

App. No.

OFFICE OF THE REGISTRAR
COLLEGE OF NURSING
CHRISTIAN MEDICAL COLLEGE
 LUDHIANA - 141 008, PUNJAB

APPLICATION FORM
M.Sc. NURSING 2023
 (FOR MEN AND WOMEN)

PASSPORT SIZE
 PHOTOGRAPH OF
 APPLICANT

COMPLETE FORM SHOULD BE FILLED IN BLOCK LETTERS
 DELETE PORTION(S) NOT APPLICABLE :
 TAKE GUIDANCE FROM THE PROSPECTUS M.Sc. NURSING 2023

CATEGORY: OPEN (1) **CANDIDATES WITH SERVICE COMMITMENT (2)**

(Tick as applicable)

1. _____
 Name of the Applicant (as in University / Board records)

Date of Birth ___/___/___ Male Female Nationality _____ Place of Birth _____ Religion _____

2. Correspondence address: _____
 _____ City _____ State _____ PIN _____

3. Father's / Husband / Guardian's Name _____ Relationship _____

Mother's Name _____

Address _____

PIN _____ Tel.: _____ Mobile _____

Fax : _____

4. **Matriculation / 10th class or equivalent examination:** Name of Examination _____

Roll No. _____ Name of the School _____

Date of Passing _____ Name of University/Board/Body/Council _____

_____ Place _____

5. **B.Sc. Nursing / Equivalent examination :**

Name of Examination _____ Name of College _____

Name of University _____ Roll No. _____ Date of Passing _____ No. of Attempts _____

Examination / year	Max. Marks	Marks Obtained	% Gained	
First _____	_____	_____	_____	
Second _____	_____	_____	_____	
Third _____	_____	_____	_____	
Fourth _____	_____	_____	_____	Grand Total %
TOTAL:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

6. **Eligibility certificate for qualifying examination** : B.Sc. Nursing equivalent from Baba Farid University of Health Sciences (if applicable).

7. Registration

- a) Registered Nurse : Reg. No. _____ Name of Nursing Council and Place _____
- b) Registered Midwife : Reg. No. _____ Name of Nursing Council and Place _____
- c) Short course certificate (if any) _____ Name of Nursing Council and Place _____

8. Experience certificate :

- a) Years of Bedside Nursing : From _____ To _____, Issued by (Name) _____
- b) Years of Public Health Nursing : From _____ To _____, Issued by (Name) _____
- a) Years of Teaching experience (if applicable) _____

_____ Issued by (Name) _____ Designation & Date _____ Name of Organization/Hospital _____

9. For Graduate of College of Nursing, CMC Ludhiana - B.Sc. Nursing Course

Date of Joining	College Roll No.	Date of Passing	Mission Sponsored		College Sponsored		Staff Dependent	
			Yes	No	Yes	No	Yes	No
Place of Service		Period of Service		Total Period		Remarks if any		

10. For Graduate of other Nursing College - B.Sc. Nursing Course

Date of Joining	College Roll No.	Date of Passing	Name of the College	Sponsorship Agreement	
				Yes	No

11. Period of Service Obligation after B.Sc. Nursing Completion

Sponsoring Agency	Period of Service
From _____	To _____ Total _____

12. For Christian Applicants only

_____ Date of Baptism _____ Date of Confirmation, (if applicable) _____ Membership & denomination of the Church with date _____

13. **Details of the application fee sent along with the application form** : (Rs. 3500/- [Rupees Three Thousand five Hundred] to be paid in Bank Demand Draft payable to **“Christian Medical College Ludhiana Society”** (payable at Ludhiana)

_____ Name & Address of Bank _____ Bank Draft No. _____ Date _____ Amount _____ Made Payable to _____

I hereby declare that the information, I have given in this application is true and I understand that any false information will result in cancellation of my candidature. I have attached photocopies of relevant documents and no credit will be allowed without a supporting certificate issued by competent authority. I have enclosed two passport size photographs in an envelope, and have written my name on the back of each photo and signed.

Date : _____ Signature of Applicant : _____

A complete application along with enclosures should reach the Registrar, Christian Medical College, Ludhiana-141 008. Punjab, India by 22 July 2023 by 1:00 p.m.