

B.Sc (N)



No:	/ 2024

## **G.KUPPUSWAMY NAIDU MEMORIAL HOSPITAL**

POST BOX NO. 6327, PAPPANAICKENPALAYAM, COIMBATORE - 641037

**INSTITUTE OF NURSING** 

## **APPLICATION FOR M.Sc NURSING ADMISSION - 2024**

1.	Name		:					
	(As mentioned in I	Degree certi						
2.	Date of Birth		, Age	·				
	Gender:, Blood Group: _							
	Nationality:		, State	e:			_	
	Community:				( BC / N	MBC / So	C / ST or	OC)
3.			/					
4.			arried / Single (If Married)					
	Husband Name &	Occupation	:					_
5.								
6.	D1 N / M 11' N		,					
	Email ID		:					
7.	Address:							
	Permanent	Address			Commu	nication	Address	
8. A	cademic Qualifica	ation:						
alifica ion		Jame of the University	Universit Registration	-	Month & Year of Passing	Total Marks	% of Marks	RN, RM N & Date
GNM								
BSc /								

## 9. Experience

9. Experience						
Name of the				Experience		
Hospital / College		То	Year	Month	Day	
То	tal year of Expe	ience				
10. Health Status :If a Height in Cms: _	,	Weight in	Kg:		. ·	
11. Identification Mark						
DECLARATION						
I hereby declare that the agone through the prospect Hospital. I am aware that immediate dismissal from with discipline and decor	etus and agree to tif I violate the renth the Institute. I	abide by the rules and regulpromise to cor	ules and reg ations of the iduct mysel	gulations of e Institution f inside and	f the Institut n, I am liable d outside the	e and the for
Date :			Pl	ace :		
Signature of the Candida	te	S	ignature of	the Parent	/ Husband /	Guardian

Enclose one set of Photocopies of the following certificates:

	•	
a) Degree certificate	b) Course Complition certificate	c) Tamil Nadu Registration RN, RM
d) Transfer Certificate	e) UG Mark Sheet	f) 10 <sup>th</sup> Mark Sheet
g) 12 <sup>th</sup> Mark Sheet	h) Experience Certiifcate	i) Community Certificate
j) Aadhar Card	k) Medical Fitness Certificate	l) Provisional certificate
m) Eligibility certificate	n) Nativity certificate	o) RN, RM renewal certificate
p) Bank Pass book copy	q) TNPPCA registration	