



SARDAR RAJAS COLLEGE OF NURSING

Affiliated to the T.N. Dr. M.G.R. Medical University, Chennai - 32.
Approved by Tamil Nadu Nurses and Midwives Council and Indian Nursing Council, New Delhi.
Kavalkinaru Junction, Tirunelveli - 627 105.
Ph. : 04637 - 232318

Application for Admission to M.Sc. (Nursing) - 2 Year Course

	Photo	SPECIALITY 1. MEDICAL SURGICAL NURSING <input type="checkbox"/> 2. CHILD HEALTH NURSING <input type="checkbox"/> 3. OBSTETRIC AND GYNAECOLOGICAL NURSING <input type="checkbox"/>
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1. Name in full (in BLOCK Letters)		
2. Name of the Father / Husband		
3. Place of Birth		
4. Date of Birth & Age		
5. Sex		
6. Marital Status Number of Children and their Age		
7. Nationality		
8. Religion/Cast/Community		
9. Aadhar Number		
10. Bank Details	Bank name and Branch	
	Account Number	
	IFSC Code	
	MICR Number	
11. Permanent Address		Communication Address
Ph. No.		Ph. No.
12. Language Known		
13. Quota		Management / Counseling
14. Educational Qualifications Completed		
a) Name of the qualifying examination & percentage of Marks		
b) Reg. No. Month and Year of Passing the qualifying examination		
c) Name of the University from with the qualifying examination passed		
d) Name & Full address of the College last attended.		

15. Experience Details

S.NO.	POSITION	NAME OF THE INSTITUTION	FROM	TO	TOTAL
1.	Teaching				
2.	Clinical				

16. 1. Have you suffered from any serious illness in the past?

2. If so, Give Details

3. Have you undergone any surgery?

4. If 'Yes' what is the nature of surgery?.

17. Checklist

- | | | |
|----------------------------|---|-----------|
| 1. Certificate of B.Sc (N) | : | Yes / No. |
| 2. RN / RM | : | Yes / No. |
| 3. Transfer Certificate | : | Yes / No. |
| 4. +2 Marksheet | : | Yes / No. |
| 5. TNNMC Renewal | : | Yes / No. |
| 6. Migration Certificate | : | Yes / No. |
| 7. Experience Certificate | : | Yes / No. |
| 8. Eligibility Certificate | : | Yes / No. |
| 9. Community Certificate | : | Yes / No. |

DECLARATION

I do hereby declare that

1. The application has been filled in by my own handwriting and the information furnished by me in the application is correct, to the best of my knowledge and belief.
2. If admitted, I shall comply with the rules and regulations relating to conduct, attendance, progress in studies and payment of fees to the college, the Hostel Mess and to any of the hospitals or institutions associated with the college.
3. I shall do nothing unworthy of a student of the college and Hospital.
4. I will pay the prescribed fees from time to time.
5. I will not get pregnant during the course period.

I will promise that if fail to comply with any of the requirements of the College, I will not be permitted to appear for the University Examinations.

Place :

Date :

Signature of Candidate

I do hereby declare that

1. The statement made and information furnished in this application by my daughter / wards correct to the best of my knowledge and belief.
2. I guarantee the strict compliance of all the obligations undertaken by his / her in the above declaration.

Signature of Parent / Guardian

Place :

Date :

Signature of Candidate

Encloures :

1. Copy of the B.Sc.,(N) / RN / RM / TC / +2
2. Migration Certificate
3. Copy of experience Certificate
4. Six photographs of passport size
5. Medical Fitness & Blood group Certificate.
6. Eligibility Certificate
7. Community Certificate
8. B.Sc. (N) Mark sheet

FOR OFFICE USE

After the scrutiny of the application along with the official academic documents and other relevant information, the candidate is provisionally admitted to first Semester of M.Sc., (Nursing) Basic Degree Course, and Pending approval of admission by the University.

Chairman

Principal