



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
Fax : 0413-2277594

Website: <http://mtihs.puducherry.gov.in>
Email: deanmtihs@dataone.in

APPLICATION FOR ADMISSION TO POST BASIC B.Sc. (NURSING) COURSE FOR 2017-18

(FOR OFFICE USE ONLY)

Registration No. : PBN

Merit Marks : Merit Rank :

Category of the Applicant & under which selected : &

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 : Date - Month - Year

(b) Nationality : Indian Others

4. Gender (Pls tick [✓]) : Male Female Transgender

5. Address for communication :

Pin Code

6. (a) Contact Telephone No. with code : -

(b) Mobile Number : -

(c) E-Mail ID : @

Affix recent passport size photograph & self-attest

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

GEN	OBC	BCM	MBC	EBC	BT	SC	ST

8. Domicile Status / Residence of (Please tick [✓]) : **Puducherry UT** / **Other States / UT**
 [Enclose recent Nativity / Residence & Community Certificate]

9. Details of Council Registration:-

(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 / School of Nursing	Board	Year of Passing	Year	Marks secured	Max. Marks	Overall %
Diploma in General Nursing & Midwifery (DGNM)				I			
				II			
				III			
TOTAL							

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 for application fee (in favour of "The Dean, MTPG & RIHS")

(a) DD No. :

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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.

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. Diploma 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. Study Permission / NOC obtained from the Competent Authority (if applicable)	:	<input type="checkbox"/>	<input type="checkbox"/>
11. 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"/>
12. Medical Fitness Certificate issued by the Competent Authority	:	<input type="checkbox"/>	<input type="checkbox"/>
13. Crossed Demand Draft for ₹.1200/- (₹.1000/- 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: