



OMAYAL ACHI COLLEGE OF NURSING

NO: 45, AMBATTUR ROAD, PUZHAI, CHENNAI - 600 066.

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M.Sc (Nursing) PROGRAMME - APPLICATION FORM

Application Number (for office use only):

(The application form is to be completed by the candidate in his/her own handwriting)

Affix Recent
Passport size
Photograph

1. Name in Block letters (As in the Professional Degree) :
2. Date of Birth & Age :
3. Gender :
4. Nationality/Religion/Caste/Community :
5. Blood Group :
6. Marital Status :
7. Name & Occupation of Father :
8. Permanent Address :
- Pin:
9. Address to which correspondence has to be sent :
- Pin.
- Telephone Number with STD Code :
- Mobile No. & email – id :
10. Name of the State to which the candidate belongs :

11. Professional Qualifications :

Name of the Degree	Name of the University	Name of the Institution	Month & Year of Passing	Marks Obtained in the exam	Maximum Total Marks allotted	Percentage In aggregate
B.Sc(N)						
P.B.B.Sc						
Any Other						

12. General Educational qualification (prior to joining B.Sc., Nursing)

12.1 School Education :

12.2 Specify if any other :

13. Name of the Registration Council :

14. Registration Number RN :

RM :

15. Professional Association Membership Number [TNAI] :

16. Total Professional Experience :Years. Months
(Give details in separate paper)

17. Employment Details

17.1 Name and Address of the Institution where employed :

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17.2 Present position/Designation :

17.3 Is it Government or private :

17.4 Name of the Employer with Designation :

18. Choose any two of the following Specialities and give your order of preference:

18.1 : Medical Surgical Nursing : I Choice :

18.2 : Child Health Nursing : II Choice :

18.3 : Maternity Nursing

18.4 : Community Health Nursing

18.5 : Mental Health Nursing

19. Do you want hostel accommodation : Yes / No

(Applicable only for female candidates)

20. Attach the following in the given order:

- a. Application form
- b. Attested Proof of age certificate
- c. Attested true copy of marks obtained in B.Sc., Nursing Examination/PC B.Sc(N) Examination (if Examinations are held in part / semesters) marks obtained in each part / semester should be enclosed
- d. Attested copy of B.Sc., Nursing Degree / PC B.Sc(N) Nursing Degree.
- e. Certificates Attested true copies of RN, RM
- f. Experience Certificate.
(Institutions from which experience certificate is obtained must fulfill the criteria laid down by State and Indian Nursing Councils.)
- g. A certificate of fitness from a medical practitioner not lower than the rank of a Civil Surgeon.
- h. Blood Group Certificate
- i. Eligibility Certificate form the Tamil Nadu Dr. M.G.R Medical University, at the time of joining.
- j. Migration certificate (only for those from other University)
- k. Caste / Community certificate
- l. Attested copy of Transfer Certificate

21. Give names and addresses of two references

1.

2.

I hereby certify that the above information given by me is true, to the best of my knowledge.

Date :

Place :

Signature of the Applicant

Note:

1. The entries should be made by the applicant in her/his own handwriting on the prescribed form issued by this College.
2. Application must be completed in every respect; incomplete application will not be considered.

(To be filled in by the Sponsoring Authority in case of sponsored candidates)

22. I declare that(Name of the Candidate) employed as (Designation) in (Name to Organization) is applying for admission into Master of Science (Nursing) programme at the Omayal Achi College of Nursing, No:45, Ambattur Road, Puzhal, Chennai - 600 066 with the permission of employing authority.

It is further declared that the employing authority shall sponsor the candidate for the 2 year M.Sc(N) programme

Date :

Place :

Signature of the Sponsoring Authority

Sponsoring refers to taking the responsibility for her/his study at this college by providing study leave/on deputation/by protecting her job and seniority / by allowing her to take leave admissible / any other arrangement.
