

KADI SARVA VISHWAVIDYALAYA - GANDHINAGAR**(A UNIVERSITY ESTABLISHED VIDE STATE ACT OF GUJARAT AND RECOGNISED BY UGC)****APPLICATION FORM FOR ADMISSION INTO M. Sc. NURISNG & POST BASIC B. Sc NURSING COURSE
FOR THE YEAR 2016-17**

Registration No. _____

Application for 1. M.Sc. Nursing
 2. Post Basic B.Sc. NursingAffix the Latest
Photo graph
attested by
Gazetted Officer /
Principal**1. Name of the Candidate (AS PER MARKSHEET-IN BLOCK LETTERS)**

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| S | U | R | N | A | M | E | | | | | | | | | | | | |
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| F | A | T | H | E | R | - | H | U | S | B | A | N | D | | N | A | M | E |

2. Address for Communication:

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3. Nationality: - _____ Mobile No: - _____ (R.) _____

4. Date of Birth: - _____ 5. Place of Birth:- _____ 6. Blood Group:- _____

7. Cast:- _____ 8. Category:- Open/S.E.B.C/S.C/S.T _____ 9. Gender: - _____

10. Marital Status: - _____ 11. Parent's/Guardian's Mobile. No. _____

12. Parent's/Guardian's Occupation: _____ 13. Parent's/Guardian's Annual Income:- _____

14. Claiming Physically Challenged reservation (PH): Yes / No _____

15. Email.Id. _____

16. Professional Educational Qualification:-

| Sr. No | Diploma/Degree | Year of Passing | Name of School/College | Name of Council/University | Pre(%) | Remarks |
|--------|----------------|-----------------|------------------------|----------------------------|--------|---------|
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17. Transfer/Migration Certificate No:- _____ 18. University:- _____

19. Name of Nursing Council:- _____

20. Registration No. & Registration Date:- _____

21. Professional Experience

| Sr. No | Name of Organization/Institute | Designation | Date of Joining | Date of Reliving | Remarks |
|--------|--------------------------------|-------------|-----------------|------------------|---------|
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22. Details of Demand Draft:

(1) D.D Number _____ (2) Bank _____
(3) Place _____ (4) Amount _____ (5) Date:- _____

Joint declaration by the Candidate and the Parent/Husband

We hereby declare that all information furnished in this application are true to the best of our knowledge and belief. We are also aware that if any statement made herein if found to be incorrect at any time either before or after admission, Principal, C.M. Patel College of Nursing Chairman-Admission has the right to reject the application and may cancel the Admission of at all admitted.

We are also aware of our financial obligations to C.M. Patel College of Nursing. In case the candidate gets admission to the Nursing College and we undertake to pay the tuition fees, hostel fees and other fees as fixed by the Institute from time to time. We have been informed that we have to sign an affidavit on Rs 100/- stamp stating that we have to attend the course on regular basis. We also undertake to strictly adhere to the rules and regulation of the Institute and agree to abide by the decision of the Principal; C.M. Patel College of Nursing Chairman-Admissions in all matters of admissions and thereafter.

SIGNATURE OF FATHER / GUARDIAN

SIGNATURE OF THE APPLICANT

Enclosures:-

1. G.N.M. All Year Mark Sheet for Post Basic B.Sc. Nursing Course
2. B.Sc. Nursing and Post Basic B.Sc. Nursing all Year Mark Sheet for M.Sc. Nursing Course
3. Registration Certificate of State Nursing Council
4. University Degree Certificate
5. Course Completion Certificate
6. Leaving Certificate
7. Cast Category Certificate
8. Experience Certificate Specially Require For M.Sc. Nursing
9. In case of a download form from the website, enclose a demand draft for Rs.500/- in favour of **Kadi Sarva Vishwavidyalaya**, payable of at Gandhinagar. Those who have already purchased the application form need not send any payment. Please write name of the candidate on the reverse of the demand draft.