

- 11. One self-addressed stamped envelope
- 12. Certificates mentioned in item No.20 in the Application Form, if any
- 13. Income certificate
- 14. Caste certificate
- 15. Other educational qualifications if any.

**Note: All original certificates to be submitted at the time of admission**

**DECLARATION**

I, \_\_\_\_\_ declare that

particulars given above are correct to the best of my knowledge and belief and that if any detail is found to untrue or incorrect, I am liable to forfeit my admission along with all fees paid. If I get admission, I agree to de by the rules and regulations of the Institute and the Hostel.

Place:.....

Name & Signature of the Candidate

Date: .....

Signature of the Parent / Guardian

**HOSKOTE MISSION INSTITUTE OF NURSING**

Managed by Mar Thoma Evangelistic Association - Estd:1996  
(Missionary Wing of the Mar Thoma Church)  
(Affiliated to Rajiv Gandhi University of Health Sciences, Karnataka & Recognized by  
Government of Karnataka, Karnataka State Nursing Council & Indian Nursing Council)

**APPLICATION FOR THE YEAR – 2023-24**

APPLICATION No.....

**COURSE: M. Sc. NURSING**



*(Mention the order of preference as 1,2,3 M.Sc. (N))*

- |   |   |
|---|---|
| <input type="checkbox"/> Branch I - Medical Surgical Nursing  | <input type="checkbox"/> Branch IV - Psychiatric Nursing          |
| <input type="checkbox"/> Branch II - Community Health Nursing | <input type="checkbox"/> Branch V- Obstetrics and Gynaecology Nsg |
| <input type="checkbox"/> Branch III- Paediatric Nursing       |   |

**Note: 1. Application should be filled by the candidate in her own handwriting.**

**2. Candidates who prefer for selection under Management Quota should submit the Management Quota Application Form.**

1.Name in Full (In Block Letters) .....

\* Mobile:..... \* Email ID.....

2. Date of Birth: ..... 3. Place of Birth: .....

4. Religion:..... 5. Denomination: .....

6. Mother Tongue: ..... 7. Marital Status: .....

8. Mother's Name:..... 9. Occupation: .....

10. Father's Name / Husband's: ..... 11. Occupation: .....

\* Mobile:..... \* Email ID.....

12. Permanent Address: .....

13. Present Address: .....

14. Phone No. (Land Line): ..... 15. Name of Guardian:.....

16. Occupation: .....

17. Address of the Local Guardian:.....

18. Relationship with the Candidate: ..... 19. Mobile No: .....

E- mail: .....

20. Proficiency in Sports/Social Activities/other extracurricular activities, if any .....

(Attach self-attested copies of the certificate)

21. Language known	Write	Read	Speak
1. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**22. Educational Qualifications:**

Nursing courses	State Nursing Council Reg. No.	Date of completion	Name of Institution	Maximum Marks	Marks Secured	Total Percentage	No. of Attempts
B.Sc Nursing							
P.B. B. Sc							
Any other							

**23. REREFERENCE:** (Give below name and address of two persons of reputed status other than relatives and the Parish Vicar to whom a reference may be made, with phone no.)

- .....
- .....

**24. Centre of Entrance/ Interview (Tick the one preferred)**

- A.** Hoskote Mission Institute of Nursing   
 Hoskote Taluk, Bangalore Rural
- B.** Mar Thomas Retreat Centre   
 Maramon P.O., Kozhenchery  
 Pathanamthitta Dist.

**25. List of documents to be attached with the Application Form:** (Xerox copies only)

- S.S.L.C
- PUC/Higher Secondary Marks Sheet (1<sup>st</sup> and 2<sup>nd</sup> year)
- B.Sc (N) Degree certificate with Marks cards or Post Basic B.Sc Nursing Degree certificate with marks cards
- State Nursing Council Registration certificate after completion of B.Sc. (N)
- One year working experience certificate after completion of B.Sc (N)
- Conduct Certificate from the Principal of the Institution last attended and conduct certificate from local Parish priest (for Christian candidates)
- Transfer Certificate of previous educational Institution
- Migration Certificate
- Medical Fitness Certificate from registered medical practitioner
- One passport Size Colour Photo (stick it on the application form)