**SAI COLLEGE OF NURSING**

(Recognised by Govt. A.P., APNM, Hyderabad and approved by Indian Nursing Council, New Delhi and Affiliated to Dr. NTR University of Health Sciences, Vijayawada)

New Add: “DWARAKAMYI” # 80-23-23, Second Street, Jayasree Gardens, J.N.Road, Rajahmundry – 533103, Tele Fax:0883-2440555.

Old : #70-7-61/1, Krishna Nagar, Near New R.T.O. Office, KAKINADA – 533 003.

**APPLICATION FOR ADMISSION INTO M.Sc. (NURSING) 2 YEARS DEGREE COURSE**

**Application Academic Year Registration No.**

Read the following Regulations carefully before filling up of the application

**N.B:**

1. Filled in application form should reach the Principal Sai College of Nursing New Add: “DWARAKAMAYI” # 80-23-23, Second Street, Jayasree Gardens, J.N.Road, Rajahmundry – 533103, Tele-Fax: 0883-2440555 East Godavari District on or before by 5.00 pm on
2. Applications unaccompanied by the required original certificates or applications with incomplete entries and ineligible applications shall stand rejected automatically. Please do not leave any column blank. Where information is Nil, write No/Nil.
3. Applications of the candidates who furnish incorrect information or enclosed false/Incorrect certificates shall stand rejected automatically and shall be legal action.
4. Candidates shall not be permitted to change their social status or local candidature etc., after the submission of application form.
5. Application shall be filled in English by the candidate in her own handwriting.
6. No enclosures will be accepted after the submission of application form.

**SUMMARY**

**(TO BE FILLED IN BY THE CANDIDATURE IN HER OWN HAND WRITING)**

**1. FULL NAME** :

(In Block Letters as in the Intermediate

 Or its Eqivalent Certificate)

**2. SEX : Male Female**

|  |  |  |
| --- | --- | --- |
| **Date** | **Month** | **Year** |
|  |  |  |

**3. a) DATE OF BIRTH**

 **as entered in S.S.C.**

|  |  |  |
| --- | --- | --- |
| **Years** | **Months** | **Days** |
|  |  |  |

**b) AGE AS ON 31-12- \_\_\_\_\_\_**

**4. CASTE GROUP**

**5. LOCAL / NON-LOCAL AU OU SVU NON LOCAL**

|  |  |
| --- | --- |
| B.Sc. (Nursing) | Post Basic B.Sc.( Nursing)  |
| Marks Obtained | Maximum Marks | Percentage | Marks Obtained | Maximum Marks | Percentage |
|  |  |  |  |  |  |

**6.a) QUALIFYING EXAMINATION**

 **Total Marks (All Subjects)**

**FOR OFFICE USE ONLY**

**Remarks**

**Checked by Incharge**

 **S.C.O.N.**

1. Name in full (in Block Letters as entered in Intermediate : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 or its Equivalent Certificate)

2. Name of the Father / Husband / Guardian : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Occupation of the Parent / Guardian : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Annual Income of the Parent : Rs.

5. Residential Address with Complete Postal Address

 With phone Number, STD Code

1) D/O. S/O. C/O.

2) Door No. 3) Road / Street

**4) Village & Post**

**5) Mandal 6) Dist. 7) Pin Code**

**8) STD 9) Phone 10) Mobile**

**6. Office / Business address of the Parent**

 **with STD Code and Phone Number / Mobile**

1) D/O. S/O. C/O.

2) Door No. 3) Road / Street

**4) Village & Post**

**5) Mandal 6) Dist. 7) Pin Code**

**8) STD 9) Phone 10) Mobile**

**7. Place of Birth :**

**8. Mother Tongue :**

**9. a) Nationality & Religion :**

 **b) Native District & State :**

**10. EDUCATIONAL QUALIFICATIONS:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **QUALIFICATION** | **COLLEGE &****UNIVERSITY** | **YEAR OF PASSING** | **REG.NO(RN&RM)****OF UG WITH DATE** | **NAME OF THE COUNCIL** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**11. DETAILS OF EXPERIENCE AFTER B.Sc. (N)/POST BASIC B.Sc.(N)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **DESIGNATION** | **NAME OF THE COLLEGE/HOSPITAL** | **FROM****DD/MM/YY** | **TO****DD/MM/YY** | **TOTAL EXPERIENCE IN YEARS&MONTHS** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

11. Name & Address of Two persons : 1

 other than the relatives for reference

 If the Candidate has been previously 2

 employed, one of these should be

 from the last employer

12. Address and occupation of the candidates : 1

 Relatives (State relationship with her) 2

13. Whether the Candidate belongs to Backward

 Class/Schedule Caste/Schedule Tribe/OC SC ST BC OC

 declared by the Govt. of A.P. as such if so

 please specify the category. A B C D A B C D

 Caste/Tribe \_\_\_\_\_\_\_\_\_\_ Sl.No. \_\_\_\_\_\_\_

14. Specify the Local area (University) candidate

 belongs to Local or Non Local and furnish the

certificate about local candidature in the

prescribed from appended in Annexure-II AU OU SVU NON-LOCAL

15. Any other particulars the candidate desires

to furnish

**DECLARATION**

I hereby solemnly and sincerely affirm that the statement made and information furnished by me in the application form and also in all the enclosures thereto submitted by me are true and correct. I have not kept any information secret. Should it however be found that any information furnished therein is fraudulent, incorrect or untrue in material particulars, I realize that my selection or admission to the course in liable to be cancelled and I am liable to be criminal prosecution. Further, I also agree to forego my seat in the college unconditionally.

 I shall abide myself by the decision of the Selection Committee which shall be final and binding on me.

SIGNATURE OF THE APPLICANT

 I have fully read the information furnished by my daughter/ward and affirm that it is true and if it is proved that the information is fraudulent, I am liable to criminal prosecution.

SIGNATURE OF PARENT / GUARDIAN

Note: No Application will be deemed to be complete unless this declaration is signed by the candidate and the Parent/Guardian (if father is not alive)

**DOCUMENTS TO BE SUBMITTED ALONG WITH THE APPLICATION FORM**

1. S.S.C. or any of its Equivalent Examination showing identity of the date of birth of the Candidate.
2. Statement of marks obtained in the qualifying examination.
3. All Original certificates from 10th class to Degree
4. Seven years residence certificate issued by the M.R.O.
5. Caste Certificate in the case of candidates belonging to SC / ST / BC or Permanent Caste Certificate.
6. Conduct certificate from the Head of the Institution in which the Candidate last studied.
7. Transfer Certificate from the Institution in which the Candidate last studied.
8. Service certificate issued by the competent authority. (in case of service Candidate)
9. Physical fitness certificates issued by not below the rank of Civil Surgeon / Asst. Civil Surgeon from Govt. Hospital.
10. Six Photographs of the candidate.
11. Parent / Guardian Photographs
12. One set of Xerox Copies of all above certificates.