

**APPLICATION FORM FOR ADMISSION TO
POST GRADUATE COURSE IN NURSING (M.Sc Nursing)
2020 - 2021**

Instruction to Students:

1. Students should carefully read the rules for admission before submitting the application form.
2. Every entry in the form must be completed in detail. Incomplete applications are liable to be rejected.
3. No application for admission will be considered unless it is accompanied by attested copies of the certificates mentioned in the prospectus.
4. Students joining the nursing college will obtain degree from the Bhaikaka University.

Affix Recent
Photograph

APPLICANT'S DETAILS

1) Name (as appearing in the degree certificate)

2) Sex: Male / Female: _____ Date of Birth: ____ / ____ / 19____ Age: _____ yrs.

Place of Birth: _____ Married: Yes / No _____

3) Citizenship: _____ Aadhar No : _____

4) Father / Husband's Name: _____

5) Address for Communication: _____

Postal code: _____ Phone No. with STD code: _____

Mobile No.: _____ Email. _____

6) Permanent address (if different from 5 above):

7) Academic Record:

Course	Marks Obtained/ out of		Attempt	Month & year of passing	Name of the College	University
First Year B.Sc Nursing/ First Post Basic B.Sc Nursing						
Second Year B.Sc Nursing/ Second Year Post Basic B.Sc Nursing						
Third Year B.Sc Nursing						
Fourth Year B.Sc nursing						

8) Percentage of Cumulative marks in I, II, III & final year B.Sc Nursing or Post Basic B.Sc Nursing: _____%

9) GNC Registration Number / State Nursing Council Registration No: _____

10) Date of completion of Internship: (If applicable) _____

List of documents (photocopy) to be submit;

- All year attempt wise B.Sc Nursing/ Post Basic B.Sc Nursing Marksheets
- School Leaving Certificate/Transfer Certificate/Passport/Birth certificate (for proof of birth place)
- Internship completion certificate
- Copy of GNC Registration certificate/ Registration Certificate by State Nursing Council
- Provisional degree certificate
- Identity proof (Aadhar card, voter ID, licence..)

DECLARATION

I solemnly declare that I have personally checked and verified all the information filled in this form and that they are correct and that no relevant information of fact is suppressed or omitted.

I undertake to abide by the decision / order of the Admission Committee to cancel my admission and / or expel me from the college and or to prosecute me in case any incorrect information or discrepancy is found in this form either at the time of admission or at any time during the course of my study.

I hereby agree, if admitted, to conform to various Rules and Regulations of the Nursing Institute in force and that may hereafter made for the governance of the college and I undertake that so long as I am a student of the college I will do nothing either inside or outside the college that will interfere with its orderly governance, discipline and good.

Date: _____ Place: _____ Signature: _____

For Office Use Only:

Application Received on: _____ Reg. No. _____

Student not admitted

Student not eligible

Date : _____

Signature of Principal