

GWALIOR NURSING COLLEGE



Sakshi Parisar, Urvai Gate, Gwalior – 474012 (M.P.)
Phone : 0751-2443942 – 43 Fax : 0751-2369749

ADMISSION FORM

M.Sc. (NURSING)

Affix your
Recent Passport
Size
Photograph
here

Personal Details :

- RN/RM No _____
1. Name (in Block Letter) _____
Date of Birth _____ Age _____ Sex _____
2. Father's / Guardian's Name _____
3. Mother's Name _____
4. Present Address : _____

State _____ Dist _____ Pin Code _____
Tel. No. Off.(Code No.) _____ (Resi) _____
Mob.No. _____ E-Mail _____
5. Permanent Address _____

State _____ Dist. _____ Pin Code _____
6. Identification Mark _____
7. a) Caste General
RESERVE –SPECIFY–SC / ST/ OBC/ DT/ NT/ NT1/NT2/NT3/ NT4 etc.
- b) Marital Status : Single / Married / Widow / Divorce
8. Gender & Age of Children :

S.No.	Gender	Age
1)		
2)		
3)		
4)		

9. Professional Qualification :

Course	Duration of Training		Year of Passing	Class obtained	% Marks	No. of attempts at the final exam	University
	Joining date	Leaving date					
a) B.Sc. Nsg.							
b) Post Basic B.Sc. Nsg.							

(a) Name of the College where B.Sc. Nsg. / Post Certificate B.Sc. Nsg. studied.

(b) Is your College recognized by the Indian Nursing Council Yes / No

10. School Education 11 years 12 years

11. Any other Courses done.

Name of the Course	Duration	University/School/Hospital	Class obtained	% Marks	Year of Passing

12. Details of Scholarship, Prizes received if any during collegiate education.

- a) _____
- b) _____
- c) _____
- d) _____
- e) _____
- f) _____

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13. Record of experience :

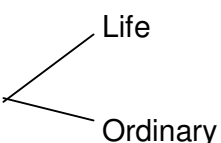
Position held	Name of the Employer	Institution	Year		Type of experience	
			From	To	Teaching	Clinical

14. Clinical Speciality in order of preference

- a) _____
- b) _____
- c) _____
- d) _____

15. Are you a T.N.A.I. Member ? Yes / No

Membership No. _____

If yes, Type of Membership 

Life

Ordinary

16. Hobbies Interest etc. : _____

17. References:

- a) * Present Employer 1. Name _____
Address _____

- b) Principal of the 2. Name _____
Professional college Address _____
Where studied _____

18. How will you finance your education ?

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19. University hostel accommodation required Yes / No

If yes

- a) Candidates are expected to Contract the Hostel Superintendent directly for hostel accommodation.
- b) Application forms for admission to hostel are available from the Hostel Superintendent. – A-4, Anand Nagar, Gwalior

20. Write your reasons for doing Master of Nursing Course.

21. I declare that :

- 19.1 The above entries are correct to the best of my knowledge. I have read the prospectus and I'm prepared to abide by the rules of the college.
- 19.2. On admission I shall submit myself to the discipline in the jurisdiction of the College/ University, and Chairman with Principal other authorities of the College and University who may be vested with the authority to exercise discipline framed or as per the University regulation.

Date : _____

Signature of the Candidate

Place : _____

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The application form should be accompanied with the following documents.

- (a) An attested true copy of Senior Secondary School Education (10+2) or Higher Secondary School Certificate (10+1) (Separate date of birth certificate, if date of birth is not given in School Certificate.)
- (b) Certified copy of the B.Sc. degree in Nursing.
- (c) Certified copy of State Nursing Council Registration.
- (d) Certified copy of Statement of marks obtained at the University examination in B.Sc. Nursing/Post certificate B.Sc. Nursing course.
- (e) Medical fitness certificate from a registered medical office.
- (f) A Six passport size Photograph (Black & White or a Colour Photo on Light background).
- (g) Certificate of work experience (with clarification about nature of work).
- (h) If belonging to SC/ST/OBC/DT/NT/NT1/NT2/NT3/NT4 etc. (Enclose copies of Caste Certificate).
- (i) Certificate from sponsoring Authority, if required.
- (j) Self addressed stamped envelope.
- (k) Foreign students are required to submit a certificate indicating proficiency in English language.
- (l) Foreign students are required to submit transcript of records in Theory and Practical Hours and a copy of syllabus.
- (m) Migration Certificate from other state.

Note :

- (a) Incomplete application form will be rejected.
- (b) Advance copy will not be considered for admission procedure.
- (d) Candidates at the time of interview should submit all original Certificate & Mark list.

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Gwalior Nursing College

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Medical Fitness Certificate

1. Name _____

2. Personal History

(a) Have you had any disease in the past ? Yes/No

If Yes, specify _____

(b) Do you have any chronic ailments at present ? Yes/No

If Yes, specify _____

(c) Do you have any disturbing or unusual persistent complaints ? Yes/No

If Yes, specify _____

(d) Are you taking any treatment or drugs ? Yes/No

If Yes, specify _____

Physical Examination :

1. Height _____ Cms. _____ Feet _____ Inch. _____

2. Weight _____ Kg.

3. B.P. _____

4. Posture _____

5. Eyes _____

Rt Eye _____ Lt. Eye _____

6. Ear _____

Rt Ear _____ Lt. Ear _____

7. CVS _____

8. RS _____

9. GS _____

10. Musculo-Skeletal System _____

11. Menstrual History _____

12. Sign. _____

Signature

Name of the Examining Doctor

Registration Number