State Institute of Nursing & Para-medical Sciences, Badal (Muktsar) APPLICATION FORM for admission to M.Sc. Nursing Course, Session 2023-24

| Entrance Test-23 Roll | No | N | Aarks | | | | | |
|--|---------------|---------------|-----------|--------------------------|-------------|--------------|------------|----------------------------|
| 1. Name (In block lette | ers): | | | | | | | A CC: 1-44 |
| 2. Father's Name (In b | lock letters) |): | | | | | | Affix latest passport size |
| 3. Date of Birth: | | | | | | | | attested photograph |
| 4. Category | Ca | tegory Code | e | A | As given in | prospectus | | photograph |
| 5. Resident Status Pun | | | | | | - | | |
| 3. Resident Status Fun | jab/Other st | ate | INAU | Onan | шу | | | |
| 6. Address for corres | pondence (I | n block lette | ers): | Pei | manent Ad | dress (In bl | ock letter | rs): |
| | | | | | | | | |
| District | | | | Die | etrict | | | |
| District Mobile | | | | District Phone No Mobile | | | | |
| | | | | | | | | |
| 7. Academic qualificat | ion (B.Sc. N | Nursing/Post | Basic B.S | c. N | arsing): | | | |
| Exam Passed | | Name of | f School | / | University | | Marks | % age of |
| | passing | College | | | | marks | secured | marks secured |
| 1 st Year | | | | | | | | |
| 2 nd Year | | | | | | | | |
| 3 rd Year | | | | | | | | |
| 4 th year | | | | | | | | |
| Internship (if any) | | | | | | | | |
| 8. Registration No. | : RN | | RM_ | | | | | |
| | | | | | | | | |
| 9. Professional Experience:Post Name of Instituti | | ion Date | | e Total | | Re | Remarks | |
| Trume of fish | | From | | То | | Experience | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

Signature of the Candidate

Enclosures (please attach attested copies of the following documents):

| S.N. | Document | Ticked by candidate | Remarks (for office use) |
|------|--|---------------------|--------------------------|
| 1 | Matric certificate | | |
| 2 | Degree Certificate of B.Sc./Post Basic B.Sc. Nursing | | |
| 3 | DMC of all years (B.Sc./Post Basic B.Sc. Nursing) | | |
| 4 | Registration Certificate | | |
| 5 | Domicile/Residence Certificate | | |
| 6 | Certificate if applying under any reserve category | | |
| 7 | Experience Certificate | | |
| 8 | Self undertaking Having not availed any Residence benefit in any other state | | |