



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



Application form for the Nursing Programs

Academic Year from _2015 to 2016

Application No: -----

Registration No: -----

(Office Use Only)

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: _____

<p>Affix Photograph</p> <p>Self Attested</p>
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I. Personal Details

- Name (as given in the degree certificates| SSLC) :
- Father / Spouse Name :
- Date of Birth and Age in Years :
- Gender : Female / Male
- Religion : Caste / Group
- Nationality :
- Marital Status : Married / Single
- Address & Contact details for correspondence :

Landline No. :

Mobile No. :

E.mail. I.D :

II. Qualification

A. General education

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

B. Marks in H.Sc.

Subjects	Max. Marks	Marks Obtained	% of marks
Physics			
Chemistry			
Biology/ Zoology			
English			
Others			
Total			

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

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

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:

References (one from previous employer)

1.

2.

Self Declaration

The above furnished details are true to my knowledge and I am responsible for the discrepancy if found any 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
3. Mark sheets of B.Sc. (N) / Diploma in Nursing
4. Degree or Diploma certificate (The last Education)
5. 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
12. Medical Fitness Certificate

Note : Duly filled in Application should be submitted along with the DD for the amount of Rs. 1000/- for P.B.B.Sc. (N) & M.Sc. (N) courses. DD Should be drawn in favor of Pondicherry Institute of Medical Sciences payable at Puducherry.

Contact details:

The Registrar

Pondicherry Institute of Medical Sciences
Ganapathychettikulam, Kalapet,
Pondicherry – 605 014.
Phone: 0413 2656337, 2656145
email i.d: registrar@pimsmmm.net

Website: www.pimsmmm.com

The Dean

College of Nursing
Pondicherry Institute of Medical Sciences
Ganapathychettikulam, Kalapet,
Pondicherry – 605 014.

Dean : 0413-2656482

Office: 0413-2656271 Extn. 419,509,128

Mobile: 9443093555, 9486746940

V. MEDICAL FITNESS FORM - 3

Photo
Attested by
Medical
office

Date of Examination:

I. Personal data:

Name :
Age :
Sex :
Marital status: Identification marks :
1. _____
2. _____

II. General Examination:

a. Height _____ cms b. Weight _____ kg
b. Vital Signs: T _____ P _____ R _____ B.P _____
c. Nutritional status: Normal/under nourished/mal nourished/ obused
d. Blood examination: Hb _____ Blood group _____
e. Skin : Normal / Pallor
f. Menstrual cycle: Regular/irregular
Period of cycle _____ Duration _____ Flow
Dysmenorrhea _____
Treatment if any _____

III. Systemic Examination:

a. CNS :
b. Respiratory system :
c. Cardiovascular system :
d. Gastro Intestinal System :
e. Musculo Skeletal System :
f. Mental Status :
g. Any other – Specify :

IV. Investigations:

- a. Complete blood count
- b. Urine routine
- c. Vision
- d. Chest X-ray
- e. ECG

Date:

Place:

Signature of Medical officer

PHYSICAL FITNESS CERTIFICATE FOR ADMISSION TO NURSING COURSES

I Dr _____ after careful personal examination of the candidate here by certify that Mr / Ms / Mrs _____ is found physically fit to undergo professional education.

Date:

Signature of the Medical Officer : Place:

Name :

Designation : Reg.

No. :

COLLEGE OF NURSING
Pondicherry Institute of Medical Sciences
(A Christian Minority Institution)
Entrance Exam for Nursing courses -2014
HALL TICKET

Registration No:
(Office Use Only)

Name of the Candidate:

Exam Centre: College of Nursing-PIMS

Exam date & Time: 23.07.15, 10.00am to 1.00pm

Address of the Candidate:

Affix attested
recent passport or
stamp size
photograph here

Signature of the Candidate

Dean - CON

Registrar

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Registrar