



# COLUMBIA COLLEGE OF NURSING

(Recognized by Government of Karnataka, KNC, RGUHS Bangalore, INC New Delhi )

#71, Mariyappanapalya, Gnanabharati Post Kengeri Hobli, Bangalore - 560 056

Ph: 080-23241584, 9880986925. Email : columbiansgblr@gmail.com

www.columbiacollege.co

Application No. \_\_\_\_\_

Application for admission to **M. Sc. Nursing Degree Course** for the academic year **2026-2027** To be filled in by the candidate herself/himself.

**Name and Address of the Candidate:**

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**Telephone No:** -----

**Mobile No:** -----

Affix here  
your latest  
Photograph duly  
attested

To:

**The Chairman**

Columbia College of Nursing  
#71, Mariyappanapalya,  
Gnanabharati Post Kengeri Hobli,  
Bangalore - 560 056  
Karnataka

## DECLARATION BY THE CANDIDATE

I hereby state that I have filled this form myself and all the information given in this application forms are 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 Columbia College of Nursing for the two years M.Sc. Nursing Degree Course for the year 2022-23.

I also agree to follow the discipline of the college and promise not to indulge in any form of indiscipline that brings down the name of the Institution, College of Nursing and nursing Profession.

Dated: -----

Signature of the Candidate

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Signature of the Parent/Guardian

Name & Address-----

(Relationship) -----

**PERSONAL DATA**

- 1. Name of the Applicant in full  
(Block letters) As per S.S.L.C. Record :
- 2. Full Name of Father :
- 3. Full Name of Mother :
- 4. Permanent Address : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 5. Gender :
- 6. Age & Date of Birth :
- 7. Religion & Sub Caste :
- 8. Denomination/Caste  
Catholic/ Protestant/ Jacobite/ Marthomite :
- 9. Marital Status :
- 10. Nationality :
- 11. State to which you belong :
- 12. Mother Language :
- 13. Languages known to speak :
- 14. Blood Group :
- 15. Aadhar Number :
- 16. Health Condition (mention if any history of chronic  
illness or Physical defect is present) :
- 16. Address to which correspondence has to be sent : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Pin code \_\_\_\_\_
- 17. Telephone No. : (R) \_\_\_\_\_  
Mobile \_\_\_\_\_
- 18. E-mail :

## EDUCATIONAL QUALIFICATIONS

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

### REGISTRATION WITH NURSING COUNCIL:

- i) B. Sc or P B B. Sc Nursing
- ii) Specialization if any (Diploma/refresher Course)
- f) Professional Association (T.N.A.I.) Membership Number
- g) Total professional experience (Total experience should not be even few days less than one complete year)

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

### TYPE OF EXPERIENCE :

- Staff Nurse / Ward Incharge
- Community Health Nursing, PHN,DPHN
- Nursing Administration  
Teaching in G.N.M Course/B.Sc. Nursing

| 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

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### FINANCIAL RESOURCES:

- Fellowship / Scholarship
- Deputation
- Self Support

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**Do you need Hostel Accommodation? Yes / No (Please tick mark what is applicable).**

## BRIEF FAMILY HISTORY

|                              | NAME | Age | Living/<br>Dead | Qualification | Occupation | Income | Health<br>Status |
|------------------------------|------|-----|-----------------|---------------|------------|--------|------------------|
| Father/Husband/<br>Guardian: |      |     |                 |               |            |        |                  |
| Mother/Wife:                 |      |     |                 |               |            |        |                  |
| Brothers/Sisters:            |      |     |                 |               |            |        |                  |
|                              |      |     |                 |               |            |        |                  |
|                              |      |     |                 |               |            |        |                  |
|                              |      |     |                 |               |            |        |                  |
|                              |      |     |                 |               |            |        |                  |
|                              |      |     |                 |               |            |        |                  |
|                              |      |     |                 |               |            |        |                  |

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

### SELECTION OF NURSING SPECIALTY:

(Specify the subject)

Choice 1 -----

Duration of Experience in the field of choice ----- Choice 2 -----

Duration of Experience in the field of choice -----

### PHOTOSTAT ATTESTED ENCLOSURES REQUIRED: (Do not enclose originals)

- SSLC mark list
- XII mark list
- B.Sc. Nursing Degree Certificate (Basic or Post Certificate).
- Registration Certificate of B.Sc. Nursing/P B B.Sc. Nursing. (Candidates other than Karnataka state should be Registered under Karnataka Nursing Council)
- Transfer Certificate of B.Sc. Nursing/P B B.Sc. Nursing.
- Migration Certificate (Non Karnataka only)
- Medical Fitness Certificate from a Registered Medical Practitioner.
- True copy of mark list of B.Sc./ P B B.Sc. Nursing examination (if examination is held in parts separate mark list of all semesters should be enclosed)
- Character Certificate from the head of the Institution where last employed.
- Professional Experience Certificate for minimum one year after obtaining the Degree indicating the Designation.
- Submit a Identification proof (Passport/ Aadhar Card)

### P.N.:

- 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.
- Application accompanied by the above mentioned certificates only will be considered.