

Form No:



ARYA NURSING COLLEGE

Nij Sindurighopa
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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. a) Professional Qualification:

GNM B.Sc. Nursing P.B.BSC. 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						

15. 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) Address Proof.
- 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 employment

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

Undertaking by Father / Mother / Guardian

Today, the.....day of.....Year..... I,
Sri/Smti..... Father / Mother /
Guardian of..... Resident of.....Police
Station.....have read the prospectus and undertaken to pay all dues / fees as
applicable for my Son / Daughter / Ward for undergoing the M. Sc Nursing course. This amount
may be forfeited if the student fails to complete the course or is dismissed from the institute on
account of misconduct or other vaild reason. I, being the father/mother/guardian hereby
undertake to pay full fees / dues to the institution for the whole course period if my ward
withdraw/expel from the institution any time after admission and before completion of the
course.

Place:

Date:

Signature of the Father / Mother / Guardian

1. Witness Signature

:

Name in Block Letter

S/O/ D/O.....

Address.....

.....

2. Witness

Signature

Name in Block Letter

S/O/ D/O.....

Address.....

.....

.....

Photocopy of the applicantion from shall not be accepted