

App. No.

**OFFICE OF THE REGISTRAR
COLLEGE OF NURSING
CHRISTIAN MEDICAL COLLEGE
LUDHIANA - 141 008, PUNJAB**

**APPLICATION FORM
M.Sc. NURSING JULY 2012
(FOR MEN AND WOMEN)**

PASSPORT SIZE
PHOTOGRAPH OF
APPLICANT

COMPLETE FORM SHOULD BE FILLED IN BLOCK LETTERS
DELETE PORTION(S) NOT APPLICABLE :
TAKE GUIDANCE FROM THE PROSPECTUS M.Sc. NURSING JULY 2012

CATEGORY :

OPEN (1)

SOCIETY SPONSORED (2)

SC / ST/ BC

(Tick as applicable)

SPONSORING AGENCY

1. _____
Name of the Applicant (as in University / Board records)

Date of Birth ___/___/_____ Male Female Nationality _____ Place of Birth _____ Religion _____

2. Correspondence address : _____

_____ City _____ State _____ PIN _____

3. Father's / Husband /Guardian's Name _____ Relationship _____

Mother's Name _____

Address _____

PIN _____ Tel.: _____ Mobile _____

Fax : _____

4. **Matriculation / 10th class or equivalent examination:** Name of Examination _____

Roll No. _____ Name of the School _____

Date of Passing _____ Name of University/Board/Body/Council _____

_____ Place _____

5. **B.Sc. Nursing / Equivalent examination :**

Name of Examination _____ Name of College _____

Name of University _____ Roll No. _____ Date of Passing _____ No. of Attempts _____

Examination / year Max. Marks Marks Obtained % Gained

First _____

Second _____

Third _____

Fourth _____

Grand Total %

TOTAL :

6. **Eligibility certificate for qualifying examination** : B.Sc. Nursing equivalent from Baba Farid University of Health Sciences (if applicable).

7. **Registration**

- a) Registered Nurse : Reg. No. _____ Name of Nursing Council and Place _____
- b) Registered Midwife : Reg. No. _____ Name of Nursing Council and Place _____
- c) Short course certificate (if any) _____ Name of Nursing Council and Place _____

8. **Experience certificate** :

- a) Years of Bedside Nursing : From _____ To _____, Issued by (Name) _____
- b) Years of Public Health Nursing : From _____ To _____, Issued by (Name) _____
- a) Years of Teaching experience (if applicable) _____

_____ Issued by (Name) _____ Designation & Date _____ Name of Organization/Hospital _____

9. **For Graduate of College of Nursing, CMC Ludhiana - B.Sc. Nursing Course**

Date of Joining	College Roll No.	Date of Passing	Mission Sponsored		College Sponsored		Staff Dependent	
			Yes	No	Yes	No	Yes	No

Place of Service	Period of Service	Total Period	Remarks if any

10. **For Graduate of other Nursing College - B.Sc. Nursing Course**

Date of Joining	College Roll No.	Date of Passing	Name of the College	Sponsorship Agreement	
				Yes	No

11. **Period of Service Obligation after B.Sc. Nursing Completion**

Sponsoring Agency	Period of Service
From _____	To _____ Total _____

12. **For Christian Applicants only**

_____ Date of Baptism _____ Date of Confirmation, (if applicable) _____ Membership & denomination of the Church with date _____

13. **Details of the application fee sent along with the application form** : (Rs. 1500/- [Rupees One Thousand Five Hundred] to be paid in Bank Demand Draft payable to “**Christian Medical College, Ludhiana**” (payable at Ludhiana)

_____ Name & Address of Bank _____ Bank Draft No. _____ Date _____ Amount _____ Made Payable to _____

I hereby declare that the information, I have given in this application is true and I understand that any false information will result in cancellation of my candidature. I have attached photocopies of relevant documents and no credit will be allowed without a supporting certificate issued by competent authority. I have enclosed two passport size photographs in an envelope, and have written my name on the back of each photo and signed.

Date : _____ Signature of Applicant : _____

A complete application alongwith enclosures should reach the Registrar, Christian Medical College, Ludhiana-141 008. Punjab, India by 6th July 2012 by 5.00 p.m.