



**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 ADMISSION

TO M.Sc. NURSING COURSE FOR THE SESSION 2020-2021

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 with WhatsApp
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. Self 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) Mark sheets of HSLC and 10+2 or its equivalent
- f) ST/SC/OBC Certificate (if applicable)
- g) Domicile Certificate.
- h) Permanent Nursing Registration Certificate (State Nursing Council)
- i) 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:

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 30th September, 2020.

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

OFFICE COPY

Application form No

Roll No.

(To be filled by College Office)

COLLEGE OF NURSING, RIMS, IMPHAL-795004

ADMIT CARD

For selection to M.Sc. Nursing Course 2020

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

Application form No

Roll No.

(To be filled by College Office)

COLLEGE OF NURSING, RIMS, IMPHAL-795004

ADMIT CARD

For selection to M.Sc. Nursing Course 2020

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

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