



Merit Rank :

MOTHER THERESA POST GRADUATE & RESEARCH INSTITUTE OF HEALTH SCIENCES (MTPG & RIHS)

(Government of Puducherry Institution)

Indira Nagar, Gorimedu, Puducherry-605 006

Phone: 0413-2271200, 2275566, 2273008

Website: <http://mtihs.puducherry.gov.in>

Fax : 0413-2277594

Email: deanmtihs@dataone.in

**APPLICATION FOR ADMISSION TO
MASTER OF SCIENCE IN NURSING [M.Sc. (NURSING)] COURSE FOR 2017-18**

(FOR OFFICE USE ONLY)

Registration No. :

Merit Marks : **Merit Rank** :

50% of marks obtained in qualifying exam : **50% of MTIET (PG)-17 marks** :

Category of the Applicant :

Category under which selected & Specialization allotted : &

Date:

DEAN

Note: Read the Information Brochure before filling up the application form.

1. Name of the Candidate :

2. Name of Parent /Guardian :

3. (a) Date of Birth : - -

(b) Nationality :

4. Gender (Pls tick [✓]) :

5. Address for communication :

Pin Code

Affix recent passport size photograph & self-attest

CHECK LIST

Attach the self-attested copies of following certificates / documents with the application.

To be filled by

(Tick [✓] the relevant boxes)

	Applicant	(For Office use)	
		Scrutinizing Officer	Verifying Officer
1. Birth Certificate or any Certificate for proof of Date of Birth	:	<input type="checkbox"/>	<input type="checkbox"/>
2. Puducherry UT Residence / Nativity Certificate – Recently issued / Revalidated for 2017	:	<input type="checkbox"/>	<input type="checkbox"/>
3. Caste / Community Certificate - Recently issued/ Re-validated for 2017	:	<input type="checkbox"/>	<input type="checkbox"/>
4. S.S.L.C. / Matriculation Mark Sheet	:	<input type="checkbox"/>	<input type="checkbox"/>
5. Higher Secondary (+2) Mark Sheet	:	<input type="checkbox"/>	<input type="checkbox"/>
6. Degree Certificate	:	<input type="checkbox"/>	<input type="checkbox"/>
7. Statements of marks of qualifying examinations (All Semesters/years) (_____ Nos.)	:	<input type="checkbox"/>	<input type="checkbox"/>
8. Transfer Certificate & Conduct Certificate issued by the Head of Institution last studied	:	<input type="checkbox"/>	<input type="checkbox"/>
9. Nursing Council Registration Certificate	:	<input type="checkbox"/>	<input type="checkbox"/>
10. Experience Certificate(s) (_____ Nos.)	:	<input type="checkbox"/>	<input type="checkbox"/>
11. Study Permission / NOC obtained from the Competent Authority (if applicable)	:	<input type="checkbox"/>	<input type="checkbox"/>
12. Medical Fitness Certificate issued by the Competent Authority	:	<input type="checkbox"/>	<input type="checkbox"/>
13. Crossed Demand Draft for ₹.1500/- (₹.1200/- for SC/ST) towards Application Fee	:	<input type="checkbox"/>	<input type="checkbox"/>
14. Any other relevant certificates _____	:	<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 applicant:



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**HALL TICKET – MTIET (PG)–17
ENTRANCE TEST
(For Admission to M.Sc. (Nursing) Course)**

Affix
recent
passport size
photograph &
self attest

Registration No.	
Name of the Candidate	
Name of the Centre	Mother Theresa Post Graduate & Research Institute of Health Sciences, Indira Nagar, Gorimedu, Puducherry-605 006.
Date & Time of Examination	30-07-2017 (Sunday) at 11:00 a.m. (Duration: 100 minutes)
Signature of the Candidate	

Note: If the Candidate does not fulfill the eligibility criteria and does not produce the requisite certificates at the time of counselling, he/she shall forfeit the right of selection without any further correspondence though he/she might have appeared for the Entrance Examination.

(Dr. R. MURALI)
DEAN