

RITEE COLLEGE OF NURSING (RITCON), RAIPUR



(Under the Aegis of Mahanadi Education Society)
 Approved by Indian Nursing Council, New Delhi & Recognized by C.G. Nurses Registration council, Raipur.
 Affiliated to Pt. D. U. M Health Sciences & Ayush University of Chhattisgarh, Raipur.

Application No:.....

APPLICATION FORM

FOR

Admission into M. Sc (Nursing) course for the Session 2017-18

Speciality: i) Medical Surgical Nursing

ii) Obstetric and Gynecological Nursing

iii) Child Health (Paediatric) Nursing

iv) Mental Health (Psychiatric) Nursing

v) Community Health Nursing

Tick (✓) your choice with Priority No.

Please affix
Passport size
colour photo

Note: Fill up the form in CAPITAL LETTERS only by using ball point pen.

1. Name of the Candidate:.....
2. Date of Birth.....; Age:.....; Sex: Male / Female
3. Category: General OBC SC ST
4. Caste:.....; Religion:.....; Nationality:.....
5. Marital Status:
6. Father's / Husband's Name :Occupation:.....
7. Mother's Name :Occupation:.....
8. Permanent Address :
.....
.....
9. Contact No: Mobile:.....Phone:.....
10. Name of the State Nursing Council registration done:.....
11. Registration No : RN:.....RM:..... Validity up to:.....

12. Educational Qualification:

S. No	Qualification	Month, Year of passing	Name of the school/College	Name of the Board/University	Subject studied	% of Marks

13. Work Experience:

S. No	Post	Place of work	From	To	Total experience

14. C G. M. Sc Nursing Entrance Exam-2017: a).Marks:.....out of.....; b). Rank:.....

15. Enclosures: Attested Photo copy of,

S. No	Documents to be Enclosed	Yes	No
1.	B.Sc / PBBSsc / GNM Certificate		
2.	State Nursing Council Registration Certificate (RN & RM)		
3.	B.Sc / PBBSsc / GNM Mark sheet		
4.	Experience Certificate		
5.	Mark sheet of Entrance Exam		
6.	Class 10 th Mark sheet		
7.	Class 12 th Mark sheet		
8.	Domicile Certificate		
9.	Caste Certificate		
10.	Migration Certificate, if necessary (Original)		
11.	Medical fitness Certificate (Original)		
12.	Passport size Photograph – 10 Nos.		
13.	Allotment letter		
14.			
15.			

DECLARATION

I affirm that the information furnished above is true to the best of my knowledge and belief, I understand that in the event of any of the information found wrong, the institute shall be free to take appropriate action against me including cancellation of the admission.

Place:.....

Date.....

Signature of the Candidate

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