

# OFFICE OF THE PRINCIPAL COLLEGE OF NURSING, RIMS, IMPHAL: 795004

(An Autonomous Institute Under the Ministry of Health & Family Welfare, Govt. of India)

Application Form No: ......

Affix two recent

photograph duly attested by a

passport size

# APPLICATION FORM FOR ENTRANCE EXAMINATION FOR ADMISSION TO M.Sc. NURSING COURSE FOR THE SESSION 2022-2023

Miss/Mr/Mrs: .....

1. Name of the Candidate:

|     | (In Capital Lett    | ,                      |   |   |   |   | Gazetted Office                         |
|-----|---------------------|------------------------|---|---|---|---|---|
| 2.  | Name of Father      | Husband:               | • |   | • | * | with Seal                               |
| 3.  | Name of Mother      | r:                     |   |   |   | • |   |
| 4.  | Permanent Addı      | ess:                   |   |   |   |   |   |
|     |                     |                        |   |   |   |   |   |
| 5.  | Address to whic     | h correspondent h      | as to be sen                            | t:                                      | • |   | • |
|     |                     |                        |   | • | • | • | *****                                   |
|     | E-mail:             |                        | · • • • • • • • · · · · · · · · · · · · | Mobile with V                           | WhatsApp .                              | • |   |
| 5.  | Date of Birth:      |                        | Age                                     |   | Gender                                  |   |   |
|     |                     |                        |   |   |   |   |   |
| 3.  | State to which y    | ou belong (Perma       | nent Reside                             | ence):                                  |   |   | •••••                                   |
| ).  | Category of the     | Student: Gen/SC        | ST/OBC                                  | ŕ                                       |   |   |   |
| 10. | Professional Qua    | alification:           |   |   |   |   |   |
|     | a) B.Sc. Nu         | ersing E               | Basic                                   | Post B                                  | asic                                    |   |   |
|     | Name of the College | Name of the University | Year of<br>Joining                      | Year of<br>Graduation                   | Marks<br>Obtained                       | Total<br>maximum<br>marks               | Percentage in aggregate (%)             |
|     |                     |                        |   |   |   |   |   |
|     |                     |                        |   |   |   |   |   |
|     |                     |                        |   |   |   |   |   |
|     |                     |                        |   |   |   |   |   |
|     |                     |                        |   |   |   |   |   |
|     |                     |                        |   |   |   |   |   |
| L   |                     |                        |   |   |   |   | Contd/-                                 |

|     | b) | Whether the Institution is recognized by Indian Nursing Council (INC): Yes No   |
|-----|----|---|
|     | c) | Permanent Registration No. of State Nursing Council:  |
|     | d) | Year of experience:   |
|     | e) | Present Position /Designation   |
|     |    | Name and Address of Institution where employed:   |
| 11. | Se | elf Attached documents in the following orders:   |
|     | a) | Mark Sheets of B.Sc. Nursing/ Post Basic B.Sc. Nursing  |
|     | b) | Original degree Certificates  |
|     | c) | Experience Certificates   |
|     | d) | Age Proof Certificate (HSLC & Equivalent one)   |
|     | e) | ST/SC/OBC Certificate (if applicable)   |
|     | f) | Domicile Certificate.   |
|     | g) | State Nursing Council Registration Certificate  |
|     | h) | No objection certificate from the concerned authority if employed   |
|     |    |   |
|     |    | DECLARATION   |
|     | m  | I hereby declare that the application has been filled in with my own handwriting and the formation given in the application form is correct. In case, at any stage if the information furnished by e is found incorrect my admission may be cancelled. I further, declare that I have read the rules a ven in the prospectus and shall abide by the rules and regulations of the Institute. |
|     | F  | Place: Signature of Candidate   |
|     |    | Date:   |

## **INSTRUCTIONS FOR CANDIDATE**

- 1. The examination will be conducted at Examination Hall of College of Nursing, RIMS, Imphal on 29<sup>th</sup> August, 2022 at 10:30 a.m.
- 2. Candidate should report at the examination hall 30 minutes before the commencement of the examination. No candidate will be permitted to enter the examination hall after 30 minutes of starting of the examination.
- 3. Examination will be from 10:30 a.m. to 12:00 noon.
- 4. No candidate will be allowed to sit in the examination without Admit card.
- 5. Candidate should bring his/her own fountain pen or ball pen.
- 6. Carrying of Mobile phone, pager, calculator, book printed or written bits of paper or any objectionable materials is not allowed inside the examination hall.
- 7. No candidate will be allowed to leave the examination hall before the end of one hour. Going to Toilet during examination hour will not be permitted.
- 8. Each candidate must write his/her own Roll No. on the answer sheet at the apace provided.
- 9. Silence must be observed in the examination hall. Any candidate found using unfair means or improper conduct will be liable for expulsion from the examination hall.
- 10. The candidates are advised to preserve the Admit Card till the examination is over.

### FORM FOR SPONSORSHIP

(To be filled in by the Sponsoring Authority for Sponsored Candidates from RIMS)

| I declared that   |  |  |  |  |  |  |
|---|--|--|--|--|--|--|
| (Name of the candidate)   |  |  |  |  |  |  |
| employed as.  |  |  |  |  |  |  |
| (Designation)   |  |  |  |  |  |  |
| in  |  |  |  |  |  |  |
| (Name of the Institution)   |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
| is applying for admission to M.Sc. Nursing Course at College of Nursing, RIMS, Imphal -795004 with the permission of the employing authority. |  |  |  |  |  |  |
| It is further declared that the employing authority shall sponsor the candidate. Please specify in the space below.                           |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
| •••••••••••••••••••••••••••••••••••••••   |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
| Date  |  |  |  |  |  |  |
| Place   |  |  |  |  |  |  |

<sup>\*</sup> Sponsoring refers to: Taking the responsibility for her/his study at this College by providing study leave/on deputation/by protecting his/her job and seniority/by allowing his/her to take leave admissible/ any other arrangement.

<sup>\*</sup> The sponsoring letter and original application through proper channel must reach on or before  $15^{th}$  September, 2022.

<sup>\*</sup> No page(s) of the application form should be removed/replaced.

### **OFFICE COPY**

| 29 <sup>th</sup> August, 2022<br>10:30 a.m. to 12:00 noon<br>ting Time: 9:30 a.m.   |  |  |
|---|--|--|
|   |  |  |
|   |  |  |
|   |  |  |
| Affix recent passport size photograph duly attested by a Gazetted Officer with Seal |  |  |
|   |  |  |
| ture of the Candidate   |  |  |
|   |  |  |
| Date: 29th August, 2022   |  |  |
| Time: 10:30 a.m. to 12:00 noon  |  |  |
| Reporting Time: 9:30 a.m.   |  |  |
|   |  |  |
|   |  |  |
|   |  |  |
| Affix recent passport size photograph duly attested by a Gazetted Officer with Seal |  |  |
|   |  |  |

Signature of the Principal College of Nursing, RIMS, Imphal

Signature of the Candidate