



JSS MAHAVIDYA PEETHA JSS COLLEGE OF NURSING

1st Main, Saraswathipuram, Mysore - 9
(Affiliated to Rajiv Gandhi University of Health Science, Bangalore)
(Recognized by Indian Nursing Council & Karnataka State Nursing Council)

Space for photo to be affixed please stick with adhesive do not pin

Specialty Applied for: _____

No.	543	FORM 'C'	Application for Admission to M.Sc. Nursing Course 20 - 20		
1.	Name of the Candidate in full (block letters) to be entered as found in the certificate of the qualifying examination				
2.	Father's Name/Husband's Name (if married)				
3.	Name of the guardian & relationship (if Father/Husband is not alive)				
4.	Permanent address of Father/Husband/Guardian with Telephone number, Mobile, email				
5.	Present address of the candidate with Telephone number, Mobile, email				
6.	Religion				
7.	Whether you belong to Scheduled Caste/ Scheduled Tribe/Backward Class (State sect, if you belong to any one of these categories)				
8.	Occupation of Father/Guardian/Husband				
9.	Annual income of Father/Guardian/Husband				
10. a)	Date of birth (in Christian era)				
b)	Place of birth		Place	Taluk	District
c)	State of domicile				
d)	Mother tongue				
e)	Languages which you can:				
		Read			
		Write			
		Speak			
11.	Are you :				
a)	A citizen of Indian Union? If not mention nationality				
b)	Have you applied for Eligibility Certificate		Yes	No	

12. Academic Particulars

Exam passed at the School/ College	Name & Address of the School / college	Name of the Board/Univ	Reg. No.	Percentage of Marks Obtained & Class/Division	No. of attempts for Passing	Year of Passing
a) SSLC/ Matriculation						
b) PUC/ Equivalent Examination						

13. Details of the Qualifying Examination (B.Sc. Nursing Basic/Post Certificate)

Institution Names & Address, where studied	Name of the University	Reg. No.	Percentage of Marks Obtained & Class/Division	No. of attempts for Passing	Year of Passing

Name of the Registration Council: _____

RN RM

Registration Number _____

14. PROFESSIONAL EXPERIENCE AFTER COMPLETING G.N.M (IF DONE POST BASIC CERTIFICATE B.SC.NURSING)

Name & Address of Institution	Designation Held	Duration		Total experience in year & Months
		From	To	

OR

PROFESSIONAL EXPERIENCE AFTER COMPLETING BASIC B.SC. NURSING

Name & Address of Institution	Designation Held	Duration		Total experience in year & Months
		From	To	

15. Details of enclosures to be attached to the application:

- One photocopy of the G.N.M & B.Sc. Nursing/Post Certificate B.Sc. Nursing Certificate & Marks card
- One photocopy of the Registration Certificate (Both RN & RM)
- One photocopy of the PUC Certificate & the statement of the marks cards
- One photocopy of the S.S.L.C. certificate showing the date of birth
- One latest passport size photo duly affixed to the application form
- One photocopy of SC/BC certificate duly certified, if applicable
- One photocopy of the Experience Certificates

DECLARATION BY THE CANDIDATE

- I hereby declare that the above information is true and complete and I am aware that if any information is found to be incorrect or incomplete my application shall be rejected/admission shall be cancelled.
- I have read and understood all the provision contained in the prospectus and declare to abide by these provisions.
- I have attached FORM 'C' and photocopies of the following certificates, I have not attached original certificates.
 - GNM & B.Sc. Nursing certificate
 - Marks sheet of GNM & B.Sc. Nursing
 - Date of Birth Certificate
 - P.U.C. or 10 + 2 marks sheet & certificate
 - Experience certificate
 - Registration certificate
 - One passport size photo
 - SC/BC certificate (if applicable)

Note : Do not attach FORM 'A' & 'B'

Place:

Date:

Signature of the Candidate

DECLARATION BY THE PARENT/GUARDIAN

I hereby declare that I am aware of the financial obligations of admitting my child/wife at this institution and I can afford and undertake to pay the tuition and other fees payable to the institution under its rules. I also affirm and endorse the declaration made above by my child/wife.

Place:

Date:

Signature of the Parent/Guardian

FOR OFFICE USE

Eligible/Not eligible
for admission

Admission is approved/
Rejected

Admitted/
not admitted