



COLLEGE OF NURSING, PGIBAMS

MANA (BASTI) - 492015 RAIPUR (C.G.)

(Affiliated to Chhattisgarh Ayush and Health Sciences University, Raipur and Recognized by Indian Nursing Council)

Application No.

Affix Recent
Passport Size
Colour Photo

APPLICATION FOR ADMISSION TO M.Sc.(PSYCHIATRIC) NURSING COURSE FOR THE ACADEMIC YEAR 2016-17

1	Name of the Applicant	<input type="text"/>																				
2	Expansion of Initial(s)	<input type="text"/>																				
3	Age & Date of Birth	<table border="1"><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr><tr><td>Age</td><td>Date</td><td>Month</td><td colspan="7">Year</td></tr></table>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Age	Date	Month	Year						
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>													
Age	Date	Month	Year																			
4	Sex (Please Tick)	<table border="1"><tr><td>Male</td><td><input type="checkbox"/></td><td>Female</td><td><input type="checkbox"/></td></tr></table>	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>																
Male	<input type="checkbox"/>	Female	<input type="checkbox"/>																			
5	Marital Status	<input type="text"/>																				
6	Caste & Religion	<input type="text"/>																				
7	Name of Parent / Guardian / Spouse	<input type="text"/>																				
8	Occupation of Parent / Guardian / Spouse	<input type="text"/>																				
9	Annual Income	Rs. <input type="text"/>																				
10	Nationality	<input type="text"/>																				

11	Permanent Address	<input type="text"/>
		<input type="text"/>
		<input type="text"/>
		<input type="text"/>
		<input type="text"/>
		<input type="text"/>
		<input type="text"/>
		<input type="text"/>
		<input type="text"/>
		<input type="text"/>
		<input type="text"/>
		<input type="text"/>
		<input type="text"/>
		<input type="text"/>
		<input type="text"/>

12	Address of Parent / Guardian / Spouse	<input type="text"/>
		<input type="text"/>
		<input type="text"/>
		<input type="text"/>
		<input type="text"/>
		<input type="text"/>
		<input type="text"/>
		<input type="text"/>
		<input type="text"/>
		<input type="text"/>
		<input type="text"/>
		<input type="text"/>
		<input type="text"/>
		<input type="text"/>
		<input type="text"/>

13	Are you physically handicapped	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
----	--------------------------------	-----	--------------------------	----	--------------------------

14	Do you need hostel accommodation	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
----	----------------------------------	-----	--------------------------	----	--------------------------

15. Details of BSc Nursing / Post Basic Bsc Nursing Examination

Year	Maximum Marks	Marks / Grade Obtained	% of Marks
First Year/Semester	<input type="text"/>	<input type="text"/>	<input type="text"/>
Second Year/Semester	<input type="text"/>	<input type="text"/>	<input type="text"/>
Third Year/Semester	<input type="text"/>	<input type="text"/>	<input type="text"/>
Fourth Year/Semester	<input type="text"/>	<input type="text"/>	<input type="text"/>
TOTAL	<input type="text"/>	<input type="text"/>	<input type="text"/>

Name of College & University	<input type="text"/>
------------------------------	----------------------

Nursing Council	<input type="text"/>
-----------------	----------------------

16. Details of Experience

Sl. No.	Name of Institution	Bed Strength	Post	From	To	Total

DECLARATION BY THE CANDIDATE

I.....
 Son/Daughter/Spouse of
 Mr./Ms./Mrs..... hereby
 declare that the particulars are true and correct to the best of my knowledge. I have filled up this application after reading all the instructions in the prospectus carefully. I am liable to be punished for wilful suppression or misrepresentation of facts.

I agree to abide by all the rules and regulation including those relating to the hostel, if I am admitted there to in force at present or that may be introduced hereafter, for the due maintenance of the discipline at the college and I further agree to be satisfied with the amenities now offered in the academic and social life of the college, to make good any damage to furniture, apparatus, or other things which may be caused by carelessness, negligence or wantonness on my part and to leave the college at any time, if I fail to carry out this undertaking.

I pledge myself never to take part directly or indirectly in any political, economic, communal subversive or any other such activities.

I further pledge myself not to cause damage in any manner to the properties of the college and to pay regularly all the fees and dues. Should it be found that i have committed any of the above acts, I agree to receive any punishment including summary dismissal from the college and hostel and liability for damage caused.

I shall accept the decision of Ayush and Health Sciences University, Raipur, Govt. of Chhattisgarh, Indian Nursing Council or any other statutory bodies constituted if any regarding qualification/eligibility for admission as final.

Counter Signature by Parent/Spouse/Guardians

Signature of Candidate

Place:

Date:

DECLARATION BY THE PARENT/GUARDIAN/SPOUSE

I fully endorse the declaration made above by the candidate. Beside I undertake the guarantee for his good conduct and behaviour during the tenure of the candidate's period of studentship in the college if ever, the candidate contravenes any of the rules and regulation of the college and hostel and the conditions above. I furthers undertake abide for the decision of the college authorities with regards to the nature magnitude of the punishment.

Date:

Signature of Parent/Guardian/Spouse with Name

Place:

FOR OFFICE USE ONLY

Details of Original Certificates Verified and deposited.

1. Secondary school leaving certificate
2. Degree certificate
3. Mark list
4. Registration certificate
5. Transfer certificate
6. Experience certificate
7. Course and conduct certificate from the institution last attended
8. Passport photo 4 Nos.
9. Migration certificate
10. Medical fitness certificate

Particulars verified by

Name

Signature

Principal