



CSI JEYARAJ ANNAPACKIAM COLLEGE OF NURSING AND ALLIED SCIENCES

(CSI – Diocese of Madurai & Ramnad)

Merry Dew Hills, Pasumalai, MADURAI 625004.

Approved by the Indian Nursing Council Certificate No.18-29/21-55-INC

Affiliated to the Tamilnadu Dr MGR Medical University RC No.1179/AFFLN(3)/93

Recognized by TN Nurses Midwives Registration Council

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Application No :

Reg.No :

H.T.No :

FOR OFFICE USE ONLY

Date received _____ Received by _____

Registration fee Rs. _____ Draft No. _____

Date _____ Bank _____ Place _____

Affix a recent
passport size
photo

APPLICATION FOR ADMISSION TO M.Sc DEGREE COURSE IN NURSING

1. Name in block letters as entered in school records

Mr./ Mrs./ Miss _____

2. Address to which communication has to be sent (in block letters)

3. Telephone No : _____ **Fax No.** _____

E-mail : _____

Telegraph office : _____

4. Permanent address with pin code: _____

5. Nationality: _____ **Sex/M/F** _____ **Date of Birth :** _____ **Age :** _____

6. Father's Name : _____ Mother's Name: _____

7. Marital status : Single / Married/Widowed/Divorced: _____

If married number of children and their age : _____

8. Name and address of your spouse _____

Occupation of your spouse _____

9. Religion : Christian/Hindu/Muslim/Other (Specify) _____

If Christian state your church denomination _____

10. Scheduled caste / Scheduled tribe/Backward class: _____

(Enclose community certificate issued by the Tasildar)

11. State your pattern of schooling

HSE/CBSE/ISC/PDC/INTERMEDIATE/OTHERS (Specify): _____

12. If any Non-Nursing Degree obtained give the year and qualification _____

13. PROFESSIONAL QUALIFICATION (enclose certificates)

Nursing Course	University/ Board	Name of the College & Place	Duration		Total Years	Year of Pass	Medium
			From	To			
1.Diploma Nursing							
2.Midwifery/ Alternate Course							
3.B.Sc (N) for Trained Nursing							
4.B.Sc Nursing							

14. State of registration for General Nursing / B.Sc(N) _____

15. Registration No. _____ Date _____

16. State of registration for midwifery / alternate course _____

17. Registration No. _____ Date. _____

18. Marks obtained in B.Sc(N) / B.Sc(N) for Trained Nurses (Attach Marks Sheets)

SUBJECTS	I YEAR	II YEAR	III YEAR	IV YEAR
Medical Surgical Nursing				
Child Health Nursing				
Maternity Nursing				
Community Health Nursing				
Psychiatric Nursing				

19. Are you fluent in written and spoken English? Yes / No

20. Were you the BEST OUTGOING students in your B.Sc(N) / B.Sc(N) for Trained Nurses class? Yes / No

21. If you have taken any courses since nursing graduation (Like Refresher course / Post Diploma course) give details _____

22. PROFESIONAL EXPERIENCE AFTER B.Sc(N) / B.Sc(N) for Trained Nurses
(enclose certificates)

Position Held	From			To			Total Period			Institution and Place	No. of Beds	Area of work
	D	M	Y	D	M	Y	D	M	Y			

Total Experience after B.Sc. Nursing / PC B.Sc _____ Years ___ Months ___ Days

Total Experience after registration _____ Years ___ Months ___ Days

23. CLINICAL SPECIALITY APPLYING FOR

First Preference _____

Second Preference _____

24. Period of Clinical Experience in both areas

AREA	FROM	TO	NO.OF		INSTITUTION
			YEARS	MONTHS	

25. Membership in professional organization: 1.T.N.A.I. No. _____

2. N.L. of C.M.A.I. No. _____ 3. Others _____

26. Are you an Alumns of C.S.I. JACON, Madurai? Yes / No

If yes, were you sponsored for your B.Sc(N) / B.Sc(N) for Trained Nurses Course

Yes /No

If yes, name the Sponsoring body

No. of years of obligation _____ Date of obligation completed _____

27. Have you served in a NEEDY area? Yes / No If yes, state

Where : _____

28. Present sponsorship

If you are under contract of return of Mission/Government/Private agency name it

If you are sponsored by any organization, name the sponsoring body

(Sponsorship form should reach us before _____)

29. State from which source you expect to receive financial support while studying at the

college of nursing _____

30. Write your achievements, professional or otherwise in a separate paper

Station :

Date :

Signature

Completed application form should reach our office by _____ Late or incomplete applications without the necessary enclosures will be rejected. Enclose only attested Xerox copies of the certificates along with the application. DO NOT ENCLOSE ORIGINAL CERTIFICATES.

ENCLOSURES

- 1. Registration fee by Demand Draft for Rs.1000/- drawn in favour of CORRESPONDENT, C.S.I. JEYARAJ ANNAPACKIAM COLLEGE OF NURISNG payable at Madurai**
- 2. Copies of nursing certificate**
- 3. Registration Certificate for Nursing, Midwifery/ Alternate course and additional Nursing Qualification if any.**
- 4. Experience certificates after B.Sc(N) / B.Sc(N) for Trained Nurses**
- 5. Transcript of B.Sc(N) / B.Sc(N) for Trained Nurses**
- 6. Mark list of B.Sc(N) / B.Sc(N) for Trained Nurses**
- 7. Certificate indicating date of birth**
- 8. General educational qualification certificates (10thand +2)**
- 9. Current medical fitness certificate**
- 10. No objection certificate from the latest employer or from the previous college**
- 11. Merit certificates**
- 12. Sponsorship obligation completion certificate (Where applicable)**
- 13. Experience certificate after Diploma in Nursing (for PC B.Sc., Candidate applying for sponsorship)**
- 14. Certificate for serving in needy area**
- 15. Hall Ticket duly filled in and the self addressed envelope provided for the Hall Ticket with Rs.5/- stamp affixed**
- 16. Acknowledgement card with your address & with Rs.6/- stamp affixed.**