



APPLICATION FORM FOR Fellowship in Nursing Laws and Ethics (FNLE)



Name of the Applicant (in CAPITALS): _____

Age : Sex : M F Third Gender Date of Birth : D D M M Y Y Y Y

Religion : _____ Nationality : _____

Category : SC ST OBC GEN

Affix passport size photograph

Examination	Passed / appeared (Year)	Board / University / Authority Place and Country	Marks	
			Maximum Marks	Percentage Obtained

Address for Correspondence (Please include State, Telephone, Fax, e-mail, other details (if any) (Any change in the address may please be intimated immediately):

 _____ Pin code : _____

Phone with STD : _____ Mobile No. : _____

Fax : _____ E-mail : _____

Only for Foreign Nationals or NRIs

Nationality (enclose proof) : _____

Passport Number : _____ Passport issuing Country : _____

Date of Issue : _____ Date of Expiry : _____

LIST OF ENCLOSURES:

- (i) Copy of the Passport (Essential for Foreign Nationals)
- (ii) Copy of the statement of marks of the Qualifying Examination /conversion in the case of Grades / Graduation Certificate
- (iii) Copy of the Birth Certificate or any other equivalent document for D.O.B.
- (iv) One Passport size photograph affixed on the Application Form and 4 more copies to be enclosed
- (v) Demand Draft bearing no. _____ dated _____ Rs.25,000 /-
(Rupees Twenty Five Thousand) drawn on _____
(bank) in favour of the DILLONS KIDNEY FOUNDATION.
(fees once paid are not refundable)

N.B. : If you do not have a passport, please enclose copy of Aadhar card or Voter ID card as proof of identity. If you have appeared for graduation, please enclose copy of your admit card or equivalent document. All documents must be self attested.

DECLARATION:

I hereby affirm that the information furnished in the Application Form is true and no material information has been concealed. If any information is found to be false, incorrect or misleading, the University shall have the authority to cancel my candidature / admission without any further enquiry or notice. I undertake to abide by the Regulations and disciplinary rules already in force and such other rules that may be made by the Authority from time to time, if admitted.

Date : _____

Signature of Applicant

Office use only

Enrollment Number:

Approval Signature of the Director

University Approval