



# DATTA MEGHE INSTITUTE OF MEDICAL SCIENCES

(Deemed to be University)

(Declared as Deemed-to-be University under Section 3 of the UGC ACT 1956)

Conferred 'A' Grade Status by H.R.D Ministry, Govt. of India

Re-accredited by NAAC (3<sup>rd</sup> Cycle) with 'A+' Grade

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## FACULTY OF NURSING SCIENCES

### Application Form M.Sc. (N) Course 2018 - 2019

#### SPECIALITY PREFERENCE:

1. \_\_\_\_\_ 2. \_\_\_\_\_  
 3. \_\_\_\_\_ 4. \_\_\_\_\_  
 5. \_\_\_\_\_

Affix Passport  
 Size Photograph  
 with Name  
 mentioned on the  
 Bottom

- 1) Name of Candidate (CAPITAL LETTERS) : \_\_\_\_\_  
 2) Date of Birth : \_\_\_\_\_  
 3) Address : \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 4) Phone No. with STD Code : \_\_\_\_\_  
 5) Mobile No : \_\_\_\_\_  
 6) E-mail Address : \_\_\_\_\_  
 7) Aadhaar Card No : \_\_\_\_\_  
 8) Blood Group : \_\_\_\_\_  
 9) Religion : \_\_\_\_\_  
 10) Caste : \_\_\_\_\_  
 11) Particulars of B.Sc. (N) / P.B.B.Sc. (N) / P.C.B.Sc. (N) Exam Passed  
 a) Name of the University : \_\_\_\_\_  
 b) Name of the College : \_\_\_\_\_  
 12) Details of qualifying exam : \_\_\_\_\_

Marks in	Marks	Marks Obtained	Percentage	Attempt	Year of Passing
1 <sup>st</sup> B. Sc (N) / P.B.B. Sc.(N)/ P.C.B.Sc. (N)					
2 <sup>nd</sup> B.Sc. (N) / P.B.B. Sc.(N)/ P.C.B.Sc. (N)					
3 <sup>rd</sup> B.Sc. (N)					
4 <sup>th</sup> B.Sc.(N)					
<b>AGGREGATE / TOTAL</b>					

13) Experience details after passing B.Sc. (N)/ P.B.B.Sc. (N)/P.C.B.Sc. (N):-

Sn	Name of Institute	Designation	Duration (Specify Dates)	Total experience

12) Any other Qualification : \_\_\_\_\_

13) Registration No: : \_\_\_\_\_

Name of Nursing Council : \_\_\_\_\_

14) Parents/Guardian Details : \_\_\_\_\_

Name of Father : \_\_\_\_\_

Name of Mother : \_\_\_\_\_

Occupation : \_\_\_\_\_

Telephone No. (with STD CODE) : (0) \_\_\_\_\_ (R) \_\_\_\_\_

Mobile No. : \_\_\_\_\_

E-mail Id : \_\_\_\_\_

Address : \_\_\_\_\_

15) Extra Curricular Activities : \_\_\_\_\_

a) Sports : \_\_\_\_\_

b) Dramatics : \_\_\_\_\_

c) Music : \_\_\_\_\_

d) Debate : \_\_\_\_\_

16) If you have any serious medical problems, please mention : \_\_\_\_\_

All the information given above is true to the best of my knowledge and belief. I further understand that in case if the above information is found to be incorrect or false, my admission will automatically stand cancelled.

**Signature of Parent/Guardian**

**Signature of Student**

Enclosure Photocopies of:

1) SSC board certificate

2) HSSC Mark list

3) B.Sc. N / P.B.B.Sc. N mark lists

4) Degree Certificate

5) Leaving Certificate

6) Nursing Council Registration Certificate

7) Experience certificate

8) Aadhaar Card

**RECEIPT**

Received application form for admission to M.Sc. (Nursing) Course from Mr./Ms. \_\_\_\_\_

Date: \_\_\_\_\_

**Signature of receiver**