

COLLEGE OF NURSING
ST. JOHN'S NATIONAL ACADEMY OF HEALTH SCIENCES
Bangalore - 560 034

Application for Admission to M.Sc. Nursing 2017 - 2018

APPL. NO.:

Affix here your
latest
photograph

1. Name in Full (in Block Letters) :
(As per PUC/PDC/HS/IM Record)
2. Contact Tel. No. / Mobile No. :
3. Adhar No. / Voter Id No. :
4. Place & State of Birth :
5. Date of Birth :
6. Blood Group :
7. Marital Status :
8. State of Domicile :
9. Nationality :
10. Religion :
11. If Scheduled Caste/Scheduled Tribe/Backward class :
(give particulars/please attach certificates in proof)
12. Name of Father/Guardian/Husband :
Occupation :
Full address :
13. Address for correspondence & Contact Ph No. / Email ID :
14. Permanent address :

15. **For Religious Sisters Only:**

- i) Full name of the Order/Congregation :
- ii) Address of the Provincial House in India :
- iii) Month and Year of First Profession :

16. Local contact in Bangalore Name :.....
Relationship :.....Tel. No.

17. Educational Qualifications:

| Examinations | Name of University/ Board | Elective subjects if any | Year passed | Aggregate in percentage |
|--------------------------------------|------------------------------|--------------------------------|----------------|----------------------------|
| a) PUC or equivalent examinations | | | | |
| b) B.Sc./P.B.B.Sc. Nursing | | | | |
| c) Any other | | | | |

18. Registration with Nursing Council:

| | Registration Number | State | Date |
|--|------------------------|-------|------|
| i) General Nursing | | | |
| ii) Midwifery | | | |
| iii) Specialization if any (Diploma/refresher course) | | | |
| iv) B.Sc./P.B.B.Sc. | | | |

19. Professional Association Membership (TNAI) No.:

20. **Experience after B.Sc. Training:**

| Position held | Year | Duration in months | Name of the institution |
|---|------|-----------------------|----------------------------|
| a) Staff Nurse/Ward incharge | | | |
| b) Community Health Nursing PHN, DPHN | | | |
| c) Nursing Administration | | | |
| d) Teaching in GNM course/B.Sc.(N) College/ANM/MPHW or any other | | | |

21. **Present Position:**

- a) Designation
- b) Name and Address of the Institution
- c) Govt./Semi Govt./Private

22. **Languages Known:**

Read

Write

Speak

a) Mother Tongue

b)

c)

d)

23. **Financial Resources:**

- Fellowship/Scholarship

- Deputation

- Self Support

24. Are you related to any staff or student of St. John's Medical College or Hospital? If so, give the name and relationship.

25. **Brief Family History:**

| | Name | Age | Living/ Dead | Qualification | Occupation | Income |
|----------------------|------|-----|-----------------|---------------|------------|--------|
| Father/ Husband | | | | | | |
| Brothers/ Sisters | | | | | | |
| Children | | | | | | |
| 1. | | | | | | |
| 2. | | | | | | |
| 3. | | | | | | |
| 4. | | | | | | |

26. **Nursing Elective:**

Give your choice in nursing elective and the duration of clinical experience in that particular field.

Choice

1.....

Duration of the experience in the field of choice

is.....

Choice

2.....

Duration of the experience in the field of choice

is.....

27. Enclose the following attested copies of Documents (Do not enclose originals)

- a) B.Sc. Nursing Degree Certificate (Basic or Post Certificate)
- b) Certificate in General Nursing and Midwifery.
- c) Registration Certificate of B.Sc. Nursing/General Nursing & Midwifery.
- d) Medical Fitness Certificate from a Registered Medical Practitioner.
- e) True Copy of Mark List of B.Sc.(N) Examination (if examination is held in parts separate mark lists of all semesters should be enclosed).
- f) Character Certificate from the Head of the Institution where last employed.
- g) Two passport size and two stamp size photographs.
- h) Experience Certificates supporting claims made in Para 16 above.
- i) Internship Completion Certificate

Please Note: ONE YEAR CLINICAL / TEACHING EXPERIENCE AFTER B.Sc. (NURSING) IS ESSENTIAL

- NB:**
- 1. Last date for receipt of filled in application: **15th May, 2017.**
 - 2. All the certificates should bear the same name, as per PUC Certificate. If any change of name, it should be accompanied with an affidavit to that effect.
 - 3. Incomplete Applications and Applications without the attested copies mentioned in Para 23 above will not be considered.

28. PAYMENT DETAILS :

Enclosed Demand Draft No..

Dated for Rs.

DECLARATION BY THE CANDIDATE

I hereby state that I have completed this form myself and all the information given in this Application Form is true to the best of my knowledge.

I have read and understood the Prospectus and 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 the Candidate

Signature of the Guardian/Guarantor :

Relationship :

Name & Address:

.....

.....

.....



College of Nursing
St. John's National Academy of Health Sciences
Bangalore - 560 034

M.Sc. Nursing Entrance Test - 2017

HALL TICKET

No.

FULL NAME:

Attach your photograph
with in this Square

ADDRESS :

.....

.....

DATE OF TEST : 26th May, 2017

VENUE : St. John's College of Nursing