

Serial No. 08/M.Sc(N)/

APPLICATION FORM 1ST YEAR M.SC NURSING COURSE

1. Name in full as per 12th Std. mark sheet :	_____	
2. Name of Father/Husband :	_____	
3. Marital Status :	_____	
4. Present Complete postal address Telephone No, Email Address :	_____	
5. Permanent Home Address :	_____	
6. State to which you belong :	_____	
7. State Nursing Council Registration No. :	_____	
8. Religion :	_____	
9. Whether belongs to reserved category :	Yes / No	
10. Date of Birth (as given in birth certificate : - school leaving certificate) :	_____	
11. Whether Basic B.Sc/Post Basic B.Sc :	_____	
12. Percentage of marks obtained in B.Sc(N) :	_____	
13. Marks obtained in CET :	_____	
14. Hobbies :	_____	

I certify that the above information is true to the best of my knowledge and if the authority finds anything false, my candidature is liable to be cancelled at any stage of my training period.

Signature of Applicant

Date : _____