

**Maharshi Karve Stree Shikshan Samstha's
Smt. Bakul Tambat Institute of Nursing Education
Karvenagar, Pune - 411052.**

Tel. No.: (020)25475020, 25477557, 65275020

E-mail: btine03@gmail.com, btine09@gmail.com

Website: www.mksssbtime.ac.in, www.mksssbtime.org

APPLICATION FORM FOR M. Sc. NURSING

Form No.

Academic Year

Paste latest
colour
photo

To,
The Principal,

Respected Madam,

I wish to apply for admission to the above course.

1. Personal Information :

Name of Applicant as per B.B.Sc.(N)/ P.B.B.Sc.(N)/ P.C.B.Sc.(N):			
Father's full Name:		Mother's First Name:	
Married full Name:		Marital Status:	Y/N
Date of Birth :		Gender :	Female
Place of Birth :		Email ID.:	
Nationality :		Adhar No:	
Permanent Address :			
Contact Number (R):		Mobile No:	
Local Guardian Name & Address:			
Contact Number (R):		Mobile No:	
Religion & Caste :		Blood Group	
Social Reservation Information of Applicant:	*SC/*ST/*VJ/*NT1/*NT2/*NT3/ *OBC/Open/Minority/Others		

2. Educational Details :- B.Sc. (N) / Basic B.Sc.(N) / P.B.B.Sc (N) / P.C.B.Sc.(N)

Name of the College	Name of the University	Year of Joining	Date & Year of Passing	Marks Obtained	Total Marks	%

3. State the choice for any two of the following electives in order of your preference and mention years of experience in the area.

Sr.No.	Subject	Preference I	Preference II
1.	Medical Surgical Nursing a) Critical Care Nursing b) Cardio Vascular & Thoracic Nursing c) Oncology Nursing		
2.	Mental Health Nursing (Psychiatric Nursing)		
3.	Obstetrics & Gynecological Nursing		

4. Required Documents: All original certificate and xerox attested 3 sets.

(Please tick mark the document that you have attached to this form)

- i) Nationality & Domicile Certificate
- ii) Passing Certificate & Degree Certificate
- iii) Mark Sheet I, II, III, IV year Basic B.Sc.(N)/ I, II year for P.B.B.Sc.(N) /P.C.B.Sc.(N)
- iv) College Leaving Certificate/ Transfer Certificate
- v) Attempt Certificate
- vi) State Nursing Council Registration Certificates (Renewed)
- vii) Educational Gap Certificate
- viii) One year Experience Certificate after MNC Registration
- ix) ***Caste Certificate/Caste Validity/ Non- Creamy Layer applicable.
- x) Adhar Card
- xi) Migration Certificate

I understand that I have to submit the relevant original certificate to college for eligibility on time.

I am aware of the Anti-Ragging Act and I state that I will abide by all the rules and regulation of the said Act.

5. Name and address of Institution where employed with designation:

.....
.....

Is it Government or Private

6. Registration Number:

7. Professional Association Membership No:

8. Total Professional Experience:

9. Family Annual Income: Rs.....

Type of employment of the Parent/Guardian:.....

10. Hostel: Sir Sasoon David Hostel / Day Scholar

11. Fee Structure as per Fee Regulating Authority for 2017-18: 1,46,800/-

(Fee structure is subject to change every year as per Fee Regulating Authority decision (MH-Govt), in the following years.

12. Refund of fees: -

- i) First year fees have to be paid full.
- ii) If there is cancellation after cutoff date, the whole course fee should be paid by the student.

I hereby declare that the above information is true.

Place:

Date:

Signature of the Applicant

13. Undertaking by Parent /Guardian:-

I hereby declare that the above information is correct. I agree to the rules and regulation in connection with my daughter's admission to the course and cancellation of fees.

पालकांचे हमीपत्र :-

वर नमुद केलेली सर्व माहिती पूर्णपणे सत्य आहे. प्रथम वर्षाला प्रवेश घेतांना पूर्ण फी भरणे बंधनकारक आहे. प्रवेश बंद दिनांकानंतर प्रवेश रदद केल्यास माझ्या पाल्याला पूर्ण कोर्सची फी भरणे बंधनकारक आहे. पूर्ण कोर्सची फी भरल्याशिवाय मुळ प्रमाणपत्र मिळणार नाही याची मला कल्पना आहे. माझ्या पाल्याच्या कोर्स प्रवेशासंबंधी सर्व नियम-बंधने मला मान्य आहेत.

पालकांची स्वाक्षरी

Place :

Date :

Signature of the Parent / Guardian