

**INSTITUTE OF NURSING EDUCATION
BAMBOLIM-GOA
APPLICATION FORM FOR M.SC. NURSING PROGRAM
2024-2025**

For Office Use Only

Application No: _____

Academic record:

Sr. no.	Pre-degree /diploma/ degree	Year of passing	Duration	Examining authority	Total marks/Percentage	Remarks
1.	SSC					
2.	HSSC					
3.	PBB.Sc(N)/B.Sc(N)					

- 1) Form checked by..... 2) Form Double-checked by..... 3) Original documents checked by

**Affix
passport size
self attested
photograph**

PERSONAL DATA

Name in full (in block letters, as per qualifying examination)_____

Gender _____ Date of Birth _____ Place of Birth _____

Age _____ Marital status: _____ Nationality: _____

Telephone Nos. _____

Temporary Address:

Permanent Address: _____

Name and address of the institution/agency/hospital where last worked:

Category under which you wish to apply for – General, S.T., O.B.C., CSP, and physically handicapped (**Do Not tick**)

WRITE ONLY ONE CATEGORY: _____

Check list for the documents to be attached

- a. Please enclose self-attested certificates/documents as per requirements (Part-II, clause 3 of the prospectus). (Tick the certificates you have enclosed).
- b. **No original documents** should be attached, as the admission committee shall not be responsible for loss of original documents.

I	ESSENTIAL CERTIFICATES FOR ALL CATEGORIES	Enclosed
1	Certificate of passing and statement of marks obtained at S.S.C. issued by the recognized board.	
2	Certificate of passing and statement of marks obtained at H.S.S.C. issued by the recognized board.	
3	B.Sc. Nursing/ P.C. B.Sc. Nursing passing Certificate	
4	Mark sheet of B. Sc. Nursing/P.C.B.Sc. Nursing	
5	B.Sc. Nursing Degree issued by the University	
6	Registration certificate from State Nursing Council	
7	Certificate of Birth from Registrar, Births and Deaths	
8	Certificate regarding residence from Mamlatdar on prescribed proforma (Annexure I)	
9	No objection Certificate from present employer	
10	Experience Certificate from employer	
11	TNAI Life Membership card	
	CATEGORY CERTIFICATE	
1.	Certificate from Deputy Collector in case of candidates from S.C./S.T./OBC (non- creamy layer) (Annexure II for S.C./S. T. & Annexure III for O.B.C.)	
2.	Certificate from the concern authorities' regarding Central and State Government employee.	
3.	Income & Assets certificate from the Mamlatdar of the concerned Taluka in case of candidates applying under the EWS Category	
4.	Certificate for physical handicapped from constituted Medical board of G.M.C. Hospicio Hospital or Asilo Hospital.	
5.	Medical examination report from Government Doctor Only	
	FOR CANDIDATES OTHER THAN FROM GOA UNIVERSITY	
1.	Migration Certificate	
2.	Provisional Eligibility Certificate from Goa University	

Declaration by the Candidate

- a. I hereby state that I am eligible to be considered for admission to the M.Sc. Nursing program.
- b. I hereby agree, if admitted, to conform to the rules and regulations at present in force or that may hereafter be framed by the Institute and its associated hospitals/health centers. I undertake that, so long as I am a student of the Institute I will not do anything that is unworthy of the Institute's ideals or do anything that will interfere with its orderly working and discipline.
- c. If admitted, I undertake to complete the program. I also undertake to serve the Government of Goa in any part of the state for a period of five years after completion of the M.Sc. Nursing program if called upon to do so by the Government within a period of six months.
- d. I am aware that ragging is banned from the Institute of Nursing Education, Goa and that if I am found guilty of ragging I am liable for punishment as deemed fit by the Principal, Institute of Nursing Education.
- e. I am aware that the M.Sc. Nursing program is a full time program and that I will not undertake any other assignment, employment, program until the completion of the program.

Signature of the Candidate _____

Name of Candidate _____

Place: _____