

**GRADUATE, POSTGRADUATE NURSING
ADMISSIONS – 2016-2017 Session**

1. PROGRAMS AVAILABLE

Applications are invited for the following programmes for the Academic year 2015-2016.

S.NO	Programs Offered	Commencement of the Course
I	M.Sc Degree in Nursing	November
II	B.Sc Nursing	August/September

I. M Sc DEGREE IN NURSING (2 YEARS)

Specialities	Number of seats
Medical Surgical Nursing	2
Paediatric Nursing	2
Obstetrics and Gynaecological Nursing	3
Community Health Nursing	3

II. B Sc NURSING (4 YEARS)

Number of seats

50

2. CALENDAR FOR ADMISSION

M.Sc Nursing and B.Sc Nursing

Sl. No	Particulars	M.Sc (N)	B.Sc (N)
1	Issue of Application	1st April	1st April
2	Last date for receiving filled in Application	30th September	31st August
3	Commencement of the Program	1st November	3rd September
4	University Examination	October	August

3. APPLICATION PROCESS

Application forms for the programmes can be received on request to The Principal, Indira College of Nursing, Trichy-Chennai Main Road, Konalai, Trichy. It can be obtained either in Person or post by sending the prescribed fee (as mentioned in the table below) as demand draft drawn in favour of Indira College of Nursing, Trichy. Downloaded Application form from **Website:indiracollegeofnursing.in/** **No other mode of payment will be accepted. Each group must be in a separate application form.** The application form for the programme desired must be specified. The address with pin code in block letters may be given for proper communication.

Sl.No	Course	Application Fee
1	M.Sc Degree in Nursing	Rs.500
2	B.Sc Nursing	Rs.300

When paid by demand draft, please mention the details in the form and enclose the original DD(and keep a photocopy for your reference). Any form of fee once paid will not be refunded under any circumstance.

Please keep your application number safe till admission is over.

Candidates applying for M.Sc. Nursing can opt only for 2 preferences. Candidates must mention the order of preference for admission into the course in the application form when applying for more than one preference. Candidates will not be allowed to change the choice of preference after registration.

Candidates must enclose the following - Check List (as applicable for the Nursing Program)

1. Demand draft of the application fee if applied online drawn in favour of Indira **College of Nursing, Trichy** payable at the State Bank of India, Srirangam Branch, Tiruchirappalli.
2. Copies of Nursing certificates – Diploma in General Nursing and Midwifery/alternate course (applicable to male candidates)/B.Sc Nursing/ Post Basic B.Sc Nursing.
3. Registration certificates from the State Nursing Council for Nursing & Midwifery /alternate course (applicable to male candidates). Registration certificate for additional qualification (for those who completed Post Basic B.Sc Nursing)
4. Experience certificates after Diploma in General Nursing and Midwifery/ B.Sc Nursing/ Post Basic B.Sc Nursing till date.

5. Mark lists of Diploma in General Nursing and Midwifery / B.Sc Nursing / Post Basic B.Sc Nursing
6. Transcript of Diploma in General Nursing and Midwifery/ B.Sc Nursing/Post Basic B.Sc Nursing
7. Certificate indicating the Date of Birth (if not stated in the 10th/12th mark sheet)
 1. General education qualification certificates (10th & 12th)
 2. Current medical fitness certificate
 3. Merit certificates (if the candidate is a best outgoing student, a certificate from the institution indicating the same should be enclosed, refer **Annexure IV**)
 4. Community certificate from the Government Authority
 5. Baptism certificate / Confirmation certificate – if Christian
 6. No objection certificate from the latest employer
 7. Filled in ID Card application.
 8. Filled in Blood grouping & typing Certificate
 9. Two self addressed long envelopes (9” x 4”) with Rs.5/- stamp affixed

**INDIRA COLLEGE OF NURSING
KONALAI, TRICHY-621132**

**Application form for the Nursing programmes
Academic Year from 2016 to 2017**

Nursing Program (Please tick in appropriate box)

1. B.Sc Nursing :

2. M.Sc Nursing :(specify the specialty of your interest)

a. First Choice : _____

b. Second Choice : _____

Affix

Photograph

I. A. Personal Details

- Name (as given in the degree certificates| SSLC)
- Father / Spouse Name:
- Date of Birth and Age :
- Gender:
- Religion : Caste / Group:
- Nationality:
- Marital Status : Single /Married
- Native Language :
- Address & Contact details :

Landline No:

Mobile No.:

B. Family Details: If Single

Family members	Age	Sex	Education	Occupation	Income/ month	Health status
Father						
Mother						
Siblings						

C. Family Details : If Married

Family members	Age	Sex	Education	Occupation	Income / month	Health status
Spouse						
Children						

II. Qualification

A. General education

SLNO	Qualification	Year of Passing	University/Board	% of marks / grade/class
1	+2			
2	Pre Univ			
3	Pre-degree/Any equivalent			

B. Professional Qualification (If applicable)

Qualification	Year of passing	University/ board	% of marks / grade / class	Registration(RN/ RM)
GNM				
B.SC(N)				
P.B.B.SC				

C. Other Qualification : If Any

III.Work Experience: (Start With Latest Position held)

Sl.No	Position	Clinical areas	Duration of experience			Place of work /address	Reason for relieving
			From	To	Total		

IV. Languages Known

Sl. No.	Language	Speak	Read	Write

V. Personal Interest and hobbies:

VI. Health History:

A. History of any Personal, Medical or Surgical illness: Yes /No
If yes, any treatment taken or on treatment (Specify)

B. Any family History of Hereditary / Genetic / Psychiatric illness:

VII. Write briefly the reason for opting to do higher education:

References (Give two names and addresses of which one from employer last worked)

1.

