



THIRUVALLA- 689101, KERALA, INDIA, 0469-2602441, Email:pcon@pushpagiri.in, www.collegeofnursing.pushpagiri.in

ADMISSION to M Sc. NURSING COURSE for N.R.I. CATEGORY SEATS 2018 – 19

*Affix a recent
Passport size
Photograph of
Applicant*

Application No.:

1	Name of the Applicant: (as in SSLC Certificate)							
2	Age & Date of Birth: (in Christian Era)	Age		Date	Month	Year		
3	Gender(Male/Female):							
4	Religion & Caste							
5	Name of the Parent:							
6	Details of the Guardian	Name:						
Relationship:								
Place:								
Phone No:								
7	Postal Address for Communication: (with Pin Code)	Pin Code:						
8	Telephone No:(with STD Code)							
9	Mobile No:							
10	E-mail Address:(Active E-mail ID)							
11	Details of Course (SSLC, Plus Two, Others)							
Std	Name of the Institution Attended	Board	Year	Reg.No. of Final Exam	Marks / Grade obtained	Max. Marks	No. of Attempts	
X								
XII								

Other							
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12 Marks obtained in Qualifying Examination (B Sc (N) / PB B Sc (N)):

Qualifying Course	College	University	% of Marks
PB BSc. (N)			
B Sc (N)			

13.

a.	Name and address of Sponsor with NRI Status:	
b.	Relationship of Applicant with Sponsor	

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a	KNMC registration Number with date				
b	State in which Primary Registration done RNRN Number				
		RN.	RM.		
c	State in which Qualified /studied B Sc Nursing / PB BSc Nursing				
e	Experience after registration	Institution	Duration	From	To
f	Specialty Preference	1.			
		2.			
		3.			

Place :

Date :

Signature of the Applicant