

**State Institute of Nursing & Para-medical Sciences, Badal (Muktsar)**  
**APPLICATION FORM for admission to M.Sc. Nursing Course, Session 2026**

Entrance Test-26 Roll No. \_\_\_\_\_ Marks \_\_\_\_\_

1. Name (In block letters) : \_\_\_\_\_

2. Father's Name (In block letters): \_\_\_\_\_

3. Date of Birth: \_\_\_\_\_ Age (as on 31.12.2026) \_\_\_\_ Years \_\_\_\_ Months \_\_\_\_ Days

4. Category \_\_\_\_\_ Category Code \_\_\_\_\_ As given in prospectus

5. Resident Status Punjab/Other state \_\_\_\_\_ Nationality \_\_\_\_\_

Affix latest  
passport size  
attested  
photograph

6. Address for correspondence (In block letters):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
District \_\_\_\_\_  
Phone No. \_\_\_\_\_ Mobile \_\_\_\_\_

Permanent Address (In block letters):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
District \_\_\_\_\_  
Phone No. \_\_\_\_\_ Mobile \_\_\_\_\_

7. Academic qualification (B.Sc. Nursing/Post Basic B.Sc. Nursing) :

| Exam Passed          | Year of passing | Name of School / College | University | Total marks | Marks secured | % age of marks secured |
|----------------------|-----------------|--------------------------|------------|-------------|---------------|------------------------|
| 1 <sup>st</sup> Year |                 |                          |            |             |               |                        |
| 2 <sup>nd</sup> Year |                 |                          |            |             |               |                        |
| 3 <sup>rd</sup> Year |                 |                          |            |             |               |                        |
| 4 <sup>th</sup> year |                 |                          |            |             |               |                        |
| Internship (if any)  |                 |                          |            |             |               |                        |

8. Registration No. : RN \_\_\_\_\_ RM \_\_\_\_\_

9. Professional Experience:

| Post | Name of Institution | Date |    | Total Experience | Remarks |
|------|---------------------|------|----|------------------|---------|
|      |                     | From | To |                  |         |
|      |                     |      |    |                  |         |
|      |                     |      |    |                  |         |

Signature of the Candidate

**Enclosures (please attach attested copies of the following documents):**

| S.N. | Document                                                                     | Ticked by candidate | Remarks (for office use) |
|------|------------------------------------------------------------------------------|---------------------|--------------------------|
| 1    | Matric certificate                                                           |                     |                          |
| 2    | Degree Certificate of B.Sc./Post Basic B.Sc. Nursing                         |                     |                          |
| 3    | DMC of all years (B.Sc./Post Basic B.Sc. Nursing)                            |                     |                          |
| 4    | Registration Certificate                                                     |                     |                          |
| 5    | Domicile/Residence Certificate                                               |                     |                          |
| 6    | Certificate if applying under any reserve category                           |                     |                          |
| 7    | Experience Certificate                                                       |                     |                          |
| 8    | Self undertaking Having not availed any Residence benefit in any other state |                     |                          |