



**COLLEGE OF NURSING ,**  
**GOVERNMENT INSTITUTE OF MEDICAL SCIENCES , GREATER NOIDA**

**ADMISSION FORM FOR M.Sc. NURSING COURSE**

**CNET Roll Number - ..... (Rank/Score.....)**

**M.Sc. Nursing Speciality -.....**

**1. Name of the candidate : \_\_\_\_\_**

(To be filled in block letters)

(First name)

(middle Name)

(sur Name)

(As in Higher Secondary Examination Certificate)

**2. Date of Birth : \_\_\_\_\_**

**3. Age (In Year, Till date) \_\_\_\_\_**

**4. Gender : Male / Female / Transgender**

**5. Marital Status : Unmarried/ Married/ Widowed/ Divorced**

**6. Nationality \_\_\_\_\_**

**7. Religion \_\_\_\_\_**

**8. Height \_\_\_\_\_ Cms.**

**9. Weight \_\_\_\_\_ Kgs**

**10. Category : Open/SC/ST/BC/OBC/Others**

**11. Basic Qualification :.....**

Sr. No.	Examination	Year	Board/ University	Attempt	Total Marks Allotted	Total Marks Obtained	Percentage	Remarks
1	S.S.C.							
2	H.S.C.							
3	Any other							

11. Year of passing General Nursing & Midwifery: (If applicable) \_\_\_\_\_

Name of institution: \_\_\_\_\_

Name of Examination Board / University: \_\_\_\_\_

Sr. No.	Examination Result	Year	Roll Number	Attempt	Total Marks Allotted	Total Marks Obtained	Percentage	Remarks
1	I-GNM							
2	II-GNM							
3	III-GNM							
		Total Marks						

12. Year of passing Post Basic B.Sc. (N) : (If applicable)\_\_\_\_\_

Name of Institution : \_\_\_\_\_

Name of Examination Board / University: \_\_\_\_\_

S. N.	Examination	Year	Roll Number	Attempt	Total Marks Allotted	Total Marks Obtained	Percentage	Remarks
1	P.B.B.Sc.(N) I Yr							
2	P.B.B.Sc.(N) II Yr							
		Total Marks						



13. Year of passing Basic B.Sc. (N): \_\_\_\_\_

Name of Institution: \_\_\_\_\_

Name of Examination Board / University: \_\_\_\_\_

Sr. No.	Examination	Year	Roll Number	Total Marks Allotted	Total Marks Obtained	Percentage	Remarks
1	I-B.Sc.(N)						
2	II-B.Sc.(N)						
3	III –B.Sc.(N)						
4	IV-B.Sc.(N)						
Total Marks							

14. Professional Experience :

Sr. No.	Name of Hospital/ Institution	Total No. of Beds	Area worked	Period		Post Held
				From	To	

15. Language proficiency(Tick the suitable box)

	Good	Average	Poor
English			
Hindi			
Other			

16. Applicant's present address & phone no. to which correspondence may be sent :

Village.....Tehsil .....District.....

State.....PIN Code ..... Tel.No.....

Mob.No..... Email .....

17. Permanent House address & Phone No.:

Village.....Tehsil .....District.....  
 State.....PIN Code ..... Tel.No.....  
 Mob.No..... Email .....

18. Guardian-

S.N.	Name	Relationship	Occupation	Address With Contact No.	Photo
1					
2					

19. Local Guardian :

S.N.	Name	Relationship	Occupation	Address With Contact No.	Photo

20. Two references from unrelated persons:-

Sr. No.	Name	Position	Address	Contact No.
1				
2				

21. Any achievement in Extracurricular activities / Sports.....Yes / No

If Yes .....

S.N.	Name Of Sport	Level (District/State/ National/Inte rnational/	Organizing committee	Certificate No.	Remark
1					
2					

### **Declaration :**

**I.....S/D/O.....hereby declare that I have not taken admission in any Post Graduate Degree/ Diploma/ Superspeciality course in any of the colleges in India in last three years & at the same time period. Further I also declare that I have not cancelled my admission after getting admission, all above mentioned information are true in my knowledge.**

**Date : .....**

**Applicant's Signature.....**

**COLLEGE OF NURSING, GIMS**  
Greater Noida, Gautam Buddha Nagar-201310, Tel- 8825568925  
**Email- gimscollegeofnursing@gmail.com**  
(An Autonomous Institute under Govt. of U.P)

**(ORIGINAL AND PHOTOCOPY)**

This is to certify that the ..... S/o. D/o,  
W/o..... has been admitted in M.Sc Nursing Course (Speciality  
.....)in  
..... College For 2025-26 academic  
year through ABVMU counselling 2025 and has submitted the following documents in original documents on  
..... at time ..... In the College of Nursing, GIMS, Greater Noida.

**List of certificates Submitted :**

S.NO.	Check List	Yes/No.
1.	Admit Card	
2.	Allotment Letter	
3.	Marks sheet /Rank Card/Score Card	
4.	10 <sup>th</sup> Mark sheet and certificate.	
5.	Date of Birth certificate	
6.	12 <sup>th</sup> Mark sheet and certificate	
7.	GNM/P.B.B.SC.(N)/B.B.SC.(N) All Mark Sheet	
8.	Course Completion certificate	
9.	Registration Certificate GNM/P.B.B.SC.(N)/B.B.SC.(N)	
10.	Five passport size photographs	
11.	Transfer certificate and Migration certificate of concerned board/university.	
12.	Experience cum last relieving certificate form institution	
13.	Reserved category original Caste / EWS Certificate/ PH certificate	
14.	Anti-ragging undertaking signed by the candidate and by the parent or guardian.	
15.	Gap Certificate (if required)	
16.	Affidavit from both students and parents regarding discipline and anti-ragging.	
17.	Government issued Photo Identity Card /Aadhar Card/Pan Card/Voter ID	
18.	Medical Certificate	
19.	ABVMU fees receipt	
20.	Adhar Card (Photo copy)	

The candidate has also submitted the Demand Draft with the following details

1. Amount .....
2. D.D. Number .....
3. Name of Bank with branch.....
4. D.D. Date .....

On ..... In College of Nursing, GIMS, Greater Noida.

FACULTY INCHARGE  
GIMS, GREATER NOIDA