

Form No:



## ARYA NURSING COLLEGE

Nij Sindurighopa  
Changsari, Kamrup (R)  
Pin : 781101

Phone : 7896049792/93, 9864043684  
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( For Office Use Only )

Reg. No. : .....

Details Of Payment : .....

### APPLICATION FORM FOR M.Sc. NURSING PROGRAM

**Affix two recent  
passport size  
Photograph**

1. Name of the Candidate:

Miss/Mr./ Mrs.: .....

(In Capital Letters)

2. Speciality Applied For : .....

3. Name of Father: .....

4. Name of Mother: .....

5. Name of Guardian (if any): .....

6. Permanent Address: .....

.....

7. Address to which correspondence has to be sent: .....

.....

E-mail: ..... Mobile: .....

8. Date of Birth: ..... Age ..... Gender. ....

9. Nationality: ..... Religion: .....

10. State to which you belong (Permanent Residence): .....

11. Category of the Student : Gen/SC/ST/OBC.....

12. Educational Qualification: (10th and 12th)

Name of School/college	Name of Board/University	Percentage (%)	Year of Passing	Division	Private/Regular

13. Professional Qualification:

a) GNM       b) Bsc. Nursing       c) PBBSC. Nursing

Name of the College / Institution	Name of the Council / University	Year of Joining	Year of Passing	Marks Obtained	Total Marks	Percentage in aggregate (%)
Any Other Qualification						

b) Whether the Institution is recognized by Indian Nursing Council : Yes..... No.....

c) Registration No. of State Nursing Council:.....

d) NUID NO. : .....

14. Year Of Experience :

Sl No.	Name of Institution/Organisation	Designation	Date of Joining	Date of Leaving	Year of Experience	Remarks
Total Experience						

14. Attached documents in the following orders:

- a) Marksheets of 10th and 12th
- b) Mark Sheets of B.Sc. Nursing/ Post Basic B.Sc. Nursing
- c) Original Degree Certificate
- d) Experience Certificates
- e) Age Proof Certificate (HSLC & Equivalent one)
- f) ST/SC/OBC Certificate (if applicable)
- g) Domicile/Permanent Resident Certificate from concerned DC/ADC/SDO.
- h) Permanent Nursing Registration Certificate (State Nursing Council)
- i) Passport Photo
- j) Medical Fitness Certificate
- k) NUID Card
- l) to objection certificate from the concerned authority if employment

15. Attached documents in the following order:

- a) Marksheets of 10th and 12th
- b) Mark Sheets of B.Sc. Nursing/ Post Basic B.Sc. Nursing
- c) Original Degree Certificate
- d) Experience Certificates
- e) Age Proof Certificate (HSLC & Equivalent one)
- f) ST/SC/OBC Certificate (if applicable)
- g) Domicile/Permanent Resident Certificate from concerned DC/ADC/SDO.
- h) Permanent Nursing Registration Certificate (State Nursing Council)
- i) Passport Photo
- j) Medical Fitness Certificate
- k) NUID Card
- l) No objection certificate from the concerned authority if employed

16. Identification Mark : .....

**DECLARATION BY THE CANDIDATE**

I hereby declare that I have filled this form according to the best of my knowledge and belief and all the details provided above are true. I hereby also undertake to abide by all the conditions, rules, and regulations in force at present and also those which may hereafter be introduced for the administration of the institution. I will do nothing unworthy as a student of this institution either inside or anything that will cause harm to its orderly working and discipline. I am aware that the management has the full authority to expel me for disinterest in studies, misbehavior, continuous failure and for any other valid reason.

I hereby also undertake that I shall pay all the fees and other dues to the institution promptly on demand. I have thoroughly read the prospectus and understood the contents therein. I am lawfully bound to pay fees for the whole course period even if I withdraw from the institute anytime after admission and or before completion of the course.

Place:

Date:

Countersigned

Signature of the Applicant

Signature of the Parents / Legal Guardian

**FORM FOR SPONSORSHIP**

**(To be filled in by the sponsoring authority for sponsored candidates)**

I declared that

(Name of the candidate)

employed as.....

(Designation)

in .....

(Name of the Institution)

is applying for admission to M.Sc. Nursing Course at Arya Nursing College with the permission of the employing authority.

It is further declared that the employing authority shall sponsor the candidate. Please specify in the space below.

Date .....

(Signature of Sponsoring Authority with seal)

Place .....

\* Sponsoring refers to: Taking the responsibility for her/his study at this College by providing study leave/on deputation/by protecting his/her job and seniority/by allowing his/her to take leave admissible/ any other arrangement.

\* The sponsoring letter and original application through proper channel must reach on or before 20<sup>th</sup> August, 2019.

\* No page(s) of the application form should be removed/replaced

**OFFICE COPY**

Date:

Application form No

Time:

.....

Roll No. ....

Reporting Time:

Examination Centre

.....

(To be filled by College Office)

Arya Nursing College

Affix recent passport size photograph duly attested by a Gazetted Officer with Seal

**ADMIT CARD**

Selection Test 2024, for M.Sc. Nursing Course Admit  
to M.Sc. Nursing Selection Test

Name

(in Capital Letter)

Complete Postal Address. ....

..... Pin Code .....

Signature of the Principal  
Arya Nursing College

Signature of the Candidate

**CANDIDATE'S COPY**

Date:

Application form No .....

Time:

Roll No. ....

Reporting Time:

Examination Centre .....

(To be filled by College Office)

Arya Nursing College

**ADMIT CARD**

Selection Test 2024, for M.Sc. Nursing Course Admit  
to M.Sc. Nursing Selection Test

Affix recent passport size photograph duly attested by a Gazetted Officer with Seal

Name .....

(in Capital Letter)

Complete Postal Address.....

..... Pin Code .....

Signature of the Principal  
Arya Nursing College,

Signature of the Candidate

R.No: .....



OFFICE COPY

Acknowledgement Card

Received Application submitted by Mr/Mrs/Miss.....

Amount ..... with D.D No. .... date. from

.....bank.

Date:

Signature of the official in charge

R.No: .....



Candidate Copy

Acknowledgement Card

Received Application submitted by Mr/Mrs/Miss.....

Amount ..... with D.D No. ...., date. from

.....bank.

Date:

Signature of the official in charge