

ಕರ್ನಾಟಕ ರಾಜ್ಯ ಶುಶ್ರೂಷಣೆ ಪರಿಷ್ಕಾ ಮಂಡಳಿ, ಬೆಂಗಳೂರು

**KARNATAKA STATE DIPLOMA IN NURSING EXAMINATION BOARD, BENGALURU.**

2<sup>nd</sup> Floor, Govt. School of Nursing, Building, Victoria Hospital Fort, Bengaluru-560002  
Phone: 080-26700074,26700075,Fax080-26700034, Website : ksdneb.org Email:ksdneb@gmail.com

**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		6. Consolidated Marks Cards	

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 <sup>th</sup> ) 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 <sup>st</sup> Year	Aug..... Feb.....	Aug..... Feb.....
	2 <sup>nd</sup> Year	Aug..... Feb.....	Aug..... Feb.....
	3 <sup>rd</sup> Year	Aug..... Feb.....	Aug..... Feb.....
VI. Fees Paid Details	Amount	Challan Date	Name of the Bank
			STATE BANK OF MYSORE

Date:

Signature of the Candidate

Note: All fees are to be paid through Demand Draft only drawn in any Nationalized bank in Favor of "Medical Superintendent and Deputy Chairman, KSDNEB, Bengaluru" payable at only Bengaluru

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**APPLICATION FORM FOR MIGRATION CERTIFICATE**

1.	Name of the Candidate with Residential Address  Mobile No:			
		Pin Code:	<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.	Year of Passing the Course			
6.	Enclosed the Attested Copies of the Following Certificates. a. Diploma Certificate b. All Three years GNM Markscards c. Passport size Photograph			
7.	Fees Paid Details	Amount	Challan Date	Name of the Bank
		500/-		STATE BANK OF MYSORE
8.	Purpose for which Migration Certificate is Required			

Date:

Signature of the Candidate

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**APPLICATION FORM FOR OLD SYLLABUS DIPLOMA CERTIFICATE**

Affix Latest  
Uniform Photo

1.	Name of the Candidate (As per SSLC (10 <sup>th</sup> ) Marks Card) with Residential Address  Mobile No:	Pin Code: <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 MYSORE

Date:

Signature of the Candidate

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