



**P.D.HINDUJA NATIONAL HOSPITAL & MEDICAL RESEARCH CENTRE**  
**COLLEGE OF NURSING**

Emerald Court, D wing, Kondivita Lane, Marol Pipe Line, Andheri ( E), Mumbai – 400 059

**APPLICATION FORM FOR M.Sc. NURSING**

1. APPLICANT'S NAME : \_\_\_\_\_  
( IN BLOCK LETTERS, SURNAME FIRST)
2. DATE AND PLACE OF BIRTH : \_\_\_\_\_
3. SEX : MALE / FEMALE: \_\_\_\_\_ 4. MARITAL STATUS : \_\_\_\_\_
5. RELIGION : \_\_\_\_\_ DOMICILE : \_\_\_\_\_ ( Attach Domicile Certificate)
6. WHETHER BELONGING TO SC/ ST/ NT/ OBC Etc . : YES/ NO \_\_\_\_\_  
(IF YES, ATTACH CASTE CERTIFICATE)
7. HEIGHT : \_\_\_\_\_ 8. WEIGHT : \_\_\_\_\_
8. MAILING ADDRESS : \_\_\_\_\_
9. \_\_\_\_\_ TELEPHONE NO/MOBILE NO. \_\_\_\_\_
10. PERMANENT ADDRESS : \_\_\_\_\_  
\_\_\_\_\_ TELEPHONE NO \_\_\_\_\_ E-mail ID \_\_\_\_\_
11. EDUCATIONAL PARTICULARS : **SSC/ HSC/ NURSING / ANY Other**

Affix  
Passport size  
Photograph

S.N	NAME OF EXAMINATION	NAME OF THE BOARD/ UNIVERSITY	NAME OF THE INSTITUTE & PLACE	MEDIUM OF INSTRUCTION	DATE/ YEAR OF PASSING	NO. OF ATTEMPT	% OF AGGREG MARKS OBTAINED
1							
2							
3							
4							
5							
6							

**Details of B.Sc. /P.B. B.Sc. Nursing**

	Year of Passing	No. of Attempt	Maximum Marks	Obtained Marks	Total %
1 <sup>st</sup> Year B.Sc. Nursing					
2 <sup>nd</sup> Year B.Sc. Nursing					
3 <sup>rd</sup> Year B.Sc. Nursing					
4 <sup>th</sup> Year B.Sc. Nursing					



12. WORK EXPERIENCE: (CLINICAL /TEACHING) : (ATTACH SEPARATE PAPER IF NECESSARY)

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13. MAHARASHTRA NURSING COUNCIL REGISTRATION NO : \_\_\_\_\_

14. MONTHLY INCOME OF THE FAMILY : \_\_\_\_\_

15. DETAILS OF PAYMENT OF FEES: (Self/Parents/Spouse/Deputation/Scholarship)

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16. PERSONAL INFORMATION (ATTACH SEPARATE PAPER IF NECESSARY)

(FAMILY BACKGROUND)

RELATION	NAME	AGE	EDUCATION	OCCUPATION
FATHER				
MOTHER				
BROTHER / SISTERS	1.			
	2.			
SPOUSE				
CHILDREN	1			
	2			

\* REQUIRED SPECIALTY : Mark a (✓) Wherever applicable

- 1) Medical Surgical Nursing
- 2) Child Health Nursing (Peadiatrics)
- 3) Obstetric and Gynecology Nursing
- 4) Community Health Nursing


### DECLARATION BY THE APPLICANT

Dear Madam,

I \_\_\_\_\_, do here by promise to abide by all rules and regulations now inforce and those to be made from time to time. I know that the fee paid by me is not refundable, transferable or adjustable to other parts or subjects. I request you to admit me as one of the student of .P.D. Hinduja College of Nursing Institutions.

Date:

Place:

\_\_\_\_\_  
Signature of Applicant