

**ಕರ್ನಾಟಕ ರಾಜ್ಯ ಶುಶ್ರುಷಾ ಪರಿೀಕ್ಷಾ ಮಂಡಳಿ, ಬೆಂಗಳೂರು**

**KARNATAKA STATE DIPLOMA IN NURSING EXAMINATION BOARD, BANGALORE**

# 243, Pragati Arcade, 1<sup>st</sup> floor, 3<sup>rd</sup> Main, 3<sup>rd</sup>, cross, Chamarajpet, Bangalore-18. Ph: 080-26610787, 26610812 Fax: 080-26616313

**APPLICATION FOR ISSUE OF MIGRATION CERTIFICATE**

1. NAME OF THE CANDIDATE :  
WITH RESIDENTIAL ADDRESS

2. NAME OF THE FATHER :  
(as per SSLC / Xth Marks Card)

3. K.S.D.N.E.B. REGISTER NO. :   DN

4. NAME OF THE SCHOOL :  
WHERE STUDIED THE  
GNM COURSE

5. YEAR OF PASSING DIPLOMA: MONTH  YEAR   
IN G.N.M.

**6. HAVE YOU ENCLOSED THE ATTESTED COPIES OF THE FOLLOWING CERTIFICATES**

A) DIPLOMA CERTIFICATE:

B) KSNC REGISTRATION CERTIFICATE

C) 3 YEARS MARKS CARD

7. HAVE YOU PAID THE FEES OF RS.500/- IN FAVOUR OF  
THE MEDICAL SUPERINTENDENT AND DEPUTY  
CHAIRMAN, KSDNEB, BANGALORE

8. IF SO GIVE THE PERTICULARS : DD NO.  DATE:   
AND ENCLOSE THE DD

NAME OF THE BANK:

9. PURPOSE FOR WHICH  
MIGRATION CERTIFICATE IS :  
REQUIRED

DATE :

PLACE :

SIGNATURE OF THE CANDIDATE