



7. Please tick [✓] the category under which seeking admission :

<b>GEN</b>	<b>OBC</b>	<b>BCM</b>	<b>MBC</b>	<b>EBC</b>	<b>BT</b>	<b>SC</b>	<b>ST</b>

8. Domicile Status / Residence of (Please tick [✓])  
 [Enclose recent Nativity / Residence & Community Certificate]

**Puducherry UT** /  **Other States / UT**

9. Details of Registration with Council-

(a) Council Name : .....

(b) Registration No. : 

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(c) Date of Registration : 

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10. Details of Qualifying Examination-

Course	Name of the College	Board	Year of Passing	Year	Marks secured	Max. Marks	Overall %
DGNM				<b>I</b>			
				<b>II</b>			
				<b>III</b>			
<b>TOTAL</b>							

11. (a) Whether employed in State/ Central Govt. / Private (if yes, specify Name of the Hospital/ Institution) : .....

(b) If yes, whether Study Permission / NOC obtained (Enclose copy of the Order / Certificate) : .....

12. Details of Demand Draft towards application fee (in favour of "The Dean, MTPG & RIHS")

(a) DD No. : 

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 Dt. 

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(b) Amount : ₹. 

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(c) Name of the Bank : 


13. Any other relevant information : .....

**DECLARATION BY THE APPLICANT**

I hereby solemnly affirm that the statements made and information furnished in the application and all the enclosures submitted by me are true and no relevant fact is suppressed by me. I have read and understood the Information Brochure carefully. I shall abide by the rules and regulations of the Mother Theresa Post Graduate and Research Institute of Health Sciences, Puducherry.

Place:

Date:

**Signature of Applicant**

### **CHECK LIST**

**Attach the self-attested copies of following certificates / documents with the application. (Tick [✓] the relevant boxes)**

	<i>To be filled by</i>		
	Applicant (candidate use)	<b>(For Office use)</b>	
		Scrutinizing Officer	Verifying Officer (Counselling)
1. Birth Certificate or any Certificate for proof of Date of Birth :	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Puducherry UT Residence / Nativity Certificate – Recently issued / Revalidated for 2016 :	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Nationality Certificate :	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Caste / Community Certificate- Recently issued/ Re-validated for 2016 :	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. S.S.L.C. / Matriculation Mark Sheet :	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Higher Secondary (+2) Mark Sheet :	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Diploma / Provisional Certificate :	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Statements of marks of qualifying examinations (All Semesters/years): _____ Nos. :	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Transfer Certificate & Conduct Certificate issued by the Head of Institution last studied :	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Nursing Council Registration Certificate :	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Study Permission / NOC obtained from the Competent Authority (if applicable) :	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Certificate issued by Competent Authority for claiming Special Category Reservation (applicable to Freedom Fighter, Physically Challenged, Ex-Servicemen & SP Categories) :	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Medical Fitness Certificate issued by Competent Authority :	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Crossed Demand Draft for ₹.1000/- (₹.800/- for SC/ST) towards Application Fee :	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Any other relevant certificates..... :	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<i>Signature of the :</i>	<i>Applicant</i>	<i>Scrutinizing Officer</i>	<i>Verifying Officer</i>

(FOR OFFICE USE ONLY)

Sl. No.	Remarks of Scrutinizing Officer	Remarks of Verifying Officer during counselling
1.		
2.		
3.		
4.		

Received back all the original certificates on \_\_\_\_\_.

Signature of the candidate.