



PGP COLLEGE OF NURSING AND RESEARCH

NAMAKKAL - 637 207

(Approved by Govt. of Tamilnadu G.O (Ms) No. 246, Affiliated to the Tamilnadu Dr.M.G.R Medical University, Chennai,
Recognized by Indian Nursing Council, New Delhi & Tamilnadu Nurses & Midwives Council, Chennai.)

Phone : (04286) 267592, 267593, 8939808576 Email: nursing@pgpews.com Fax No.: 04286-267593



APPLICATION FOR M.Sc. NURSING COURSE - (2 years)

(Kindly fill the application in CAPITAL LETTERS)

Affix
Photo

BRANCH REQUIRED

:

1. Name of the Candidate
(As given in the School
Leaving Certificate)

:

2. Gender

:

3. Age, Date and place of birth

:

4. a) Father's Name &
Mother's Name

:

b) Parent's Occupation &
Income per annum

:

5. Permanent Address of the Parent /
Guardian with Phone No. & Email Id

:

6. Nationality, Religion, Caste

:

7. Category

: OBC / BC / MBC / SC / ST

8. State of which the applicant
belongs to

: Tamilnadu / Other State

9. Academic Information

(a) Name and address of
College studied

:

(b) Marks obtained & Percentage in
B.Sc./P.B.B.Sc. (or)
Equivalent Examination

:

Year	Registration No.	Month & Year of Passing	Marks Obtained	Maximum Marks

10. Experience Details :

Name of Hospital / College	Designation	From	To	Total no. of Years

11. Whether the candidate has any :
physical disability, if so specify
the nature of disability.

12. Do you require Hostel Accomodation : Yes / No

13. Have you participated in Games / :
Athletics at District / State /
National level ?

DECLARATION BY THE PARENT / GUARDIAN AND THE CANDIDATE

WeS/o/D/o do hereby agree to abide by the rules and Regulations of College/Hostel. We agree to the decision of the college/Hostel, if any violation of rules and regulations. We undertake that Information furnished by us in this application is true and correct and I undertake that any wrong information furnished by me, detected afterwards will be treated as cognizable offence .The fees once paid will not be refunded.

We further undertake that my ward will not involve in any ragging activities in the College and hostel premises. We understand and accept that criminal case will be filed against my ward if he / she indulge in ragging.

Signature of the Candidate

Signature of the Parents / Guardian

Place:

Date:

OFFICE USE ONLY (Not to be filled by candidate)

1.Registration No :

2.Date of admission :

3.Quota : Management / Government

Office seal

Principal signature with date