

## **M.Sc. Nursing 2024-25**

We are pleased to announce that Admissions for M.Sc. (N) is open for the Academic year 2024-25.

Candidates interested in pursuing Post graduate degree at our Institute may apply by downloading the application and filling in the details and submitting it by post or by e-mail to the following address on or before August 15<sup>th</sup> 2024.

Email Id: [hoskotemissioncon@gmail.com](mailto:hoskotemissioncon@gmail.com)

Address: Hoskote Mission institute of Nursing  
Mission Hospital Road, Hoskote P.O,  
Bengaluru Rural, Karnataka – 562114.

# HOSKOTE MISSION INSTITUTE OF NURSING

Managed by Mar Thoma Evangelistic Association - Estd:1996  
(Missionary Wing of the Mar Thoma Church)  
(Affiliated to Rajiv Gandhi University of Health Sciences, Karnataka & Recognized by  
Government of Karnataka, Karnataka State Nursing Council & Indian Nursing Council)

## APPLICATION FOR THE YEAR – 2024-25

APPLICATION No.....

**COURSE: M. Sc NURSING**

Recent  
Passport  
size Photo

*(Mention the order of preference as 1,2,3 M.Sc. (N))*

Branch I - Medical Surgical Nursing

Branch IV - Psychiatric Nursing

Branch II - Community Health Nursing

Branch V- Obstetrics and Gynaecology Nsg

Branch III- Paediatric Nursing

**Note: 1. Application should be filled by the candidate in her own handwriting.**

1. Name in Full (In Block Letters) .....

\* Mobile:..... \* Email ID.....

2. Date of Birth: ..... 3. Place of Birth: .....

4. Religion:..... 5. Denomination: .....

6. Mother Tongue: ..... 7. Marital Status: .....

8. Mother's Name:..... 9. Occupation: .....

10. Father's / Husband's Name: ..... 11. Occupation: .....

12. Blood Group: .....

13. Permanent Address: .....  
.....

14. Present Address: .....  
.....

15. Phone No. (Land Line): .....

16. Proficiency in Sports/Social Activities/other extracurricular activities, if any .....  
(Attach self-attested copies of the certificate)

17. Language known

	Write	Read	Speak
1. ....			
2. ....			
3. ....			

**18. Educational Qualifications:**

Nursing courses	Name of Institution	State Nursing Council Reg. No.	Date of Completion	Maximum Marks	Marks Secured	Total Percentage	No. of Attempts
B. Sc Nursing							
P.B. B. Sc							
Any other							

**19. REFERENCE:** (Give below name and address of two persons of reputed status other than relatives to whom a reference may be made, with phone no.)

1. ....  
.....  
2. ....  
.....

**19. List of documents to be attached with the Application Form: (Xerox copies only)**

1. S.S.L.C
2. PUC/Higher Secondary Marks Sheet (1<sup>st</sup> and 2<sup>nd</sup> year)
3. B. Sc (N) Degree certificate with Marks cards or Post Basic B. Sc Nursing Degree certificate with marks cards
4. State Nursing Council Registration certificate after completion of B.Sc. (N)
5. One year working experience certificate after completion of B. Sc (N)
6. Conduct Certificate from the Principal of the Institution last attended and conduct certificate from local Parish priest (for Christian candidates)
7. Transfer Certificate of previous educational Institution
8. Migration Certificate
9. Medical Fitness Certificate from registered medical practitioner
10. Five recent passport Size Colour Photos
11. Aadhar Card
12. Caste, Income and Minority Certificate

**Note: All original certificates to be submitted at the time of admission**

## **DECLARATION**

I, \_\_\_\_\_ declare that particulars given above are correct to the best of my knowledge and belief and that if any detail is found to untrue or incorrect, I am liable to forfeit my admission along with all fees paid. If I get admission, I agree to de by the rules and regulations of the Institute and the Hostel.

Place:.....

Name & Signature of the Candidate

Date: .....

Signature of the Parent / Guardian