



Gwalior Nursing College

Sakshi Parisar, Urvai Gate, Gwalior-474 012(M.P.)
Phone : 0751-2443942 - 43 Fax : 0751-2369749

ADMISSION FORM

M.Sc. (NURSING)

The application form should be accompanied with the following documents.

- An attested true copy of Senior Secondary School Examination (10+2) or Higher Secondary School Certificate (10+1) (Separate date of birth certificate, if date of birth is not given in School Certificate.)
- Certified copy of the B.Sc. degree in Nursing.
- Certified copy of State Nursing Council Registration.
- Certified copy of Statement of marks obtained in the University examinations of B.Sc. Nursing / Post certificate B.Sc. Nursing course.
- Medical fitness certificate from a registered medical office.
- Six passport size Photograph (Black & White or a colour Photo on Light background).
- Certificate of work experience (with clarification about nature of work.)
- If belonging to SC/ST/OBC/DT/NT/NT1/NT2/NT3/NT4 etc. (Enclose copies of Caste Certificate).
- Certificate from Sponsoring Authority, (If required.)
- Self addressed stamped envelope.
- Foreign students are required to submit a certificate indicating proficiency in English language.
- Foreign students are required to submit transcript of records in Theory and Practical Hours and a copy of syllabus.

Incomplete application form will be rejected.

Candidates in service should apply through proper channel.

Advance copy will not be considered for admission procedure.

Candidates at the time of interview should submit all original Certificate & Marklist.

- Name (in Block Letter) : _____
- Father's Name _____
- Mother's Name _____
- Present Address _____

- State - _____ Dist - _____ Pin code - _____
- Tel. No. Off. (Code No.): _____ (Resi) : _____
- Mob. No. _____ Email _____
- Permanent Address _____

- State - _____ Dist - _____ Pin code - _____
- Personal Details : _____
- (a) Date of Birth _____

(b) Caste
 ↙ General
 ↘ RESERVE-SPECIFY-SC / ST / OBC / DT / NT / NT1 / NT2 / NT3 / NT4 etc.

(c) Marital Status : Single / Married / Widow / Divorced

(d) Gender & Age of Children :

S.No.	Gender	Age
1)		
2)		
3)		
4)		

7. Professional Education :

Course	Duration of Training		year of passing	Class obtained	% Marks	No. of attempts at the final exam	University
	Joining date	Leaving date					
a) B.Sc. Nsg.							
b) Post B.Sc.(N) Certificate							

(a) Name of the College where B.Sc. Nsg. / Post Certificate B.Sc. Nsg. studied.

(b) Is your College recognized by the Indian Nursing council YES / NO

8. School Education 11 years 12 years

9. Any other Courses done.

Name of Course	Duration	University / School / Hospital	Division	% Marks	Year of Passing

10. Details of Scholarship, Prizes received if any during collegiate education.

- a) _____
- b) _____
- c) _____
- d) _____

11. Record of experience :

Position held	Name of the Employer	Institution	Year		Type of experience	
			From	To	Teaching	Clinical

12. Clinical Speciality in order of preference

- a) _____
- b) _____
- c) _____
- d) _____

13. Are you a T.N.A.I. Member ? Yes / No

Membership No. _____

- If yes, Type of Membership
- Life
 - Ordinary

14. Hobbies Interest etc. : _____

15. References :

- a)* Present Employer
 - 1. Name _____
 - Address _____
- b) Principal of the Professional college
 - 2. Name _____
 - Address _____
 - Where studied _____

16. How will you finance your education ?

17. Hostel accommodation required Yes/No.

