

PRAGYAN COLLEGE OF NURSING

Near Rajiv Gandhi Technical University Bypass Road, PO. Gandhi Nagar, Bhopal Pin - 462036

Application No./M.Sc./2023

APPLICATION FORM FOR M.Sc. NURSING COURSE : 2023 - 2025

Cost of form Rs. 100/- (Demand Draft in Favour of "Pragyan College of Nursing, Bhopal") send demand draft along with the admission form.

For Office Use Only

Date of Receipt

Last date of Submission : 30 June 2023

Commencement of Session :

Date of Entrance :

Admission Status : Selected/ Not Selected

Application Status:

Complete

Incomplete

Rejected

Accepted

Student Status

1. Sponsored/Non-sponsored

2. Percentage of B.Sc:

3. Experience:

CHECK LIST

S.No.	Particulars	Yes	No	Remarks
1.	B.Sc.Nursing 4 year marksheet			
2.	Degree			
3.	Registration (RNRM)			
4.	Course completion/College leaving certificate			
5.	Migration			
6.	Experience Letter/certificate			
7.	Reliving Letter from Previous Institution			
8.	Passport size photo (6) Stamp Size (2)			
9.	10th Class Certificate (HSS)			
10.	12th Class Certificate (Sr, S.S)			
11.	Caste Certificate Digital (if applicable)			
12.	Domicile Certificate Digital (if applicable)			
13.	Income Certificate Digital (if applicable)			
14.	PAN Card, Samagra ID			
15.	Student Adhar Card			
16.	Father Adhar Card			
17.	Mother Adhar Card			
18.	Affidavit I (One original)			
19.	Affidavit II (in two original copies)			
20.	Soft copy of all documents in (CD)			
21.	Name change affidavit if applicable			
22.	COVID-19 Vaccination Certificate of Both Dose			

Signature of Scrutinizer/Coordinator

Signature of Principal

(All entry should be filled in CAPITAL LETTERS)

1. Miss/Mrs/Mr _____
2. Father's/Husband's Name _____
3. Occupation of Father/Husband _____
4. Name of Mother _____
5. Permanent Address _____

Affixed duly
attested and sealed
by your present
employer

6. Address for Correspondance _____

State _____

Pin Code _____

7. Telephone No.: STD Code _____ Phone No _____
 Student's Whatsup No. _____ Mobile No _____

8. Email Address if any _____

9. Date of Birth , Age in year _____ Months _____ Day _____

10. Religion Hindu Muslim Christian Others

11. Category SC ST OBC GEN (Enclose Certificate from Competent Authority)

12. Other Category - Minority Physical Handicapped

13. Sex Male Female

14. Nationality _____

15. Adhar Card Details

15.1 Student

15.2 Father/Husband

15.3 Mother

16. Student PAN No.

17. State you belong to _____

18. General Qualification - Schooling 11 years, 12 years, Any other _____

19. Professional Qualification

19.1 B.Sc. Nursing Post Basic B.Sc. Nursing

19.2 Detail of Professional Education

Name of College	Name of University	Year of Joining	Year of Graduation	*Mark Obtained	**Total Maximum Marks	***% in aggregate

* Grand Total of all semesters/years, ** Grand total of Maximum Marks of all semester/years, *** Aggregate percentage of all semesters/years. (Enclose copies)

20. Registration Number

15.1 RN _____ RM _____ In lieu of RM for Male _____ (Enclose copy)

15.2 Name of Nursing Council where registered _____

21. Professional Association Number

TNAI _____, NRSI _____, SOMI _____

SOCHNI _____, ISPN _____

22. Total work experience _____ Years _____ Months _____ Days

[Enclose Experience Certificates]

Detail of Experience -

S.No.	Name of Institution	Designation	From	To	Total Duration

23. Name and Address of Institution where presently employed -

23.1 Designation _____

23.2 Type of Institution Govt , Private , Semi Govt

23.3 Name of the Employer with Designation _____

24. State the choice for any two of the speciality.

	Subject	Years of Experience
24.1 I. Preference	-----	-----
II. Preference	-----	-----

- Note: 1. Speciality will be allotted as seats sanctioned by INC and experience in that specific area and on the basis of marks obtained in entrance examination in interest of subject also experience in particular area.
2. Student is required to attach xerox of all certificates except photos and also soft copy in CD of all documents mentioned in checklist column. At the time of admission all original documents need to submit compulsory.

Form for Sponsored Students

[To be filled in by Sponsoring Authority in case of Sponsored Candidate only]

I declare that _____ employed as

_____ in _____

(Designation)

(Name of the Institute)

_____ is applying for admission to M.Sc. Nursing Programme at Pragyan College of Nursing, Bhopal with the permission of the employing authority.

I further declared that the employing authority will provide sponsorship in terms of -

1. Providing study leave/deputation by protecting her/his job and seniority - Yes No

2. Providing Salary - Yes No

3. Providing Fee - Yes No

4. Any other Specify _____

Name & Signature of Sponsoring
Authority with Seal

Date _____

Place _____

MEDICAL CERTIFICATE

(Candidate to be Examined by a Registered Medical Practitioner Only)
(To be submitted at the time of admission)

This is to certify that Ms/Mr.....D/o.....

Age.....has been examined by me on / / 2023. She/he is physically and mentally fit to seek admission in B.Sc. /M.Sc. Nursing Course. Her examination findings are -

B.P. _____ CVS _____
Pulse _____ CNS _____
Respiration _____ Integumentary (Skin) _____
Blood Group _____ Nephrology _____
Haemoglobin _____ Neurology _____
Urine Routine _____ Sense Organs
Eye _____ Ear _____ Nose _____

Mental Status (H/o Mental illness etc.) _____

History of any past illness _____ Genitourinary _____
For girls - Menstrual History _____ Menstrual Cycle _____

Any systematic disorder Yes No

If yes specify

Immunization status if done _____

COVID-19 Vaccination Certificate (Enclose) - Date of 1st Dose _____ Date of 2nd Dose _____

Booster Dose -

Hepatitis -

Remarks : **She/he is medically fit/Unfit to seek admission in B.Sc./M.Sc. Nursing Course.**

(In case of any illness/infirmity please write detail comments).

Medical doctor need to write remarks mentioned above his/her own hand writing.

Place:

Date:

Signature of Medical Officer
Registration No. & Seal