

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 <input type="text"/>  | <input type="text"/> | <input type="text"/> | <input type="text"/> |                      |
| Second <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |                      |
| Third <input type="text"/>  | <input type="text"/> | <input type="text"/> | <input type="text"/> |                      |
| Fourth <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |                      |
| <b>TOTAL :</b>              | <input type="text"/> | <input type="text"/> | <input type="text"/> | <b>Grand Total %</b> |

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.**