



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: .....

APPLICATION FORM FOR  
ENTRANCE EXAMINATION FOR ADMISSION  
TO M.Sc. NURSING COURSE FOR THE SESSION 2019-2020

1. Name of the Candidate:  
Miss/Mr/Mrs: .....  
(In Capital Letters)
2. Name of Father/Husband: .....
3. Name of Mother:.....
4. Permanent Address: .....
5. Address to which correspondent has to be sent: .....
- E-mail: ..... Mobile: .....
6. Date of Birth: ..... Age ..... Gender.....
7. Nationality: .....
8. State to which you belong (Permanent Residence): .....
9. Category of the Student: Gen/SC/ST/OBC
10. Professional Qualification:

Affix two recent  
passport size  
photograph duly  
attested by a  
Gazetted Officer  
with Seal

a) B.Sc. Nursing      Basic       Post Basic

Name of the College	Name of the University	Year of Joining	Year of Graduation	Marks Obtained	Total maximum marks	Percentage in aggregate (%)

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. Attached documents in the following orders:

- a) Acknowledgement card
- b) Mark Sheets of B.Sc. Nursing/ Post Basic B.Sc. Nursing
- c) Original Degree Certificate
- d) Experience Certificates
- e) Age Proof Certificate (HSLC & Equivalent one)
- f) Mark sheets of HSLC and 10+2 or its equivalent
- g) ST/SC/OBC Certificate (if applicable)
- h) Domicile/Permanent Resident Certificate from concerned DC/ADC/SDO.
- i) Permanent Nursing Registration Certificate (State Nursing Council)
- j) No objection certificate from the concerned authority if employed

**DECLARATION**

I hereby declare that the application has been filled in with my own handwriting and the information given in the application form is correct. In case, at any stage if the information furnished by me is found incorrect my admission may be cancelled. I further, declare that I have read the rules as given in the prospectus and shall abide by the rules and regulations of the Institute.

Place: .....

Signature of Candidate

Date: .....

### **INSTRUCTIONS FOR CANDIDATE**

1. The examination will be conducted at Examination Hall of College of Nursing, RIMS, Imphal on 4th August, 2019 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 held 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 space 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 .....

(Signature of Sponsoring Authority with seal)

Place .....

\* 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.

\* The sponsoring letter and original application through proper channel must reach on or before 20<sup>th</sup> August, 2019.

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

**OFFICE COPY**

**Date: 4<sup>th</sup> August, 2019**

**Time: 10:30 a.m. to 12 noon.**

**Reporting Time: 9:30 a.m.**

Application form No .....

Roll No. ....

Examination Centre .....

(To be filled by College Office)

**COLLEGE OF NURSING, RIMS, IMPHAL-795004**

**ADMIT CARD**

**Selection Test 2019, for M.Sc. Nursing Course**

**Admit to M.Sc. Nursing Selection Test**

Name .....

(in Capital Letter)

Complete Postal Address.....

..... Pin Code .....

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**

.....

**CANDIDATE'S COPY**

**Date: 4<sup>th</sup> August, 2019**

**Time: 10:30 a.m. to 12 noon.**

**Reporting Time: 9:30 a.m.**

Application form No .....

Roll No. ....

Examination Centre .....

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**COLLEGE OF NURSING, RIMS, IMPHAL-795004**

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Name .....

(in Capital Letter)

Complete Postal Address.....

..... Pin Code .....

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**

R.No: .....



OFFICE COPY

Acknowledgement Card

Received Application submitted by Mr/Mrs/Miss.....

Amount ..... with D.D No. .... date..... from  
.....bank.

Date:

Signature of the official in charge

R.No: .....



CANDIDATE COPY

Acknowledgement Card

Received Application submitted by Mr/Mrs/Miss.....

Amount ..... with D.D No. .... date..... from  
.....bank.

Date:

Signature of the official in charge