

DD No	Name of Bank/ Branch	Date	Amount

APPLICATION FORM
ADMISSION TO POST GRADUATE M.Sc (NURSING) DEGREE COURSE
IN GOVERNMENT / SELF FINANCING COLLEGES -2012-2013

APPLICATION REGISTER NO:

SPACE FOR
PHOTOGRAPH
WITH NAME AND
DATE
(TO BE ATTESTED
BY GRADE A / B
OFFICERS OF
CENTRAL / STATE
GOVERNMENTS)

1.	Name (in Capital Letters with Initials at the end)									
2 a	Mailing Address		Pin Code:							
2 b	Contact Telephone No with STD Code Mobile Number									
3	Date and Place of Birth									
4	Sex (Please Tick)		a.Male <input type="checkbox"/>		b. Female <input type="checkbox"/>					
5	a. Nationality (Please Tick) b. Nativity (Please Tick) c. Mother Tongue		1. INDIAN <input type="checkbox"/>		2.OTHERS <input type="checkbox"/>					
			1. TAMIL NADU <input type="checkbox"/>		2.OTHERS <input type="checkbox"/>					
				<input type="checkbox"/>					
6	Religion									
7	a. Community									
	b. Sub Caste with Code No									
8 a	Plus Two studied in		1.Tamil Nadu <input type="checkbox"/>			2. Others <input type="checkbox"/>				
8 b	Qualification:									
	Course	College from which Qualified	Duration of the Course (Years)	Date of Admission		Date of Passing		Final Year Univ Exam Reg No	No of appearances in Final Examination	Name of the University
				Month	Year	Month	Year			
	B.Sc Nursing									
9	Nursing and Midwives Council Registration Number		Nurse							
			Midwife							

10	Date of passing B.Sc (Nursing)								
11	Total Number of completed years of experience from the last date of month of passing B.Sc (Nursing) Degree as on 30.04.2012								
12	Whether you are undergoing M.Sc Nursing Degree at the Time of submitting the application; If so mention the name & date of completing the Course. (Evidence to be produced)								
13	Whether you have completed / acquired/ discontinued M.Sc Nursing Degree Course; If so mention the name & date of discontinuation/Completion of the Course. (Completion/ discontinuation certificate to be produced)								
14	a. Present Occupation (Refer Prospectus) (Please Tick)	TN Government Service	Non Service						
	b. If working in state Government state if (Please Tick)	State Service	Local Bodies						
15	Are you applying under Physically Disabled Category	YES	NO						
16	Calculation of Marks:	Year	Maximum Marks Awarded	Total Marks Obtained					
		I							
		II							
		III							
		IV							
		Grand Total							
17	Marks obtained for 90 : B.Sc Nursing (Basic/ Post Basic) Weighted total marks obtained reduced to the base of 90 marks and expressed accurate to TWO Decimals	<table border="1" style="width: 100%; height: 30px;"> <tr> <td style="width: 20%;"></td> <td style="width: 20%;"></td> <td style="width: 20%; text-align: center;">•</td> <td style="width: 20%;"></td> <td style="width: 20%;"></td> </tr> </table>					•		
		•							

DECLARATION

I, _____ do hereby solemnly affirm that the statement made and information furnished in my application form and in all the enclosures thereto submitted by me are true. Should it however be found that any information furnished therein is untrue in particulars, I realize that I am liable for criminal prosecution and agree to forego my seat in the College at any stage.

Station: _____

Date: _____

Signature of the Candidate _____

I-Year

SEMESTER - I			
S. No.	SUBJECT	Maximum Marks	Marks Obtained
1			
2			
3			
4			
5			
6			
Total			

SEMESTER - II			
S. No.	SUBJECT	Maximum Marks	Marks Obtained
1			
2			
3			
4			
5			
6			
Total			

II-Year

SEMESTER - III			
S. No.	SUBJECT	Maximum Marks	Marks Obtained
1			
2			
3			
4			
5			
6			
Total			

SEMESTER - IV			
S. No.	SUBJECT	Maximum Marks	Marks Obtained
1			
2			
3			
4			
5			
6			
Total			

III-Year

SEMESTER - V			
S. No.	SUBJECT	Maximum Marks	Marks Obtained
1			
2			
3			
4			
5			
6			
Total			

SEMESTER - VI			
S. No.	SUBJECT	Maximum Marks	Marks Obtained
1			
2			
3			
4			
5			
6			
Total			

IV-Year

SEMESTER - VII			
S. No.	SUBJECT	Maximum Marks	Marks Obtained
1			
2			
3			
4			
5			
6			
Total			

SEMESTER - VIII			
S. No.	SUBJECT	Maximum Marks	Marks Obtained
1			
2			
3			
4			
5			
6			
Total			

SERVICE PROFORMA :**(To be filled by the forwarding authority)**

1	Name of the Candidate						
2	Designation						
3	Date of entry into Government Service						
4	Total Service as on 30.04.2012						
5	Whether selected by Tamil Nadu a Medical services.						
b	State year of selection . (Proof to be enclosed)						
6	Name of the appointing authority						
7	Service status	Temporary		Probationer		Approved Probationer	
8	Status of the Institution	State			Local Bodies		
		DME	DMS	DPH			
9	Complete Service particulars till date (May be furnished in a separate sheet in the format duly signed by the forwarding authority)	Sl No	Post	Place	From	To	Total
10	Service Particulars if worked / working in Hilly Area	Sl No	Post	Place	From	To	Total
11	Whether the candidate is under any subsisting contractual obligation, if so give details.						
12	Present Station in which the candidate is working and address.						

Date :

Office Phone / Fax Numbers

Office Seal :

Signature of the Forwarding Officer with Seal
Phone number of Forwarding Officer

Note: the above particulars should be verified scrupulously and in the event of any malinformation found later, **the forwarding officer will be held responsible.**