Relieving			
7.	Year of Passing			
8.	Fees Paid Details	Amount	Challan Date	Name of the Bank
		500/-		STATE BANK OF INDIA

Date:

Signature of the Candidate

The above particulars are found to be correct.

Signature of the Principal
With Institution Seal

Note: All fees are to be paid through Online Payment from ksdneb.org

APPLICATION FORM
(Tick in the appropriate Box)

1.	Consolidated Marks Cards	2.	Migration Certificate
3	Name of the Candidate with Residential Address Mobile No:	Pin Code: <input type="text"/>	
4	Name of the Father / Guardian		
5	KSDNEB Register Number	DN	
6	Name of the School / Institute	School Code : <input type="text"/>	
7	Year of Passing the Course		
8	Enclosed the Attested Copies of the Following Certificates. a. Diploma Certificate b. All Three years GNM Mark cards c. One Passport size Photograph		
9	Fees Paid Details Migration Rs 500/- Consolidated m/c Rs 300/-	Amount	Challan Date
			Name of the Bank STATE BANK OF INDIA
10	Purpose for which Migration Certificate is Required (If applied)		

Date:

Signature of the Candidate

The above particulars are found to be correct.

Signature of the Principal
With Institution Seal