

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

passport size photograph duly

APPLICATION FORM FOR ENTRANCE EXAMINATION FOR ADMISSION TO M.Sc. NURSING COURSE FOR THE SESSION 2023-2024

1. Name of the Candidate:

	(In Capital Lett	,					photograph duly attested by a Gazetted Officer
		/Husband:					with Seal
		r:					
1.	Permanent Addı	ress:	• • • • • • • • • • • • • • • • • • • •			• • • • • • • • • • • • • • • • • • • •	
5.		ch correspondent ha					
							•••••
	E-mail:			Mobile no. wi	th WhatsA _l	рр	
5.	Date of Birth:		Age		Gender		
7.	Nationality:						••••
3.	State to which y	ou belong (Perman	nent Reside	ence):			, ,
€.	Category of the	Student: Gen/SC	/ST/OBC				
0.	Professional Qu	alification:					
	a) B.Sc. Nu	ursing E	Basic	Post B	asic		
	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.	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/ Permanent Residential 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 the is found incorrect my admission may be cancelled. I further, declare that I have read the rules are twen 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 10th September, 2023 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 hall 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 completion of one hour.
- 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)
n
(Name of the Institution)
s 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
he space below.
······································
Date
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 $30^{\rm th}$ September, 2023.
- * No page(s) of the application form should be removed/replaced.

OFFICE COPY

Application form No	Date: 10 th September, 2023		
Roll No	Time: 10:30 a.m. to 12:00 noon		
Examination Centre	Reporting Time: 9:30 a.m.		
(To be filled by College Office)			
COLLEGE OF NURSING, RIM	IS, IMPHAL-795004		
ADMIT CAR	RD .		
Name	Gazetted Officer with Seal		
Signature of the Principal College of Nursing, RIMS, Imphal	Signature of the Candidate		
College of Nursing, RIMS, Imphal			
College of Nursing, RIMS, Imphal CANDIDATE'S	СОРУ		
College of Nursing, RIMS, Imphal CANDIDATE'S Application form No	COPY Date: 10 th September, 2023		
CANDIDATE'S Application form No	COPY Date: 10 th September, 2023 Time: 10:30 a.m. to 12:00 noon		
CANDIDATE'S Application form No	COPY Date: 10 th September, 2023		
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CANDIDATE'S Application form No	COPY Date: 10 th September, 2023 Time: 10:30 a.m. to 12:00 noon Reporting Time: 9:30 a.m.		

Signature of the Principal College of Nursing, RIMS, Imphal

Signature of the Candidate