



SACRED HEART COLLEGE OF NURSING

1006, Karaikkal Road, Muthaiyapillaimandabam,
Sakkottai (po) , Kumbakonam (tk), Thanjavur (dt)-612401
Phone: 0435-2410180, 2410181, Mobile:9791173970

APPLICATION FORM FOR ADMISSION TO M.SC (NURSING) DEGREE COURSE

1. Read all instructions carefully before you start filling in the application form.
2. The applicant should provide correct information. If it is found incorrect, the candidate will be forced to forfeit the admission at any stage of the course.
Legal action will be instituted against the candidate

Photo

3. Only the candidate should fill in the application form

1. Name of candidate : _____

(In block letters as given in school records)

2. Age : _____

3. Date of Birth (Christian era)
(as per S.S.L.C. or its equivalent) : _____

4. Gender : Female

5. Name of the parent : _____

6. Name of the Guardian /spouse : _____

7. Occupation of the parent/ spouse/Guardian : _____

8. Address for communication

House number/ Name of the street : _____

Village /Town : _____

District : _____

State : _____

Pin code : _____

9. Permanent Address:

House number/ name of the street : _____

Village /Town : _____

District : _____

State : _____

Pin code : _____

Phone no : Area code _____ Ph: _____

Cell phone : _____

Email address : _____

10. Place of Birth : _____

Village/Town/City District State

11. Nationality : _____

12. Community (name &category) :_____ {SC/ST/MBC/BC/OC}

13. Mother tongue : _____

14. Religion : _____

15. Blood group : _____

16. Professional qualification:

S. No	Examination passed	Name of the institution &address	Name of the board/university	Duration of the course	Marks obtained in percentage	Month/ Year of passing

17. REGISTRATION DETAILS:

S. No	Registration number	Registration council	Date & year Registration
1	RN:		
2	RM:		

18. (a) Name of the university which issued the eligibility certificate to the

Candidate : _____

(b) Eligibility certificate No. & date of issued : _____

19. a) Name of the university which issued

Migration Certificate to the candidate : _____

b) Migration certificate number & date of issued : _____

20. EXPERIENCE DETAILS:

S. No	Position held	Name of the institution& address	year of experience		Total Experience		
			FROM	TO	YEAR	MONTH	DAYS
			Total				

21. EXTRA CURRICULAR ACTIVITIES

[Original must be produced at the time of Admission]

- [A] Sports : _____
- [B] N.C.C. : _____
- [C] N.S.S : _____
- [d] Others : _____

NOTE FOR THE APPLICANT:

[Enclose the photo copies of the following documents in the given order]

1. S.S.L.C. Mark sheet
2. Hsc. /Pre degree/equivalent examination mark sheet
3. B.SC (NURSING)/ P.C.BSC (N)-Provisional /Degree certificate with mark sheets
4. Tamilnadu Nurses and midwives council registration Certificates/any other Nursing council registration certificates.
5. Experience Certificates.
6. Transfer Certificate.
7. Conduct Certificate.
8. Community Certificate.
9. Medical fitness certificate from an authorized medical practitioner
10. Blood group certificate
11. Letter from the parish priest [for Catholics]
12. Eligibility certificate obtained from T.N. Dr. M.G.R. Medical University
13. Migration certificate

DECLARATION BY THE APPLICANT

I----- [Name in full] son/Daughter of -----
here by solemnly declare that the information furnished and the statement given in the application and the enclosures are true, correct and complete. I further declare that should it be found otherwise .I will be liable to forfeit my seat and/ or will be removed from the rolls of the institution at whatever stage of study I may be, besides making me liable for criminal prosecution.

Place:_____

Date: _____

Signature of Candidate

DECLARATION BY THE PARENT/GUARDIAN

I-----[Name in full) PARENT/GUARDIAN_____
here by solemnly declare that I am fully aware of the declaration made by the applicant , my son / daughter & I declare and bind myself on the same terms contained in the above declaration . The statement and information given are true, correct and complete. if it's found otherwise applicant is liable to forfeit the seat and/ or be removed from the institution whatever may be stage of study ,besides making me liable for criminal prosecution.

Place:_____

Date: _____

Signature of parent/guardian

FOR OFFICE USE

The candidate is admitted to two year M.Sc. (Nursing) degree course in
_____(batch)

Date of admission: _____

Principal

Director