

Form Fees : ₹.500/-

Form No:



• Accredited Grade "A" by NAAC

MANIKAKA TOPAWALA INSTITUTE OF NURSING
A constituent
CHAROTAR UNIVERSITY OF SCIENCE AND TECHNOLOGY
Aegis : Shri Charotar Moti Sattavis Patidar Kelavani Mandal
Academic Year : 2020 - 21

Application Form for Master of Science in Nursing (M.Sc. Nursing) (Please Tick (✓) option) **Interested**

- ☐ Medical Surgical Nursing ☐ Child Health Nursing (Pediatric) ☐ Obstetric & Gynaecological Nursing
☐ Community Health Nursing ☐ Mental Health Nursing (Psychiatric)

1. Full Name of Candidate : (as per Std. 12th Mark sheet in BLOCK LETTERS)

Stick recent
Passport size
Photograph

2. Gender : ☐ Male ☐ Female

3. Date of Birth :

(as per School Leaving
Certificate)

D	D	M	M	Y	Y	Y	Y

4. Correspondence Address :

City-Dist.													Pin							
Mob.																				
E-Mail																				

5. Academic Details (attached all Photo copy of Mark sheet)

SR.	Name of Degree		Name of University/Board	Class Obtained	Year of Passing	Percentage
1	H.S.C.					
2	1 st Year	Post Basic Nursing or B.Sc. Nursing				
3	2 nd Year	Post Basic Nursing or B.Sc. Nursing				
4	3 rd Year B.Sc. Nursing					
5	4 th Year B.Sc. Nursing					

6. RNRN No: _____ & Program Duration (As per RNRN Certificate) _____ to _____
DD/MM/YYYY DD/MM/YYYY

7. Wish to opt study with earn Scheme : Yes ☐ No ☐

ACKNOWLEDGEMENT

Form No: _____

Date: _____ / _____ / _____

Name : _____

Received By: _____

DECLARATION

We, _____ (“the candidate”)

and _____ (“the guardian”)

hereby solemnly undertake that

- ⊕ The information given above is true. If found false, we understand that the admission granted will be cancelled and all fees forfeited.
- ⊕ We have read the admission guideline carefully and agree to follow them.
- ⊕ We shall pay the fees every year as decided by the Management of the Institute.
- ⊕ We will abide by the rules and regulations formed by the Institute.

Document Required: (Please(✓)Tick Mark)

- ☐ Final Year B.Sc. Nursing / Post Basic B.Sc. Nursing Mark-sheet
- ☐ Registration Certificate
- ☐ HSC Mark-sheet
- ☐ Birth Certificate
- ☐ Reliving Letter
- ☐ Experience Letter
- ☐ Aadhar Card Zerox

Date

Place

Signature of Candidate

Signature of Guardian