APPLICATION FORM For admission to M.Sc. Nursing Course, Session-2024

Entrance Test-	24 Roll N	No	1	Marks						
1. Name (In blo	ock letter	s):							A.CC. 1	
2. Father's Name (In block letters):									Affix latest passport size	
B. Date of Birth:Age (as on 31.10.2024)YearsMonthsDays attested photograph										
4. Category		Ca	tegory Co	ode		s given in p	prospectus			
5. Resident Sta	tus Punja	b/Other sta	ate	Na	tionali	ty				
Address for correspondence (In block letters): Permanent Address (In block letters):										
District					Dis	trict				
District District Phone No. Mobile Phone No. Mobile							Iobile			
7 Academic a	nalificatio	on (R Sc. N	Jursing/Pa	net Racic R	Sc. Nu	ırcina) :				
		Name of School College			University	Total marks	Marks secured	% age of marks secured		
1 st Year									Secured	
2 nd Year										
3 rd Year										
4 th year Internship	(if any)									
8. Registration	•	RC): RN		RM						
9. Professional		_								
Post	Name of Institution			Date From T		o'o	Total R Experience		emarks	
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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 (minimum 1 year)		
8	Self undertaking Having not availed any Residence benefit in any other state		