



INDIRA NURSING COLLEGE

NO.

UNIT OF INDIRA EDUCATION TRUST (R)

Indira Hospital Annexe, Falnir, Mangalore -575 002
Ph : 0824 - 2432444/ 2431222 (Extn: 434) / Fax : 0824 - 4288084/ 4260888

Affiliated To : Rajiv Gandhi University of Health Sciences, Bangalore

Recognised By : Government of Karnataka, Bangalore

Karnataka State Nursing Council (KNC), Bangalore

Indian Nursing Council (INC), New Delhi, No. 18-15/5382 -INC

APPLICATION FOR ADMISSION TO 2 YEARS M.Sc. NURSING COURSE

BATCH OF : _____

SPECIALTY OPTED : _____

NOTE : Please read the following points carefully before filling your application

1. Fill this form in legible block letters only using blue ball pen.
2. Please make sure that you have read the Prospectus and that you are eligible to apply.
3. Write NIL if there is no answer to a question.
4. Incomplete application and those without required enclosures will be rejected.

NAME (in full as found in Certificate of Qualifying exam)				AFFIX PHOTO
SEX				
DATE OF BIRTH & AGE				
PLACE OF BIRTH				
STATE OF DOMICILE				
MOTHER TONGUE				
LANGUAGES KNOWN: 1. SPEAK				
2. READ				
3. WRITE				
RELIGION & CASTE				
SC / ST / OBC (Please specify)				
NATIONALITY				
MARITAL STATUS				
ADHAAR NUMBER				
PAN CARD				

PHYSICAL ATTRIBUTES	HEIGHT (Cms): WEIGHT (Kgs):	BLOOD GROUP:
IDENTIFICATION MARKS	1. _____ 2. _____	
HOBBIES	1. _____ 2. _____	
MEDICAL HISTORY (Give details if any)		

DETAILS OF THE PARENT /SPOUSE / GUARDIAN	
PARENTS/SPOUSE	LEGAL GUARDIAN
FATHER NAME:	NAME:
MOTHER NAME:	OCCUPATION:
SPOUSE NAME:	
OCCUPATION:	

PERMANENT ADDRESS:	ADDRESS:
PHONE No.:	PHONE No.:
Email I.D.:	Email I.D.:

COMMUNICATION ADDRESS	
NAME:	
P.O:	DIST:
STATE:	PIN:
TELE:	FAX/ Email I.D.:

ACADEMIC PARTICULARS						
EXAM PASSED	NAME & ADDRESS OF SCHOOL / COLLEGE	NAME OF BOARD/ PRE-UNIVERSITY/ UNIVERSITY	REG. NO.	CLASS IN WHICH PASSED	NO. OF ATTEMPTS FOR PASSING	MONTH & YEAR OF PASSING
SSLC/ SSC						
PUC/ PDC/ + 2						
G.N.M						
B.Sc.(N) / PB. B.Sc.(N)						

DETAILS OF MARKS OBTAINED IN QUALIFYING EXAM [B.Sc. (NURSING) / PB. B.Sc. (NURSING)]			
PARTICULARS	MAXIMUM MARKS	MARKS OBTAINED	PERCENTAGE
TOTAL MARKS OBTAINED IN ALL YEARS			
OPTIONAL SUBJECTS	MAXIMUM MARKS	MARKS OBTAINED	PERCENTAGE
1. 1 ST YEAR			
2. 2 ND YEAR			
3. 3 RD YEAR			
4. 4 TH YEAR			
<u>TOTAL (1+2+3+4)</u>			

INSTITUTION NAME LAST WORKED AT WITH ADDRESS :
POSTION HELD :
FROM & TO :
<u>WORK EXPERIENCE:</u>

**ORIGINAL CERTIFICATES TO BE SUBMITTED AT THE TIME OF ADMISSION ALONG WITH THE
ATTESTED PHOTOSTAT ENCLOSURES ONE COPY REQUIRED**

1. SSLC / 10th Std Pass Certificate.
2. PUC / PDC / 10+2 / Higher Secondary Marks Card / Pass Certificate.
3. B.Sc. (N) / PB. B.Sc. (N) and GNM Marks Card of all the years.
4. B.Sc. (N) Degree Certificate / PB. B.Sc. (N) Degree Certificate and GNM Diploma Nursing Certificate
5. State Nursing Council Registration Certificate.
6. Experience and Relieving Certificate from previous Institution.
7. Certificate showing the Date of Birth.
8. SC / BC Certificate duly certified, if applicable.
9. Transfer Certificate from Previous Institution.
10. Conduct / Character Certificate.
11. * Migration Certificate from the University issuing the B.Sc. (N) / PB. B.Sc. (N) or equivalent Certificate.
(* Students who have done their qualifying exam outside Karnataka)
12. Eligibility Certificate from Rajiv Gandhi University of Health Sciences, Bangalore.
13. Application Form fee by Demand Draft Rs. 250/- payable to 'Indira Education Trust (R)', Mangalore.
14. Passport Size Photo – 20
15. Adhar Card Copy

ELIGIBILITY

A pass in B.Sc. (N) / PB. B.Sc. (N) exam from Rajiv Gandhi University of Health Sciences, Bangalore or any other University as deemed fit by the Rajiv Gandhi University of Health Sciences, securing 55% aggregate marks in all the 4 (Four) / 2 (Two) academic years respectively. For B.Sc. (N) candidate minimum of 1 (One) year of work experience is required after completion of the registration with the State Nursing Council, and For PB. B.Sc. (N) no work experience is needed after completion of the registration with the State Nursing Council.

DECLARATION BY THE CANDIDATE, PARENT/ GUARDIAN

I hereby declare that I have filled this form myself and to the best of my knowledge and belief and that the particulars given above are true.

I have read the Prospectus thoroughly and I hereby agree and undertake to abide by all the Conditions, Rules and Regulations in force at present and also those which may hereafter be introduced for the admission to the College and Hostel. I also undertake that as a student of this College I will do nothing unworthy either inside or outside, anything that will interfere with its orderly working and discipline. I am aware that the Management has the full authority to expel me for disinterest in studies, misbehaviour and continuous failures.

I hereby understand & agree that there shall be no refund of any fees paid in part or full on cancellation or withdrawal of admission on any grounds. I also undertake that I shall pay all the fees before the commencement of the Semester / Academic year as per the rules and regulations of the Management without keeping any amount as arrears or dues to the Institution promptly on demand and in case of my discontinuation in the middle of the Course, I am liable to pay the whole Course Fee.

I hereby undertake to submit all my Original Certificates to the custody of the Management on admission and I understand that I will be receiving it back only at the time of relieving from the Institution subject to having paid all the arrears.

I am aware that any dispute arising out of the admission to the course will be subject to the jurisdiction of the Courts in the City of Mangalore only.

Signature of Parent / Guardian (if parents are not alive)

Signature of Applicant

Place :

Place :

Date :

Date :