



C.S.I. JEYARAJ ANNAPACKIAM COLLEGE OF NURSING

Merry Dew Hills, Jonespuram
Pasumalai, Madurai - 625 004. Tamil Nadu
(Diocese of Madurai and Ramnad)



Application No:

Reg.No.:

H.T.No.:

FOR OFFICE USE ONLY

Date received _____ Received by _____
Registration fee Rs. _____ Draft No _____
Date _____ Bank _____ Place _____

**Affix a
recent
passport size
photograph
here**

APPLICATION FOR ADMISSION TO M.Sc. NURSING - 2011

1. Name in block letters as entered in school records
Mr./Mrs/Miss
2. Address to which communication has to be sent(in block letters)
3. Telephone No: _____ Fax No: _____
e-mail: _____
Telegraph office: _____
4. Permanent address with pin code: _____
5. Nationality: _____ Sex: M/F Date of birth: _____ Age: _____
6. Father's name: _____ Mother's name: _____
7. Marital status: Single/Married/Widowed/Divorced : _____
If married number of children and their age: _____
8. Name and address of your spouse _____
Occupation of your spouse _____
9. Religion: Christian/Hindu/Muslim/Other [specify] _____
If Christian state your church denomination _____

10. Scheduled caste/Scheduled tribe/Backward class: _____
(Enclose community certificate issued by the Tahsildar)
11. State your pattern of schooling
HSE/CBSE/ISC/PDC/INTERMEDIATE/OTHERS[specify]:
12. If any Non-Nursing Degree obtained give the year and qualification
13. PROFESSIONAL QUALIFICATION (enclose certificates)

Nursing Course	University/ Board	Name of college & place	Duration		Total years	Year of pass	Medium
			From	To			
1. Diploma Nursing							
2. Midwifery/ Alternate Course							
3. B.Sc.(N)for Trained Nursing							
4. B.Sc. Nursing							

14. State of registration for General nursing /B.Sc.(N)_____
15. Registration No. _____ Date _____
16. State of registration for midwifery / alternate course _____
17. Registration No _____ Date _____
18. Marks obtained in B.Sc. (N) / B.Sc, (N) for Trained Nurses
(Attach mark sheets)

SUBJECTS	I YEAR	II YEAR	III YEAR	IV YEAR
Med. Surg. Nursing				
Child Health Nursing				
Maternity Nursing				
Community Health Nursing				
Psychiatric Nursing				

19. Are you fluent in written and spoken English? Yes / No

20. Were you the BEST OUTGOING student in your B.Sc (N) / B.Sc for Trained Nurses class?
Yes / No
21. If you have taken any courses since nursing graduation [Like Refresher course / Post diploma course] give details _____
22. PROFESSIONAL EXPERIENCE AFTER B.Sc. (N) / B.Sc. for Trained Nurses
[enclose certificates]

Positions Held	From			To			Total Period			Institution & Place	No. of Beds	Area of Work
	D	M	Y	D	M	Y	D	M	Y			

TOTAL EXPERIENCE after B.Sc, Nursing / PC B.Sc _____ Years _____ Months _____ Days
 Total Experience after registration : _____ Years _____ Months _____ Days

23. CLINICAL SPECIALITY APPLYING FOR

First Preference

Second Preference

24. Period of Clinical experience in both areas

Area	From	To	No. of		Institution
			Years	Months	

25. Membership in professional organization : 1. T.N.A.I. No _____
 2. N.L. of C.M.A.I. No. _____ 3. Others _____

26. Are you an Alumnus of C.S.I. JA CON, Madurai? Yes / No
 If yes, were you sponsored for your B.Sc. Nursing / B.Sc. (N) for Trained Nurses Course Yes/No

If Yes, name the Sponsoring body

No. of years of obligation

Date of obligation completion

27. Have you served in a NEEDY area? Yes / No
 If yes, state
 Where: _____
28. Present sponsorship
 If you are under contract of return to Mission / Government / Private agency name it
 If you are sponsored by any organization, name the sponsoring body
 [Sponsorship form should reach us before _____]
29. State from which source you expect to receive financial support while studying at the college of nursing _____
30. Write your achievements, professional or otherwise in a separate paper.

Station:

Date:

Signature

Completed application form should reach our office by _____ Late or incomplete applications without the necessary enclosures will be rejected. Enclose only attested xerox copies of the certificates along with the application. **DO NOT ENCLOSE ORIGINAL CERTIFICATES**

Enclosures :

- 1) Registration fee by Demand Draft for **Rs.400/-** drawn in favour of ADMINISTRATOR, C.S.I. JEYARAJ ANNAPACKIAM COLLEGE OF NURSING payable at Madurai.
- 2) Copies of nursing Certificate
- 3) Registration Certificate for Nursing, Midwifery / Alternate course and additional Nursing qualification if any.
- 4) Experience certificates after B.Sc. (N) / B.Sc. (N) for Trained Nurses
- 5) Transcript of B.Sc. (N) / B.Sc. (N) for Trained Nurses
- 6) Mark lists of B.Sc. (N) / B.Sc. (N) for Trained Nurses
- 7) Certificate indicating date of birth
- 8) General educational qualification certificates (10th and +2)
- 9) Current medical fitness certificate
- 10) No objection certificate from the latest employer
- 11) Merit certificates.
- 12) Sponsorship obligation completion certificate (Where applicable)
- 13) Experience certificate after Diploma in Nursing (for PC. B.Sc, Candidate applying for sponsorship)
- 14) Certificate for serving in needy area.
- 15) Hall Ticket duly filled in and the self addressed envelope provided for the Hall Ticket with Rs.5/- stamp affixed. *
- 16) Self addressed long envelop 9" x 4" with Rs.5/- stamp affixed
- 17) Acknowledgement card with your address & with Rs.6/- stamp affixed.