

App. No.

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

**APPLICATION FORM**  
**M.Sc. NURSING 2026**  
**(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 2026

**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 %
<b>TOTAL:</b>	<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 24 June 2026 by 5:00 p.m.**