

ROOHI COLLEGE OF NURSING

Affiliated to Rajiv Gandhi University of Health Sciences, Bangalore

APPROVED BY THE GOVT. OF KARNATAKA &

Karnataka Nursing Council

APPLICATION FORM FOR M.Sc. NURSING

1. Name of the Candidate -----
(In Block Letters)

2. Father's / Guardian's Name:-

3. Father's / Guardian's Occupation:-

4. Father's / Guardian's Income :-

5. Sex:-

PHOTO

6. Postal Address for Communication

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.....

Phone:

STD.Code.-

7. Permanent Address:-

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Phone:-

8. Local Guardian's Address:-

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Phone:-

9. a. Date of Birth-----

b. Place of Birth-----

10. Year of Passing B.Sc Nursing:-

11. a. Marks obtained in B.Sc Nursing:

Max

obtained

I Year

II Year

III Year

IV Year

b. Total Percentage in B.Sc Nursing

12. a. Religion -----

b. Cast-----

13. a. Nationality: -----

b. Domicile status-----

DECLARATION BY THE APPLICANT AND PARENT / GUARDIAN

Dear Sir,

I have gone through the College Prospectus, do here by promise to abide by all rules and regulations now in force and those to be made from time to time. I know that the fee paid by me is not refundable, transferable or adjustable to other parts or subjects. I request you to admit me as one of the student of ROOHI COLLEGE OF NURSING.

Signature of Parent/ Guardian

Signature of Applicant

(MEDICAL EXMINATION)

Height -----Weight ----- Sight: -----Teeth: -----

Lungs----- Vaccinated -----Hearings-----Blood Group-----

Weather the Candidate has suffered from any of the following:

- (a). T.B. ----- (b). Rheumatic Fever -----
- (c). Mental/Nervous Disorder----- (d) Varicose Veins-----
- (e). Rheumatism ----- (f) Cardiac Disease-----
- (g) Gynecological abnormalities----- (h) Dental -----

ALLERGIC TO:

REMARKS:

This is to certify that, I have examined Mr. /Miss. ----- and that He / She does not have any disease constitutional weakness or bodily infirmity in her/him. I consider her/ him to be fit to undergo the above mentioned course.

Date-----

Place-----

Seal & Signature
of Medical Practitioner

Reg.No.

FOR OFFICE USE ONLY

Provisionally admitted to the above Course from the Academic year 200 -200

Admission No.

Date of Admission:

- Verified Original Certificates
- 10th Marks Card
- PUC/PDC/+2 Marks Sheet
- B.Sc Nursing Marks Sheet
- Transfer Certificate
- Migration Certificate
- Certificate Conduct

Secretary

Principal

