

**GOVERNMENT OF INDIA
RAJKUMARI AMRIT KAUR COLLEGE OF NURSING
(UNIVERSITY OF DELHI)**

Lajpat Nagar IV, Near Moolchand Metro Station, New Delhi - 110024.
Application form for Admission to M.Sc Nursing
(2019-2020)



For Office Use only

- (I) Application Status Complete Incomplete
- (ii) Student Status
(a) RAK College of Nursing: (Sponsored)
(b) Category : Unreserved/ SC / ST / OBC / PWD / EWS / Foreign

Application No. :

Date of Receipt :

Roll No. :

Eligible : Yes No

Percentage of marks
in B. Sc. Nursing.....

- If no (reason)
- B. Sc. Marks Sheet incomplete
 - University / College of Nursing unrecognized
 - Short experience
 - Late Submission of application
 - Documents / Certificates not Attested
 - Non-submission of experiences certificates / RN / RM Certificate
 - Any other

Selection Test Marks.....

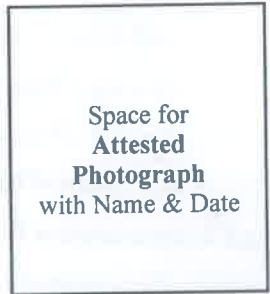
(Signature of the Scrutinizer)

DETAILS OF DEMAND DRAFT

Name of the Bank _____ Branch _____

Demand Draft Number _____ Date of Issue _____ Amount _____

- Name of the Candidate
Miss / Mr. / Mrs.
(in Capital Letters)
- Name of the Father / Husband
- Name of Mother
- Permanent Address



..... PIN :

5. Address to which correspondence has to be sent :
Postal :

..... PIN :

STD Code Phone Mobile

E-mail Address

Note : Ensure that all the documents are in order as listed in the application form.



6. Date of Birth Day Month Year

7. Nationality

8. State to which you belong (permanent residence)

8.1 State where employed at present

9. Whether applicant belong to

Scheduled Caste*/Scheduled Tribe*/OBC*/EWS*

Yes / No

9.1 If yes, specify [Tick Mark (✓)] SC ST OBC EWS

9.2 State the Caste Tribe OBC

10. Professional Qualification

10.1 B. Sc. Nursing Basic Post Basic

Name of the College	Name of University	Year of Joining	Year of Graduation	Marks** Obtained	Total Max. Marks	% in Aggregate

11. General Education Qualification (Prior to joining B.Sc. Nursing Course).....

12. Registration Number :

RN RM

13. Professional Association Membership No.

14. Total Professional Experience*** Years Months

15. Present Position / Designation

Name and Address of Institution where Employed

It is a Government or Private Institution? Tick Mark (✓) the appropriate response. Govt. Pvt.

16. Name of the employer with designation

* Attach a certificate from the Competent Authority(ies) as listed in the Prospectus.

** Total of all Semesters / Years.

*** Attach self attested copies of experience certificate (s)



17. State the choice for any two of the following electives* in order of your preference (Tick mark your choice) and mention years of experience in the area.

Elective Area	Preference I	Preference II	Years of Experience
Medical-Surgical Nursing			
Community Health Nursing			
Obstetrics and Gynecological Nursing			
Child Health (Pediatric) Nursing			
Mental Health (Psychiatric) Nursing			

18. Attach documents in the following order :

- 18.1 Acknowledgment Card
- 18.2 Application form along with self addressed envelope
- 18.3 Admission Ticket
- 18.4 Self attested copy of Senior Secondary School Education (10+2) or Higher Secondary School Certificate (10+2). Separate date of Birth certificate, if date of birth is not given in School Certificate.
- 18.5 Self attested copy of marks obtained in B.Sc. Nursing Examination (if examination are held in parts /Semester, marks obtained in each part/semester should be enclosed). **Copy of Transcript will not be entertained in this regard.**
- 18.6 Self attested copy of RN/RM Certificate.
- 18.7 Self attested copy of B. Sc. Nursing Degree.
- 18.8 Three copies of attested recent Passport size Photographs. (One to be affixed on the Application Form and two on the Admission Ticket) with name and date when it is taken
- 18.9 A certificate from Sponsoring Authority, if applicable.
- 18.10 Self attested copies of Experience Certificate (s).
- 18.11 Self attested copy of Scheduled Caste/Schedule Tribe/OBC (Non-creamy layer)/PWD/EWS/Ex-Serviceman certificates from competent authority if applicable.
- 18.12. Self attested Certificate of Good conduct from concerned authorities.
- 18.13 Foreign students are require to submit a certificate indicating proficiency in English language.
- 18.14 Foreign student are required to submit transcript of records in Theory and Practical Hours and a copy of syllabus

* Area of clinical specialization will be offered depending on student's experience, need of sponsoring institution and faculty position at the College.



19. I declare that :

- 19.1 The above entries are correct to the best of my knowledge. I have read the prospectus and prepare to abide by the rules of the college.
- 19.2 On admission I shall submit myself to the discipline in the jurisdiction of the Vice-Chancellor and Principal and the several other authorities of the University who may be vested with the authority to exercise discipline framed or as under the University.

Date :.....

