

## KRISHNA INSTITUTE OF MEDICAL SCIENCES

DEEMED UNIVERSITY, KARAD.

(Declared U/s 3 of UGC Act, 1956 vide Notification No. F.9-15/2001-U.3 of the Ministry of Human Resource Development, Govt. of India.)

Karad, Dist. Satara (Maharashtra State) Pin: 415 110

Tel: 02164 -241555-8 Fax: 02164 243272/242170 Website: www.kimsuniversity.in

Form No.

## $\hbox{$E$-mail}\ :\ \underline{contact@kimsuniversity.in}$

APPLICATION FORM FOR MARSTER OF SCIENCES IN NURSING M. Sc. (Nursing) Entranc	e - 20	017			
Instructions:  1. Read all the instructions in the Brochure before completing the form.  2. Write in the before with Ball Point Pen in Capital Letters only.					
Candidate's Name (As in Degree certificate)					
2. Address for a supposition					
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9. Details of Demand Draft D. D. No. Amount in Rs. Date	of Issu	ie			
D D N 10. Name of the Bank	1 M	Υ	Υ	Y	Y
Please mark the appropriate box with ? mark					
11. Nationality - 1. Indian 2. NRI 3. Foreigner					
12. Choice of Preference : Please Write 1, 2, 3 to mark your choice					
Medical surgical Nursing					
Obstetric and Gynaecological Nursing					
3. Child Health Nursing					
4. Psychiatric Nursing 5. Community Health Nursing					

. Year wise Particula	ars of Marks obta	nined at B. Sc. Ni	ursing / P. B. B.	Sc. Nursing Exam	inations :	
Examination	Board / University	Year of Passing	Attempt	Total Marks Obtained	Out of	Percentage
1 <sup>st</sup> Year	,	<u> </u>				
2 <sup>nd</sup> Year						
3 <sup>rd</sup> Year						
4 <sup>th</sup> Year						
. Whether obtained	l any other post of	graduate qualific	ation if Yes give	e Details		
Examination	Board /	Year of	Attempt	Total Marks	Out of	Percentage
	University	Passing		Obtained		
o. Whether admitted	d to any other PG	Course in any o	ther subject at	any other Institute	e? If Yes, give	details
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o. Whether admitted	d to any other PG	Course in any o	ther subject at	any other Institute	e? If Yes, give	details
7. Declaration – I a. I hereby decla	re that the above	e information is	true and comle	te to the best of m	ny knowledge.	. I am aware
'. Declaration – I a. I hereby decla that, if any inf	re that the above	e information is	true and comle		ny knowledge.	. I am aware
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a. I hereby decla that, if any int admission wil b. If ac Deemed Univ	re that the above formation herein I be cancelled. dmitted to Krishn ersity, Karad. I sh	e information is is found to be in a Institute of Nu nall abide by its I	true and comle ncorrect or inco ursing Sciences, Rules and Regul	te to the best of momplete, my applic	ny knowledge cation form wi	. I am aware ill be rejected/ edical sciences