



**PROFORMA-I**

**ಕರ್ನಾಟಕ ರಾಜ್ಯ ಶುಶ್ರೂಷೆ ಪಾಲಿಕಾ ಮಂಡಳಿ, ಬೆಂಗಳೂರು**  
**KARNATAKA STATE DIPLOMA IN NURSING EXAMINATION BOARD, BANGALORE**  
**(Service Particulars of Nursing Faculty Members)**

Sl No	Name of the Faculty	Designation	Qualification	Date of Joining in the Institution	Teaching Subjects	No. of Years of Teaching Experience	Remarks
1							
2							
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4							
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7							
8							
9							
10							

**NOTE :** Previous teaching experience should be mentioned in the remarks column, for those, who have joined in other institutions recently. Experience certificates should be obtained from the previous institutions, where he/she worked earlier. Clinical Experience is not taken as teaching experience.

1. Certified that the particular given by officials are true to the best of my knowledge.
2. The officials who have given declaration will attend the Examination and Evaluation work, failing action will be taken against them.
3. Fee for Identity Card, No. of Faculty members X Rs. 100-00 per faculty.

4.	Name of the Bank	:	
	DD. No	:	
	DD Date	:	
	Total Amount	:	Rs.

Signature of the Principal Name of  
the School with Seal

