



ZULEKHA NURSING COLLEGE

[A Unit of Yenepoya Institute of Medical Sciences & Research Pvt. Ltd.]
Zulekha Complex, Bibi Alabi Road, Mangaluru-575 001
(Affiliated to Rajiv Gandhi University of Health Sciences, Bengaluru, India)

APPLICATION FOR ADMISSION TO M.SC. NURSING COURSE

201 - 201

(To be filled in by the Applicant in BLOCK Letters)

Incomplete application will not be considered

For Office Use

Registration Number:

Date:

Application fee Rs..... paid by cash/D.D.No.....

Dated.....on.....

Regn. Fee Rs.....Paid by cash /D.D.No.....

Dated.....on.....

Last date for receipt of completed Application.....

PHOTO

To be filled by the candidate

Specialty Preferred I

Marks Obtained:

Specialty Preferred II

Marks Obtained:

1. Name of the Applicant :
(As appearing in the marks card
Of qualifying examination)
2. Sex : Male/Female
3. Date of Birth (e.g.07 May 1966) : Day.....Month.....Year.....
4. Blood Group :
5. Place of Birth Place :
State :
Country :
6. Religion :
7. Caste(SC/ST/BC/CT/GEN)
(Caste Certificate Should be produced) :
8. Marital Status : Married/Single
9. Mother Tongue :
10. Languages Known To speak :
To Read :
To Write :

11. Original Nationality
(Country of Forefathers) :
12. Citizenship :
(Name of the Country Whose
Passport is now held)
13. If Indian citizen whether NRI :
14. If not NRI, state of Domicile :
15. Father's Name :
16. Guardian's Name and relationship :
(If father is not alive)
17. Name of the spouse :
18. Occupation of the Spouse/Father :
19. Annual Income of Spouse/Father :
20. Permanent Address
of Father/Guardian/Spouse :
- Pin :
- Phone : (O).....(R).....
- Telex :
- Fax No. :

21. Permanent Address of
Local Guardian, if any :
- Pin :
- Phone : (O).....(R).....
- Telex :
- Fax No. :

22. Communication Address :
- Pin :
- Phone : (O).....(R).....
- Telex :
- Fax No. :

23. HEALTH INFORMATION:

1. Do you any chronic illness/physical handicap.....
2. Have you suffered from any illness in the past year : Yes/No
3. Any history of allergy.....
Specify

24. Reference (At least two persons holding responsible position and not related to the applicant)

i) Name :
 Address :

Pin.....Phone.....

ii) Name :
 Address :

Pin.....Phone.....

I. ACADEMIC INFORMATION

1.

Examination	Name & Address of the College	Name of exam Board /Uty.	Total Marks Obtd.	Max. Marks	% of Marks obtd.	Year of passing	No.of Attempts
Xth Std							
PUC/ Equivalent							
B.Sc. Nursing							

2. Marks obtained in qualifying Examination for M.Sc.Nursing:

Academic Year	Name of the Unuversity	Name of the College	No. of Attempts	Marks Obtd.by candidate	% of Marks obtd.	Year of passing	No.of Attempts

II. DECLARATION BY THE APPLICANT:

I herby state that I have filled this form myself and all the information provided by me in this application form are true to the best of my knowledge.

I have read and understood the prospectus and I hereby give the undertaking to abide by all rules & regulations which are enforced in the institution and also those which may be introduced for administration of college and hostel.

I promise not to be involved in any nefarious activities either inside or outside the college & hostel that will bring disrepute to the institution & Nursing profession.

I am also aware that I can be expelled from the institution / hostel for any misdemeanor on my part.

Signature of applicant

**Signature of Parent / guardian
Relation with applicant
Address:**

Place :

Date :

DO NOT ENCLOSE ORIGINALS

Enclosures:

Attested Photostat enclosures of the following:

1. Nationality & Domicile certificate if there is any change of domicile.
2. Marks card of S.S.L.C, P.U.C
3. Course Completion, University Convocation, Year wise marks card of B.Sc./PC.B.Sc.Nursing, Registration Certificate.
4. One duly attested passport size photograph
5. Character Certificate from Head of the Institute last attended
6. Birth certificate (1st page of SSLC certificate or any other authentic certificate)
7. Medical fitness certificate from a Reg. Medical Practitioner
8. SC/ST or OBC certificate if applicable
9. One self-addressed envelope (size 6x4") with postal stamp for reply.

Please Note: 1) Only completed application forms with above mentioned enclosures will be accepted

2) All certificates should bear the same name, as per SSLC Certificate.

DECLARATION BY THE PARENT/GUARDIAN

I hereby declare that I know the financial obligations and I can afford and undertake to pay the tuition and other fees payable to the institution under the rules of college

Place:

Date:

Signature of Father/Guardian

If father is not alive

FOR OFFICE USE ONLY

Provisionally admitted /Kept pending/reserved for the year..... or any

Other.....

Fee Paid vide receipt No.

Remarks, if any:

Accountant

Manager

Director

Principal

Academics and Administration