

**BOMBAY HOSPITAL COLLEGE OF NURSING  
OF THE BOMBAY HOSPITAL TRUST  
APPLICATION FORM FOR M.Sc. NURSING COURSE**

1. Name of the candidate : \_\_\_\_\_  
(To be filled in block letters) (Surname) (First Name) (Middle Name)

Maiden Name \_\_\_\_\_  
(As in Higher Secondary Examination Certificate)

2. Marital Status : Unmarried/ Married/ Widowed/ Divorced

3. Date of Birth : \_\_\_\_\_ Age \_\_\_\_\_

4. Place of Birth : \_\_\_\_\_ State \_\_\_\_\_

5. Nationality \_\_\_\_\_ 6. Religion \_\_\_\_\_

7. Height \_\_\_\_\_ Cms. Weight \_\_\_\_\_ Kgs 8. Category : Open/SC/ST/BC/OBC/NT/Others

9. Basic Qualification :

Sr. No.	Examination	Year	Board	Attempt	Total Marks Allotted	Total Marks Obtained	Percentage of Marks obtained	Remarks
1	S.S.C.							
2	H.S.C.							
3	Any other							

11. Year of passing General Nursing & Midwifery : \_\_\_\_\_

Name of institution : \_\_\_\_\_

Name of Examination Board : \_\_\_\_\_

12.

Sr. No.	Examination Result	Year & Seat No.	Attempt	Total Marks Allotted	Total Marks Obtained	Percentage of Marks Obtained	Remarks
1	I-GNM						
2	II-GNM						
3	III-GNM						
4	Midwifery						
Total Marks							

13. Year of passing P.B./P.C.B.Sc.Nsg./Basic B.Sc.Nsg. : \_\_\_\_\_

Name of Institution : \_\_\_\_\_

Name of University : \_\_\_\_\_

Sr. No.	Examination Result	Year & Seat No.	Attempt	Total Marks Allotted	Total Marks Obtained	Percentage of Marks Obtained	Remarks
1	I-B.Sc./P.B.B.Sc.(N)						
2	II-B.Sc./P.B.B.Sc.(N)						
3	III –B.Sc.(N)						
4	IV-B.Sc.(N)						
Total Marks							

14. Professional Experience :

Sr. No.	Name of Hospital/ Institution	Total No. of Beds	Area worked	Period		Post Held
				From	To	

15. Language proficiency(Tick the suitable box)

	Good	Average	Poor
English			
Marathi			
Hindi			

16. Applicant's present address & phone no. to which correspondence may be sent :

\_\_\_\_\_

Tel.No. \_\_\_\_\_ Mob.No. \_\_\_\_\_ email \_\_\_\_\_

17. Permanent House address & Phone No.: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

18.

	Full Name	Occupation	Income
Father/ Husband			

19. Local Guardian :

Name	Relationship	Occupation	Address	Contact No.

20. Two references from unrelated persons:-

Sr. No.	Name	Position	Address	Contact No.
1				
2				

21. Duly filled form to be submitted alongwith D.D.for Rs.300/- on the name of “Bombay Hospital Trust”
22. Regarding last date of submission of application form, kindly follow our notification on website.

Declaration :

I \_\_\_\_\_ hereby declare that I have not taken admission in any Post Graduate Degree/ Diploma/ Superspeciality course in any of the colleges in Maharashtra in last three years. Further I also declare that I have not cancelled my admission after the cut off date for last year.

Date : \_\_\_\_\_ Applicant’s Signature \_\_\_\_\_

List of documents to be submitted :

Sr. No.	List of Documents
1	Nationality Certificate/ Xerox copy of valid Passport duly attested by Dean/ Principal/ Domicile Certificate/ Birth Certificate
2	First to Final Year Marksheets of qualifying examination
3	Passing/Degree Certificate qualifying examination
4	Attempt Certificate of all examinations in Degree course from Head of the Institute
5	Caste Certificate (if applicable)
6	Caste Validity Certificate (if applicable)
7	Non-Creamy Layer Certificate valid upto 31/03/2009 for DT/VJ, NT-1, NT-2, NT-3, OBC
8	Valid Registration Certificate from Council (if applicable)
9	MNC additional qualification of P.B./P.C.B.Sc. Nursing if applicable.
10	College Leaving Certificate (LC/TC) or continuation letter as applicable
11	Experience Certificate as per format
12	Migration Certificate issued by the respective University (if applicable)
13	Medical Fitness Certificate
14	Undertaking for not having taken admission to PG course in last 3 years as per format
15	Deputation Certificate (if applicable)
16	Marriage Certificate (if applicable)
17	Gazette for change of Name (if applicable)
18	Affidavit for change of Name (if applicable)
19	3.5 cm X 4.5 cm Passport Size Photograph (6 nos.)

### FOR OFFICE USE

Date of joining M.Sc. Nursing Course : \_\_\_\_\_

Date of leaving training : \_\_\_\_\_

Reason for leaving training : \_\_\_\_\_

Date of completion of the M.Sc. Nursing Course : \_\_\_\_\_