



SRI DEVARAJ URS ACADEMY OF HIGHER EDUCATION AND RESEARCH

(A Deemed to be University declared under Section 3 of UGC Act 1956)

Comprising Sri Devaraj Urs Medical College

[Constituent unit of Sri Devaraj Urs Educational Trust for Backward Classes (Regd.)]

TAMAKA, KOLAR-563 103, KARNATAKA, INDIA

Ph: 9448395233, Ext. 470, E-mail - admission.fahbs@sduahe.ac.in Website: www.sduahe.ac.in

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No. SDUAHER /KLR/ADMN/ /2026-27

Date: 01-04-2026

1. NOTIFICATION

Applications are invited from eligible candidates in prescribed format for the following programs offered by the University for the Academic year 2026-27 under the Faculty of Nursing.

Programs

1. Basic B.Sc Nursing: 4 Years

Eligibility:

- A) PUC Pass with Science Group (PCB) 45%
- B) Candidate will be selected Based on Entrance Examination conducted by SDUAHER

2. PB. B.Sc Nursing: 2 Years

Eligibility:

- A) Pass in GNM Course
- B) Selected Students under SDUAHER/SDUCON Entrance Examination Will be eligible for stipend

3. M.Sc. Nursing: 2 Years

Eligibility:

- A) Pass with 55% B.Sc(N) / P.B.B.Sc(N)
- B) 1 Year Experience in Clinical or Teaching Area**
- C) Selected Students under SDUAHER/SDUCON Entrance Examination Will be eligible for stipend



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2. TENTATIVE CALENDAR OF EVENTS

Issue of application forms	:	24-04-2026
Last date for receipt of filled application forms	:	31-07-2026
Conduct of Entrance Online Exam	:	12-06-2026
Announcement of B.Sc. (N) Merit list	:	30-06-2026
Commencement of Admission	:	01-07-2026
Closure of Admission	:	30.09.2026
Commencement of the Program	:	01-09-2026 onwards



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3. FEE STRUCTURE

Name of the programme	I Year	II Year	III Year	IV Year
Basic B.Sc Nursing	2,00,000	1,75,000	1,75,000	1,75,000
Post Basic B.Sc Nursing	75.000	75.000	---	---
M.Sc.	1,00,000	1,00,000	---	---



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APPLICATION FOR ADMISSION
(Academic Year 2026-27)

Name of the Program _____

To,

The Registrar,

Sri Devaraj Urs Academy of Higher Education and Research, Tamaka, Kolar – 563 103.

1.	Name of the candidate (in Block letters)	
2.	Father's Name, occupation with mobile No	
3.	Mother's Name, occupation with mobile No	
4.	Age (at the time of admission)	
3.	Date of Birth (as per SSLC certificate)	
4.	Gender	
5.	Place of Birth (Village, Town, Taluk, District and State)	
6.	Marital Status	
7.	Name of the Guardian (Mention Relationship)	
8.	Nationality	
9.	Religion, Caste and Group	
10.	Whether candidate belongs to SC/ST or other backward class / community (enclose valid certificate)	
11.	Mother Tongue	
12.	E-mail ID	
13.	Aadhaar No.	
14.	Mobile No.	
15.	Permanent Address E-mail ID Phone No.	
16.	Present Address Phone No	
17.	Occupation of Parent/ Guardian/ Husband Annual Income	



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Educational Qualification (applicable for B.Sc (N)/P.B.BSc(N)/M.Sc(N))

Sl. No.	Examination Passed	Name of the Institution	Register No. & year of passing	Total Marks & percentage	PCB & English percentage	Class obtained

Experience (applicable for M.Sc (N))

Sl. No.	Name of the Institution	Designation	Date of Joining	Date of relieving	Total Experience (in year)

20.	Original copies (02 sets of Xerox) of certificate to be enclosed. a. SSLC Marks Card b. PUC/PDC/+2 Pass Certificate a. Marks Cards of qualifying exam b. Transfer Certificate c. Migration Certificate d. Degree Certificate / Convocation (if M.Sc (N)) e. Caste Certificate f. Conduct Certificate g. Nursing Council Registration (if M.Sc(N)/P.B.B.Sc (N)) h. Diploma Certificate [if P.B. B.Sc(N)] i. Experience Certificate (if M.Sc (N)) j Any other relevant information
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21.	Fee Paid details:
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I, Ms/Mr. _____ D/or

S/o _____ applying for admission to Sri Devaraj Urs College of Nursing, Tamaka, Kolar, filled this application by myself. The information provided herewith are true to the best of my knowledge and belief.

I further agree that if I am admitted I will conform to the rules and regulations in force or enforced subsequently by the University. I affirm that as long as I am a student of the University, I will do nothing unworthy of a student either inside or outside of the University campus. I will not participate or do anything that will interfere with orderly working and discipline. I am aware that the University has full authority to expel me for indiscipline, misbehavior and any such activities. I am aware that I will not be permitted to change the stream / program of study after the approval of admission by the University. In case of withdrawal from the program of study, I will pay the remaining year's tuition fee of the program.

Date

Signature of the Candidate

DECLARATION OF THE PARENT/ GUARDIAN

I, ----- Father/Guardian of Ms./Mr-----do hereby declare that I know the financial obligation and I would pay all the expenses of my ward payable to the institution/ University and follow the rules and regulations framed by the University. I also declare that the Institution may take necessary disciplinary action against my ward for any indiscipline/ violation of the rules. I ensure that my ward will adhere to all the rules prescribed in the University. In case of my ward withdrawal from the program of study, I will pay the remaining year's tuition fee of the program.

Date

Signature of the Parent/ Guardian



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FOR OFFICE USE ONLY

The applicant Ms./Mr.----- D/o or S/o ----- has been given provisional admission to M.Sc(N) /Basic B.Sc(N)/ P.B.B.Sc(N) course for the academic year 2026-27. His/her statement of marks and other documents related to caste / group etc. are verified and found to be correct.

Fee paid vide receipt No. ----- Dated ----- Registration / Admission

No.-----

Date:

Principal

Sri Devaraj Urs College of Nursing



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ADDRESS ALL ENQUIRES TO

PRINCIPAL

Sri Devaraj Urs College of Nursing

Tamaka, Kolar - 563 103, Karnataka, INDIA.

E-mail: principalsducon@sduahe.ac.in, Website: sducon.ac.in

Phone No. 9880092435 and 9480880802

Phone No.: 08152-210604, 210605, 243003, 243009

(Extn. No.: 136, 174)