

Application No.



COLLEGE OF NURSING, PGIBAMS

MANA (BASTI) – 492015, RAIPUR (C.G.)

(Affiliated to Chhattisgarh Ayush and Health Sciences University, Raipur and Recognized by Indian Nursing Council)

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APPLICATION FOR ADMISSION TO M.Sc.(PSYCHIATRIC) NURSING COURSE FOR THE ACADEMIC YEAR 2017-18

1	Name of the Applicant	<input type="text"/>																					
2	Expansion of Initial(s)	<input type="text"/>																					
3	Age & Date of Birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>								
		Age	Date	Month	Year																		
4	Sex (Please Tick)	Male					<input type="checkbox"/>	Female					<input type="checkbox"/>										
5	Marital Status	<input type="text"/>																					
6	Caste & Religion	<input type="text"/>										<input type="text"/>											
7	Name of Parent / Guardian / Spouse	<input type="text"/>																					
8	Occupation of Parent / Guardian / Spouse	<input type="text"/>																					
9	Annual Income	Rs.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>							
10	Nationality	<input type="text"/>																					

16. Details of Experience

Sl. No.	Name of Institution	Bed Strength	Post	From	To	Total

DECLARATION BY THE CANDIDATE

I.....
 Son/Daughter/Spouse of
 Mr./Ms./Mrs..... hereby
 declare that the particulars are true and correct to the best of my knowledge. I have filled up this application
 after reading all the instructions in the prospectus carefully. I am liable to be punished for wilful suppression or
 misrepresentation of facts.

I agree to abide by all the rules and regulation including those relating to the hostel, if I am admitted there to in
 force at present or that may be introduced hereafter, for the due maintenance of the discipline at the college and
 I further agree to be satisfied with the amenities now offered in the academic and social life of the college, to
 make good any damage to furniture, apparatus, or other things which may be caused by carelessness, negligence
 or wantonness on my part and to leave the college at any time, if I fail to carry out this undertaking.

I pledge myself never to take part directly or indirectly in any political, economic, communal subversive or any
 other such activities.

I further pledge myself not to cause damage in any manner to the properties of the college and to pay regularly
 all the fees and dues. Should it be found that i have committed any of the above acts, I agree to receive any
 punishment including summary dismissal from the college and hostel and liability for damage caused.

I shall accept the decision of Ayush and Health Sciences University, Raipur, Govt. of Chhattisgarh, Indian
 Nursing Council or any other statutory bodies constituted if any regarding qualification/eligibility for admission
 as final.

Counter Signature by Parent/Spouse/Guardians

Signature of Candidate

Place:

Date:

DECLARATION BY THE PARENT/GUARDIAN/SPOUSE

I fully endorse the declaration made above by the candidate. Beside I undertake the guarantee for his good
 conduct and behaviour during the tenure of the candidate's period of studentship in the college if ever, the
 candidate contravenes any of the rules and regulation of the college and hostel and the conditions above. I
 further undertake abide for the decision of the college authorities with regards to the nature magnitude of the
 punishment.

Date:

Signature of Parent/Guardian/Spouse with Name

Place:

FOR OFFICE USE ONLY

Details of Original Certificates Verified and deposited.

1. Secondary school leaving certificate
2. Degree certificate
3. Mark list
4. Registration certificate
5. Transfer certificate
6. Experience certificate
7. Course and conduct certificate from the institution last attended
8. Passport photo 4 Nos.
9. Migration certificate
10. Medical fitness certificate

Particulars verified by

Name

Signature

Principal