

Pal College of Nursing & Medical Sciences

Anandi Tower, Nainital Road, Haldwani, Pin- 263139

Application Form for M.Sc (N)

Registration No.

Speciality Applied For:-

Medical Surgical Nursing

Obstetric & Gynecological Nursing

Mental Health (Psychiatric) Nursing

Child Health (Pediatric) Nursing

(Please specify the priority from highest to lower order in case of applying for more than one speciality)

For eg. Mention 1 for Medical Surgical, 2 for Child Health, 3 for Mental Health & 4 for Obs. & Gyn etc.

PERSONAL DETAILS OF THE CANDIDATE

Name of the Candidature

First Name

Middle Name

Last Name

(As per high School Certificate)

Mob.No

Affix Signed
Photograph

1. Fathers Name

Occupation

Mob.No

LandLine Number (With Std)

Adhaar Number :

2. Mothers Name

Occupation

Mob.No

LandLine Number

3. Marital Status: Unmarried Married Separated Widow/Widower

4. Gender : Male Female Category : SC ST OBC General Others

5. Date of Birth ____ (DD)/ ____ (MM)/ ____ (YY) (As per high School Certificate)

Correspondence Address

Permanent Address

House No. _____ Gram/ Mohalla _____

House No. _____ Gram/ Mohalla _____

Post / Village _____

Post / Village _____

Thana _____

Thana _____

City _____

City _____

State _____

State _____

Pin Code _____

Pin Code _____

EDUCATIONAL DETAILS OF THE CANDIDATE

Details of Examinations Passed

Examination	Year of Passing	Board/ University/	Total Maximum Marks	Total Marks Obtained	Aggregate %	Division	RN/RM No.
Matriculation							N/A
Intermediate							N/A
Basic B.Sc (N)							
GNM (If Any)							
Post Basic B.Sc (N)							
Any Other							

Summary of Work Experience Details after Graduation / Diploma:

Sl.No	Name of the Organization	Address of the organization	Date of Joining	Date of Relieving	Experience In Years, Months & Days					
					Clinical			Teaching		
					Year	Mnth	Days	Year	Mnth	Days
1.										
2.					Year	Mnth	Days	Year	Mnth	Days
3.					Year	Mnth	Days	Year	Mnth	Days
Total					Year	Mnth	Days	Year	Mnth	Days
Grand Total					Year	Mnth	Days	Year	Mnth	Days

Hostel Required Yes

No

Bio Metric Data of Candidate

Sl.No	Dimensions	Units	For Handicapped Candidates					
1.	Height	(In cm)	Type of Disability					
2.	Weight	(In Kgs)	Percentage					
3.	Blood Group		Letter Issued By competent Authority	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">Yes</td> <td style="width: 50%; text-align: center;">No</td> </tr> <tr> <td colspan="2" style="text-align: center;">Attach Medical Certificate</td> </tr> </table>	Yes	No	Attach Medical Certificate	
Yes	No							
Attach Medical Certificate								
4.	Major Illness (If Any Specify)		Duration of Illness	<i>In Months & Days</i>				
5.	Major Surgery (If Any Specify)							

Candidates Local Guardian's Information:

1. Local Guardians' Name: _____

Relationship with Candidate: _____

Address: House No. _____ Gram/ Mohalla _____

Thana _____ City _____ State _____

Pin _____ Mob. Landline

Affix Signed Photograph

2. Local Guardians' Name: _____

Relationship with Candidate: _____

Address: House No. _____ Gram/ Mohalla _____

Thana _____ City _____ State _____

Pin _____ Mob. Landline

Affix Signed Photograph

3. Local Guardians' Name: _____

Relationship with Candidate: _____

Address: House No. _____ Gram/ Mohalla _____

Thana _____ City _____ State _____

Pin _____ Mob. Landline

Affix Signed Photograph

Declaration by Guardian

I F/M/G _____ of _____

Hereby declare that all the guardians' names listed in this form are known to me and I undertake that my ward is allowed to leave Hostel/ College premises with them, when permitted by the college. I take full responsibility of the any incident that occurs to my ward met with the student once he/she leaves hostel/ college premises with guardians' mentioned above.

Date: _____

Signature of Parent/ Guardian

A Glimpse of Candidates' Personality

Your Hobbies 1. _____ 2. _____
3. _____ 4. _____

Your Assets (Briefly Describe) _____

Your Passion: 1. _____ 2. _____
3. _____ 4. _____

Future Ambition/ Goal _____

Undertaking by the Student

I _____ hereby declare that all the particulars stated in the application form are true and best of my knowledge and belief. I agree that I will abide by the rules and regulations laid down by the institution. I also hereby declare that I will abide by the rules and regulations laid by the regulatory bodies & H.N.B Uttarakhand Medical Education University, Dehradun. I also undertake that my admission will be treated as cancelled at any point of time, in case my certificates are found incorrect. I assure the management that I will abide by the rules of the university regarding the permission to appear for the examination throughout course. I shall pay regards to the Management and Faculty and will respect the alteration in rules and regulations for the betterment of my professional career.

Name of the student _____ Signature of the student _____

Date _____ Place _____

Undertaking by the Parent/ Guardian

I _____ Parent/ Guardian _____ admitted for M.Sc (N) hereby declare that my ward has been admitted in M.Sc (N) Program In Pal College of Nursing & Medical Sciences. I also undertake that my ward shall abide by all rules and regulations laid by the institutional and hostel premises. I also undertake that my ward shall also abide by the alteration in the rules and regulations made by the Management for the betterment of my ward. I also understand that if my ward does not follow the rules & regulation laid down by College/ regulatory bodies, he/ she can be detained from the Main University Examination held by H.N.B Uttarakhand Medical Education University, Dehradun. I shall abide by the stipulated fees and payment schedule as laid down the management. Failure to pay the fees within the due date may lead to barring my ward from appearing for the main examination or detention from attending the class or whatever action the college would deem it.

Parents' Name _____ Relation _____ Signature _____

Date _____ Place _____

Admit Card

Name of the Student _____

Roll Number _____

Date of Entrance Examination _____

Affix Signed
Photograph

Space for
Photograph

Principal
Pal College of Nursing
& Medical Sciences

Signature of Student

Instructions for Submitting Online Form:

1. Candidate has to send duly filled form with a demand draft of Rs. 500/- In favor of “**Pal College of Nursing & Medical Sciences**”, Payable at **Haldwani**.
2. Candidates are supposed to provide correct information to the institution. In case of any false information the institution admission can be forfeited at any point of time.
3. Candidate has to enclose his/her all Educational, Category and Address verification documents along with duly filled application form.
4. Dully filled application form along with attached documents have to be sent to college via speed post/ registered post / courier to the following address and addressing to :
The Principal, Pal College of Nursing & Medical Sciences, Anandi Tower, Nainital Road, Haldwani, P.O- Katgodam Pin- 263126.
5. College shall not be held responsible for the loss / damage of post send by the candidate.