

Manjari Devi College & School of Nursing

Recognised by Govt. of Odisha & Approved by Indian Nursing Council, New Delhi,
Affiliated to Utkal University & Odisha Nurses & Midwives Examination Board, Bhubaneswar

Plot No- 262, Purana Padhan, Balakati, Bhubaneswar-752100

Tel.: 0674-2464366, 2464466 Fax: 2580168

Email: mdscnbbsr@gmail.com, Website: manjaridevicollege.org

APPLICATION FORM

FOR OFFICE USE ONLY

COURSE _____ SESSION _____ INTIMATION NO. _____

DATE _____ DATE OF ADMISSION _____

Admission in charge

Principal

Affix a recent
passport size color
photograph

To be filled in by Applicant's own handwriting

COURSE APPLIED FOR

ANM GNM B.Sc. Nursing P.B.B.Sc. Nursing

M.Sc. Nursing - **Speciality:** Med. Surg./OB&G/Paediatric/CHN/MHN

1. Name of the Applicant
(In BLOCK letters)

2. Date of Birth as recorded
in the HSC/CBSE/ICSE

Day Month Year

3. Gender: Male / Female

4. State Nursing Council Name
(For PBBSc. Nursing/M.Sc. Nursing)

RN RM

5. Full Name of Father
/Husband

6. Occupation

7. Full Name of Mother

8. Occupation

9. Category Claimed - General / SC / ST / PH / Green Card Holder / Ex-Service men

10. Mother Tongue

11. Nationality

12. Blood Group

13. Age on Date of Application

14. Religion

15. Marital Status

16. Aadhaar / PAN / Passport No:

17. Email ID

18. Permanent Home Address

	Phone _____
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19. Present Address

	Phone _____
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20. Guardian's Name and Address (If father is not alive)

Name : _____	Relationship with Candidate : _____
Address: _____	

21. Academic Background of the Applicant:

Educational Qualification	Name of the Board/University	Name of the last Institution Attended	Marks Obtained	Division with % of Marks	Year of Passing
HSC/CBSE/ICSE					
+2 Arts/Comm/Sc					
GNM					
B.Sc. Nursing/ P.B.B.Sc. Nursing					

(Self Attested Xerox copies of Certificates and Marksheets should be attached)

DECLARATION BY THE CANDIDATE

I _____ an applicant for admission into the **M.Sc. Nursing/P.B.B.Sc. Nursing/B.Sc. Nursing/GNM/ANM** course of Manjari Devi College & School of Nursing for the session _____ do hereby declare that no extra fee is collected / demanded by the College towards donation / capitation etc.

Date: _____

Full Signature of the Applicant

UNDERTAKING

I do hereby declare that the above particulars furnished by me are true in all respects and as such, I undertake that if subsequently, I will be found to have given wrong information with regard to marks, certificates and documents produced by me in connection with my admission then my name will be immediately removed from the College / School / Hostel in addition to whatever legal action that be taken against me. I agree to abide by the rules and regulations of the College / School / Hostel and pay all fees and deposit all other dues as laid down by the College / School / Hostel rules or may become due under these rules and also agree to withdraw myself from College / School / Hostel if deemed proper by the Secretary / Principal that such withdrawal in necessary in the interest of the Institution. I do hereby undertake to abide by all the rules and regulation of the College / School / Hostel and other rules and conditions that may be framed by the Sponsoring Society / College / School time to time during the course of training. I also hereby undertake to maintain discipline. If violate the rules and regulations laid down by the College / School / Hostel, or any authority empowered in this regard, or if my conduct in the College / School / Hostel is found unsatisfactory my name will be removed from the College / School / Hostel if deemed proper by the Authority.

I do hereby declare that I will not indulge myself in **ragging** and/or any type of destructive and extremely hatred practices that will create unhealthy atmosphere in the College/School/Hostel/in side the College Bus/during clinical practice. If it is proved that I am partially of fully involved/responsible for the rough activity, I will be liable for the disciplinary action taken against me by the authority.

I certify that I do not suffer from mental disease.

I certify that I have not prosecuted or convicted for any criminal involving morale turpitude.

Full signature of the applicant

(Full signature of Parent/Guardian)

Date

UNDERTAKING BY LOCAL GUARDIAN

I Sri/Smt _____ Address _____
_____ Local guardian of Sri/Miss/Smt _____
daughter/wife/ward of Sri/Smt _____ during her period of study in
the Manjari Devi College & School of Nursing, Bhubaneswar shall act as local guardian on behalf of the parents
/ husband of the said student. I further undertake to take custody of the above student if and when required by
the College / School authorities and to ensure that she maintains the academic discipline and good conduct
during the period of the study in the aforesaid College / School.

Date _____

(Signature of the Local Guardian)

ATTESTATION BY PARENT / HUSBAND / GUARDIAN

The above undertaking has been signed in my presence. I empower Sri/Smt _____
to act as Local guardian of my daughter/wife/ward Miss/Smt _____ during the period
of her studentship in the Manjari Devi College & School of Nursing, Bhubaneswar. Orissa.

Full signature of the applicant

Place _____

Date _____

(Full Signature of Parent/Husband/Guardian)

Place _____

Date _____

DOCUMENTS TO BE ENCLOSED WITH THE APPLICATION FORM:

1. A/c Payee Demand Draft favouring **Manjari Devi College of Nursing** payable at **Bhubaneswar**.
(for M.Sc. Nursing - Rs. 500/- , PBB.Sc. Nursing - Rs. 500/-, B.Sc. Nursing - Rs. 500/-, GNM - Rs. 400/- & ANM - Rs. 200/-)
2. Attested copy of H.S.C. or equivalent examination issued by Board of Secondary Education or equivalent board as evidence of age.
3. Attested copy of pass certificate of qualifying examination (+2 Arts/Science/Commerce/GNM/BSc Nursing/ PBBSc Nursing or equivalent examination)
4. Attested copy of mark sheet of qualifying examination issued by CHSE / Board.
5. Original CLC/SLC & Conduct certificate issued by the institution last studied.
6. Five recent passport size color photographs self attested on backside.
7. Attested copy of certificate in support of category claimed (SC/ST/PH/Ex-Servicemen/Green card holder).
8. For M.Sc. Nursing, Certificate in support of minimum one year experience.
9. For M.Sc. Nursing & PBBSc Nursing self attested copy of Voter ID Card/ PAN Card/ Passport / Adhar Card.
10. Inservice candidate applying for M.Sc. Nursing & PBBSc Nursing should submit NOC from competent authority.
11. Medical Fitness Certificate

HOSTEL ADMISSION FORM

Affix a recent
passport size color
photograph

1. Name of the Candidate

2. Father's / Guardian's Name

3. If Guardian specify the relationship

4. Address for correspondence

Phone No a) _____ b) _____
c) _____

5. Suffering from any specific disease

6. Whether involved in criminal activities and recorded in Police Station Yes No

7. Specify the Name of Guardian and their relationship who will visit during your stay at hostel.
a) Name Relationship
b) Name Relationship

8. Father's Recommendation

UNDERTAKING

I hereby undertake that I will accept all the rules and regulations of the hostel. The above informations given by me are true to the best of my knowledge.

Full signature of the Applicant
Place _____
Date _____

(Full Signature of Parent/Husband/Guardian)
Place _____
Date _____