.....
(Signature of applicant)

Place

Note :

1. The entries should be made by the applicant in her/his own handwriting on the prescribed form issued by this College. All responses must be given in words and not by dashes or dots, no column should be left blank.
2. The name and date of birth should correspond with those in Secondary School Certificate or Birth Certificate.
3. The name and spelling given here should be strictly adhered for future correspondence.
4. Application should be complete in every respect.

Incomplete Application will not be considered for admission



Note :

If the applicant does not receive the Admission Ticket by 25th April, 2019, she/he may contact the College Office on 26th April, 2019 between 10.00 a.m. to 5.00 p.m. If she/he is found eligible, duplicate admission ticket will be issued on the same day. Bring an attested copy of photograph similar to the one pasted on application form.





FORM FOR SPONSORSHIP

(To be filled in by the Sponsoring Authority for RAK College of Nursing Faculty)

I declare that
(Name of the Candidate)

employed as
(Designation)

in
(Name of the Organisation)

is applying for admission to M.Sc Nursing Program at the Rajkumari Amrit Kaur College of Nursing, New Delhi - 110024 with the permission of the employing authority.

It is further declared that the employing authority shall sponsor* the candidate. Please specify in the space below.

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

Date :
(Signature of Sponsoring Authority with Seal)

Place :

- * 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.
- * The sponsoring letter and original application through proper channel must reach by 17th May, 2019.
- * No page (s) of the application form should be removed or replaced.



M.Sc NURSING

Consolidated Statement of Experience in Chronological order from Recent to Past

S. No.	Name of the Institution with Address	Designation	From		To		Institution criteria *Place a tick mark (✓) at the appropriate item		
			Month	Year	Month	Year	(i)	(ii)	(iii)
1.									
2.									
3.									
4.									

Note : Please attach self attested copies of experience certificate for the above experiences.

*** Institution Criteria :**

- (i) A hospital having an Indian Nursing Council recognized School / College of Nursing offering B.Sc. Nursing/G.N.M/Midwifery/M.P.H.W./P.H.N//H.S. or a Hospital with 100 or more beds having facilities for practice in different clinical areas.
- (ii) A Community Health Center (M.C.H. Center / P.H.C./R.H.C. / Taluka Headquarters Hospital).
- (iii) Nursing Education Institution recognized by the Indian Nursing Council.



(Copy for the Invigilator)

Application No.

Roll No.

Examination Centre.....

(To be filled by College Office)

Date : 28th April, 2019

Time : 10.00 a.m. to 12.30 p.m

Reporting Time : 9.00 a.m.

**GOVERNMENT OF INDIA
RAJKUMARI AMRIT KAUR COLLEGE OF NURSING
Lajpat Nagar, Near Moolchand Metro Station, New Delhi - 110024**

ADMISSION TICKET

**Selection Test 2019, for M. Sc. Nursing Course
Admit to M.Sc. Nursing Selection Test**

Name
(in Capital Letters)

Complete Postal Address

.....Pin Code :

Space for
attested
photograph
with Name
& Date

**Signature of the Principal
R. A. K. College of Nursing**

**Signature of the Candidate
(to be done while filling application form)**

IF YOUR FORM IS INCOMPLETE YOU WILL NOT BE CALLED FOR SELECTION TEST

(Copy for the Candidate)

Application No.

Roll No.

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**Signature of the Principal
R. A. K. College of Nursing**

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(to be done while writing selection test)**

IF YOUR FORM IS INCOMPLETE YOU WILL NOT BE CALLED FOR SELECTION TEST



DIRECTIONS TO CANDIDATES FOR SELECTION TEST :

1. Follow the instructions for filling up the OMR Answer Sheet as given in the prospectus as well as in the Question Booklet given during the Selection Test. Sample of OMR Answer Sheet is attached in prospectus.
2. The examination hall shall be opened half an hour before the commencement of examination.
3. No candidate will be allowed to enter the Examination Hall after the commencement of the Examination.
4. Each candidate must show, on demand, his/her Admission Ticket.
5. No candidate is permitted to leave the examination hall before the expiry of allotted time for the selection test.
6. A seat with a number will be allotted to each candidate. Candidates must find out and occupy the allotted seats.
7. Candidates should not leave the hall without handing over their answer sheet to the Invigilator on duty.
8. When the time allowed has expired, the answer-sheet must be surrendered even though the candidates may not have answered any part of the question paper.
9. All candidates are required to bring their own **HB pencils, Black ball-pens and erasers etc.** No candidate shall tear leaf or a part of it from the answer sheet and / or question paper.
10. Candidate are forbidden to write answers (or anything else) on the question paper and to remove any paper from the room.
11. Candidate are forbidden to write their name or any distinctive mark leading to disclosure of their identity.
12. Candidate will be required to sign their names on the attendance sheet and give their left thumb impression.
13. Smoking in the Examination Hall is strictly prohibited.
14. No Tea, Coffee, Cold Drinks or snacks are allowed to be taken inside the Examination Hall during Examination hours.
15. A Candidate found guilty of the use of dishonest or unfair means of disorderly conduct in the examination shall be disqualified and be debarred from appearing at any future selection test of the College.
16. Mobile phone / calculator / electronic device is not allowed inside the examination hall.



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