2.

Self Declaration

The above furnished details are true to my knowledge and I am responsible for the discrepancy if found any and their consequences

Signature of the Candidate

Name:

Date:

Place:

Check list: [Ensure the following are enclosed along with the application]

The following relevant Documents in **original** should be submitted at the time of Admission:
(M.Sc N/ B.Sc N)

1. Filled in application
2. Age Proof
3. +2 Mark sheet
4. Transfer certificate
5. Conduct certificate
6. Migration certificate
7. Degree certificates B.Sc or Diploma
8. B.Sc N Mark sheets (4years) for M.Sc N Applicants
9. P.B.Sc N Mark sheets (2years) for M.Sc N Applicants
10. GNM Mark sheets (3years) for P.B. B.Sc N Applicants
11. Transcripts B.Sc. N/P B. B.Sc N/GNM (as relevant for the program)
12. RN & RM Registration certificates
13. Pass port size photographs – 4
14. Medical fitness certificate
15. Blood Group Certificate
16. ID Card Application
17. First graduation certificate (for first graduate scholarship)
18. Income certificate
19. Bank Pass Book Front page Xerox (for scholarship) } **to avail Govt Scholarship**

**Note: SC/ST Scholarship: Both Govt counselling candidates & Management candidates;
BC/MBC: Govt counselling candidates only**

Contact details:

E-mail: icontry@yahoo.co.in / principalicontry@gmail.com

Office : 0431-2910455

Website: www.indiracollegeofnursing.in

Mobile: 9487554622,7708255814,8870299921

Postal Address:

The Principal

Indira College of Nursing

Trichy-Chennai Main Road

Konalai

Trichy

Pin code: 621132

MEDICAL FITNESS FORM – 3

Date of Examination:

I. Personal data:

Name:

Age:

Sex:

Marital status:

Identification marks:

1. _____

2. _____

II. General Examination:

a. Height _____ cms

b. Weight _____ kg

c. Vital Signs: T _____ P _____ R _____ B.P _____

d. Nutritional status: Normal/under nourished/mal nourished/ obsessed

e. Blood examination: Hb _____ Blood group _____

f. Skin

g. Pallor

h. Menstrual cycle: Regular/irregular

Period of cycle _____ Duration _____ Flow _____

Dysmenorrhea _____ Treatment if any _____

III. Systemic Examination:

a. CNS _____

b. Respiratory system _____

c. Cardiovascular system _____

d. Gastro Intestinal System _____

e. Musculo Skeletal System _____

III. Investigations:

a. Complete blood count

b. Urine routine

c. Vision

d. Chest X-ray

e. ECG

Date:

Place:

Signature of Medical officer:

PHYSICAL FITNESS CERTIFICATE FOR ADMISSION TO NURSING COURSES

I Dr _____ after careful personal examination of the candidate do here by certify that Mr / Ms / Mrs _____ is found physically fit to undergo professional education.

Date:

Signature of the Medical Officer :

Place:

Name :

Designation :

Reg. No. :

ID CARD APPLICATION

NAME: -----

COURSE: ----- YEAR -----

ADMISSION NO: -----

DATE OF BIRTH: -----

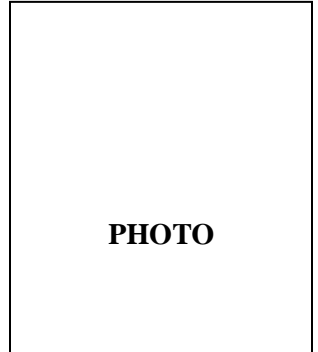
BLOOD GROUP: -----

FATHER'S NAME -----

ADDRESS: -----

PIN: -----

PHONE NO: -----



BLOOD GROUP CERTIFICATE

PATIENT NAME	:	SEX:	AGE:
HAEMIGLOBIN	:	GM%	13.0-18.0 GM%
FASTING BLOOD SUGAR	:	mg/dl	70-110 mg/dl
POSTAL PRANTIAL BLOOD SUGAR	:	mg/dl	70-140 mg/dl
RANDOM BLOOD SUGAR	:	mg/dl	70-140 mg/dl
SERUM CHOLESTROL	:	mg/dl	<200 mg/dl
BLOOD GROUP Rh	:		
URINE SUGAR - F	:		
URINE SUGAR - PP	:		