

KARNATAKA STATE NURSING COUNCIL

#71, Nightingale Towers, 'A' Street, 6th Cross, A.R. Extension, Near Movieland Theater, Gandhinagar, Bengaluru, Karnataka 560009

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APPLICATION FORM FOR STUDENT'S TRANSFER

1	Name of the student (In block letters)		
2	Age (as per Date of birth)		
3	Father's Name		
4	Permanent Address		
5	Date of Joining GNM Course		
6	Date of Passing GNM	1 st Year :	
		2 nd year:	
7	Name & Address of the Institution studying a. Karnataka Nursing Council recognition No. & date. b. Indian Nursing Council recognition No. & date.		
8	Name & Address of the Institution candidate seeking transfer		
	a. Karnataka Nursing Council recognition No. & date. b. Indian Nursing Council recognition No. & date.		
9	Reason for seeking transfer		
10	Details of online payment	Transaction No.:	
		Amount:	Date :

Note : Transfer is done only if the institution seeking transfer has the vacancy within the sanctioned intake of GOK / KNC.

Signature of the candidate

Enclosures:

- 1. No objection letter from both the institutions
- 2. Receipt of Online payment of Rs 1000/-
- 3. Marks statement of GNM 1st/2nd year