



Pondicherry Institute of Medical Sciences
COLLEGE OF NURSING
 Kalapet, Pondicherry- 14
(A Christian Minority Institution)
Application form for the Nursing Programs
Academic Year 20---



**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 / Experience

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							

D. Experience with Clinical and Teaching:

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. Submitted DD will not be refunded.

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 : nursingadmissions@pimsmmm.net

Website: www.pimsmmm.com

COLLEGE OF NURSING

Pondicherry Institute of Medical Sciences
(A Christian Minority Institution)

Entrance Examination for Nursing Courses -2020

HALL TICKET

Registration No :
(Office Use Only)

Course (Please place Tick mark) : P.B.B.Sc (N) / M.Sc (N)

Name of the Candidate (CAPS) :

Exam Centre : College of Nursing, PIMS

Exam date & Time :

Address of the Candidate :

Affix self attested
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size photograph
here

Asst. Registrar
CON - PIMS

Registrar
PIMS

Dean
CON - PIMS

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Entrance Examination for Nursing courses -2020

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