APPLICATION FORM

M.Sc. NURSING

Affix your recent Passport size color Photo here (with signature)

APPLICATION NO. _____ } **For Office**

REGISTRATION NO. _____ } **Use Only**

01. Name of the applicant (In Block Letters)

(Surname) *(Name)* *(Father's / Husband's Name)*

_____

02. Date of birth _____ 03. Age _____

04. Gender _____ 05. Blood group _____

06. Nationality _____

07. Marital status _____

08. E-Mail ID _____

9. Phone No. (R.) _____ (M.) _____

10. Languages Known

Languages	Speak	Read	Write

11. Permanent Address_____

_____

_____

_____

12. Address for Communication_____

_____

_____

13. Educational Qualification

S N	Course of Study	Month & Year of Passing	Name of College	Name of University	Aggregate marks (Write year wise marks)	Remarks

14. Details of Registration

	Reg. No.	Date of registration	Name of the Council	State
Registered Nurse				
Registered Midwife				

15. Professional Experience

Sr. No.	Name of Organization/Institute	Experience & Designation		Date of Joining	Date of Relieving	Remarks
		Clinical	Teaching			

Specify the clinical areas where you have worked _____

_____

16. Any Awards / Prizes Received _____

_____

17. Details of Entrance Exam Fees Payment

A. D.D. / Receipt No. _____

B. Bank: _____ C. Date _____

D. Amount in Words _____

18. Reference (any two professional)

_____

_____

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CERTIFICATE BY THE PRESENT EMPLOYER

(In case of candidate who is already in service)

This is to certify that here is no objection to the selection / appointment of

_____ to the **M.Sc. Nursing course** of 2 years duration at IKDRC – ITS, a Constituent Institute of Gujarat University of Transplantation Sciences (GUTS), Ahmedabad, Gujarat, India.

Signature of the employer
with Office Stamp & date

DECLARATION BY THE APPLICANT

I_____ son / daughter of _____, hereby solemnly declare that all information furnished and enclosures given in this application are true and complete to the best of my knowledge and belief. I am also aware that if any statement made herein if found to be incorrect at any time either before or after admission, I will be liable to forfeit my seat and / or removal from the rolls of the College at whatever Stage of study I may be, besides making me liable for criminal prosecution.

Place:

Date: **Signature of applicant**

Enclosures

1. B.Sc. Nursing and Post Basic B.Sc. Nursing (all Year Mark Sheet)
2. Registration Certificate of State Nursing Council
3. Additional Registration Certificate for Post basic B.Sc. Nursing Candidates
4. University Degree Certificate
5. Transcript
6. School Leaving Certificate
7. Experience Certificate
8. Medical Fitness Certificate
9. Two passport size photographs

MEDICAL FITNESS CERTIFICATE

To whom so ever it may concern

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This is to certify that I have examined Mr./ Miss. _____aged _____

He/ she is suffering / not suffering from following diseases

Asthma
Diabetes
Hypertension
Fits / Convulsions
Physical Disability
Mental Disability
Allergy

He/ she has undertaken / not undertaken all vaccination.

Any other major disease (Please specify) –

His/ Her height……, weight……., vision……,Hearing----------.

I certify that Mr. / Miss _____ is physically, mentally & Psychologically fit / unfit for _____ course.

Marks of identification

Thumb impression

Signature:

Name of Registered medical practitioner:

Place:

Reg. No.:

Date:

Address:

(Office Seal)