

ST. IGNATIUS INSTITUTE OF HEALTH SCIENCES

(Affiliated to Rajiv Gandhi University of Health Sciences and Recognized by the Govt. of Karnataka, INC & KNC)

Prabhat Nagar, Honavar – 581 334

PBB.Sc.(N) Course

Application No.

Application for admission to Two Year Post Basic B.Sc. Nursing Degree Course for the academic year 2016-17. To be filled in by the candidate herself/himself.

Last date for receipt of filled application to the Office 31st July 2017

From:

(IN BLOCK LETTERS) Name & Full Address

.....
.....
.....
.....
.....

Affix here your
Latest Photography
duly attested

Telephone No.

To:
The Admission Officer,
St. Ignatius Institute of Health Sciences
Prabhat Nagar
Honavar – 581 334

Phone: 08387/220145/220745

E-mail: sison_03@yahoo.co.in
sison04@gmail.com

Web : www.ignatiusnursing.org

DECLARATION BY THE CANDIDATE

I hereby state that I have filled this form myself and all the information given in this application form is true to the best of my knowledge.

I have read and understood its prospectus and I hereby undertake to abide by all the rules and regulations mentioned in the prospectus of St. Ignatius Institute of Health Sciences for the two years Post Basic B.Sc. Nursing Degree course.

I also agree to follow the discipline of the college and hostel and promise not to indulge in any form of indiscipline that will bring down the name of the institution and Nursing Profession.

Dated:

.....
Signature of the Candidate

.....
Signature of the parent/Guardian

Name

(Relationship)

PERSONAL DATA

1. Name of the Applicant in full
(Block letters) As per S.S.L.C. Record :
2. Full Name of Father/Mother/Guardian :
3. Address :

4. Sex :
5. Age & Date of Birth :
6. Religion :
7. Denomination Caste :
8. Nationality :
9. State to which you belong :
10. Years of domicile :
11. Mother Tongue :
12. Language know to speak :
13. Approximate Annual Income of the
family :
14. Health Condition & any history of
Chronic illness or Physical handicap :
15. Permanent Address :

.....
.....

Pin code

16. Address to which correspondence has to be sent :

.....
.....

Pin code

17. Telephone No. : (R) (Mobile)

E-mail :

EDUCATIONAL QUALIFICATIONS

| Examination/ Course | Name of the Board/ University/Council | Name of the College/School | Year Passed Out | Aggregate in Percentage | Division of Pass |
|--|--|-------------------------------|-----------------------|----------------------------|---------------------|
| a) P.U.C. or equivalent examinations | | | | | |
| b) G.N.M | | | | | |
| c) Others Specify | | | | | |

REGISTRATION WITH NURSING COUNCIL :

- i) General Nursing
- ii) Midwifery
- iii) Specialization if any
(Diploma/refresher Course)
Professional Association (T.N.A.I)
Membership Number

| Registration Number | State | Date |
|---------------------|-------|------|
| | | |
| | | |
| | | |

TYPE OF EXPERIENCE IF ANY :

- Staff Nurse/Ward Incharge
- Community Health Nursing, PHN, DPHN
- Nursing Administration

| Year | Duration In months | Name & Nature of the Institution Govt/Private |
|------|-----------------------|--|
| | | |
| | | |
| | | |

PRESENT POSITION

- a) Designation -----
- b) Name and address of the institution -----
- c) Govt./Semi Govt./Private -----

Do you need Hostel Accommodation? Yes/No (Please tick () mark)

| BRIEF FAMILY HISTORY | | | | | | |
|--------------------------|-----|-----------------|---------------|------------|--------|------------------|
| Name | Age | Living/ Dead | Qualification | Occupation | Income | Health Status |
| Father/Husband/Guardian: | | | | | | |
| Mother | | | | | | |
| Brothers/Sisters: | | | | | | |
| 1. | | | | | | |
| 2. | | | | | | |
| 3. | | | | | | |
| 4. | | | | | | |
| 5. | | | | | | |

N.B: 1) Please indicate the names of parents and siblings in the columns given above.
2) Strike off what is not applicable.

ATTESTED COPIES OF CERTIFICATES AND OTHER ENCLOSURES REQUIRED:

(Do not enclose originals)

- a. SSLC Marks Card
- b. PUC or its equivalent from a recognized University Mark list.
- c. Transfer Certificate
- d. Registration Certificates of General Nursing and Midwifery
- e. Diploma Certificate of General Nursing & Midwifery
- f. GNM Marks Cards
- g. Migration Certificate
- h. Medical fitness certificate from a registered Medical Practitioner
- i. Character Certificate from the head of the institution where last employed/studied
- j. Certificate stating have working knowledge of English
- k. One self addressed envelope with Rs.40/- stamp
- l. Submit a Identification proof (Voter ID/Pan Card/Passport/Driving License/Aadhar Card)

PLEASE NOTE : Last date for receipt of filed in application form will be 31st July 2017

- N.B. : 1. All the certificates should bear the same name, as per S.S.L.C. Certificate. If any change of name, it should be accompanied by an affidavit to the effect.
2. Application accompanied by the above mentioned certificates only will be considered.

