

MOTHER KRISHNA BAI COLLEGE OF NURSING

(Managed by Sagarlal Matadin Charitable Trust)

Sagarlal Memorial Hospital & Matadin Goel Research Centre

1-5-551, Musheerabad, Hyderabad - 500 020

Phones: 23445501, 23445502, 23445503 Fax: 040-23445505, E-mail: mkbcollegeofnursing@gmail.com

Recognised by the Govt. of A.P. & A.P. Nursing Council & Indian Nursing Council, Delhi

Affiliated to NTR University of Health Sciences



M.Sc. NURSING APPLICATION FORM

For Office Use

Application No.....	Photo
Last Date.....	
Selection No.....	
Admission No.....	

1. FULL NAME	
2. DATE OF BIRTH (DD/MM/YYYY):	
3. PLACE OF BIRTH :	
4. FATHER'S / GUARDIAN'S NAME :	
5. MOTHER'S NAME :	
6. NATIONALITY :	
7. SOCIAL STATUS	
8. Address for Correspondence:	
	Phone _____

(2)

9. Whether belongs to A.P. :

Yes / No

10. Marks obtained in B.Sc. (Nursing)

YEAR	Max. Marks	Marks Obtained	Name of the University & City	Month & Year of passing	Class Obtained
I YEAR					
II YEAR					
III YEAR					
IV YEAR					
TOTAL MARKS					

11. Details of Study

Class	School / College	District	Month & year of Passing
IV			
VII			
VIII			
IX			
X			
INTER I YEAR			
INTER II YEAR			
B.SC (N) COURSE 4 YEARS			

12. References:

Give below names and addresses of two persons of good standing other than relatives to whom a reference may be made, one of whom should be the Principal of the Institution where you last attended :

1.

.....

2.

.....

DECLARATION BY THE CANDIDATE

I hereby declare that I have filled up this form by myself and all the information given herein is true to the best of my knowledge. I have read and understood the prospectus and hereby give an undertaking to abide by all the rules and regulations of the Institution. I also agree to follow the discipline of the college and promise not to indulge in any form of indiscipline considered as such by the Institution.

Date :

Signature of Parent/Spouse :

Signature of candidate

Relationship :

Name & Address :

GENERAL FINANCIAL AGREEMENT AND DECLARATION

I hereby declare that I shall stand by this centre and give my wholehearted support and co-operation to the administration. I have no objection to my ward receiving instruction in your Institute. I agree to assume responsibility for my ward's educational expenses monthly. I will also bear for the loss or damage to the property due to my ward's behaviour and give full co-operation for my ward's discipline, behaviour, regular attendance and studies. I also state that the details given in the above application are true to the best of my knowledge.

PARENT / SPOUSE

JOINT DECLARATION BY THE APPLICANT AND APPLICANT'S PARENT / SPOUSE

Certified that the information furnished under items 1 to 12 above is correct to the best of my knowledge and belief.

I will abide by the rules and discipline of the Institute and I shall take care of the equipment entrusted to me. Should it however be found that information in the application or in the enclosure is untrue in material particulars I realise that I am liable to be discharged summarily.

Place :

Signature of the Applicant

Date:

Signature of the Parent/Spouse

IMPORTANT INSTRUCTIONS

1. The application should be filled up in block letters in your own handwriting.
2. The application should be enclosed with the following attested copies of documents (Do not enclose originals):
 - a. Two - self addressed stamped envelopes.
 - b. Four passport size photographs.
 - c. Attested Xerox copies of qualifying examination certificates and marks memos.
 - d. Attested four copies of marks memo of B.Sc. (Nursing)
 - e. Attested copy of provisional or original Degree Certificate of B.Sc (Nursing)
 - f. Study & Conduct Certificate of B.Sc. (Nursing) course issued
 - g. Attested copy of Social Status certificate in the prescribed format in the case of BC, SC and ST candidate.
 - h. Attested copy of X class marks memo and proof of date of birth.
 - i. Attested copy of Transfer/Migration certificate.
 - j. Service Certificate (in the case of in-service candidates).
 - k. Attested copy of Certificate issued by the State Nursing Registration Council.
3. Incomplete applications will not be entertained.
4. Original Certificates to be submitted at the time of interview or admission