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APPLICATION FORM FOR M. Sc NURSING COURSE 2024- 2025

1.	Name of Candidate	
2.	Father's/Guardian's Name	
3.	Date of Birth	
4.	Gender	
5.	Mobile No.	
6.	Email ID	
7.	Address where admit card will be send	
	i. Name of Village/Town	
	ii. Lane/Road/Ward	
	iii. District, State & Pin Code	

7. Academic Qualifications:

Examination Passed	Board	Subjects Taken	Year of Passing	Roll No.	Marks Obtained	Total Marks	%age of Marks

Declaration

I hereby declare that I am an Indian National and particulars given above are correct to the best of knowledge and belief. In the event any information furnished is proved to be incorrect/false before or after the admission or Govt. of India cancel my candidature or selection or admission as the case may be, the Institute or the Govt. of India may take action against me as deemed fit. I further undertake to submit all the original documents for verification at the time of Counseling and during the admission process as per rules, failing which my selection/admission against any seat shall be forfeited.

**Signature of
Candidate**