



**Pondicherry Institute of Medical Sciences  
COLLEGE OF NURSING  
Kalapet, Pondicherry- 14  
(A Christian Minority Institution)**



**Application form for the Nursing Programs  
Academic Year from 2019 to 2020**

Affix self  
attested  
recent  
passport size  
photograph  
here

Application No: -----  
(Office Use Only)

Registration No: -----

**Nursing Program (Please tick in appropriate box)**

- 1. Post Basic B.Sc. Nursing :
- 2. M.Sc. Nursing :(specify the specialty of your interest)
- a. First Choice : \_\_\_\_\_
- b. Second Choice : \_\_\_\_\_

\* **Sponsorship: Yes/No. If Yes, sponsoring Organization:** \_\_\_\_\_

**I. Personal Details**

- Name (as given in the degree certificates / SSLC) :
- Date of Birth and Age in Years :
- Gender : Female / Male
- Religion :
- Caste / Group :
- Nationality :
- Marital Status : Single / Married
- Guardian / Spouse Name :
- Occupation :
- Annual Income :
- Permanent Address :

Parent's Mobile No. :  
Email i.d :

Candidate Mobile No. :  
Email i..d:

• Hostel Accommodation required : Yes / No

## II. Qualification

### A. General education

Sl. No	Qualification	Year of passing	University/ Board	% of marks / grade / class
1	HSc			
2	Pre University			
3	Pre – Degree / Any equivalent			

### B. Marks in H.Sc. / Pre University / Pre – Degree / Any equivalent

S. No	Subjects	Max. Marks	Marks Obtained	% of marks
1	Physics			
2	Chemistry			
3	Biology/ Zoology			
4	English			
5	Others			
6	Total			

### C. Marks obtained in B.Sc. (N) / P.B.B.Sc (N) / GNM

(Enclose Mark list, Degree Certificate & RNRM Certificate (Registered Nurse & Registered Midwives))

S.No	Nursing Programme	Name of the College/University	University	Year of passing	% of Marks	Tamil Nadu Nursing Council Registration	
						RN	RM
1							
2							

**III. Health History:**

A. **History of any illness** : **Yes / No**

If yes, any treatment taken or on treatment (Specify) : \_\_\_\_\_

\_\_\_\_\_

B. **Any family History of Hereditary / Genetic / Psychiatric illness** : **Yes / No**

**IV. Write briefly the reason for opting to do higher education: (use separate sheet)**

**References (One from previous employer - mandatory)**

1.

2.

**Self Declaration**

The above details furnished are true to my knowledge and I am responsible for any discrepancy if found and their consequences.

**Date:**

**Place:**

*Signature of the Candidate*

**Check list: [Ensure the following Xerox copies are enclosed along with the application]**

The following relevant Documents in **original** should to be submitted at the time of **Admission**:

1. Filled in application
2. Age Proof
3. +2 Mark sheet
4. Mark sheets of B.Sc. (N) / Diploma in Nursing
5. Degree or Diploma certificate (The last Education)
6. RN, RM Certificates
7. Experience Certificate (S)
8. Transfer Certificate
9. Conduct Certificate
10. Migration Certificate
11. Pass port size photographs – 6, Stamp Size Photographs – 4 (not later than six months)
12. Medical Fitness Certificate
13. Aadhar Card

**Note:** Duly filled in Application should be submitted along with the DD for Rs. 1,000/- drawn in favor of Pondicherry Institute of Medical Sciences payable at Puducherry.

**Contact Details**

**The Asst. Registrar**

College of Nursing  
Pondicherry Institute of Medical Sciences  
Ganapathichettikulam, Kalapet,  
Puducherry – 605 014  
Phone: 0413 – 2651541, 128

**The Dean**

College of Nursing  
Pondicherry Institute of Medical Sciences  
Ganapathichettikulam, Kalapet,  
Puducherry – 605 014.  
Phone: 0413 – 2656482, 2651419, 509  
email. i.d : [deancon@pimsmmm.net](mailto:deancon@pimsmmm.net)

**Website:** [www.pimsmmm.com](http://www.pimsmmm.com)

**COLLEGE OF NURSING**

*Pondicherry Institute of Medical Sciences*  
(A Christian Minority Institution)

Entrance Examination for Nursing courses -2018

**HALL TICKET**

Registration No :  
(Office Use Only)

Name of the Candidate (CAPS) :

Exam Centre : College of Nursing, PIMS

Exam date & Time : 29.7.2019-Monday at 10am

Address of the Candidate :

Affix self attested  
recent passport  
size photograph  
here

Asst. Registrar  
CON – PIMS

Registrar  
PIMS

Dean  
CON - PIMS

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