

App. No.

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

APPLICATION FORM
M.Sc. NURSING JULY 2010
(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 2010

CATEGORY : **OPEN (1)** **CHRISTIAN MINORITY (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 :	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

10. **For Christian Applicants only**

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

11. **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 10th July 2010 by 5.00 p.m.