



Pondicherry Institute of Medical Sciences
COLLEGE OF NURSING
Kalapet, Pondicherry- 14
(A Christian Minority Institution)



M.Sc(N)/P.B.B.Sc(N) Application form
For the Academic Year 2026-27

Affix self
attested
recent
passport size
photograph
here

Application No: -----
(Office Use Only)

Registration No: -----

Nursing Program (Please tick in appropriate box)

1. Post Basic B.Sc. Nursing :

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

a. First Choice : _____

b. Second Choice : _____

* **Sponsorship: Yes/No. If Yes, sponsoring Organization:** _____

I. Personal Details

- Name (as given in the degree certificates / SSLC) :
- Date of Birth and Age in Years :
- Gender : Female / Male
- Religion :
- Caste / Group :
- Nationality :
- Marital Status : Single / Married
- Guardian / Spouse Name :
- Occupation :
- Annual Income :
- Permanent Address :

Parent's Mobile No. :
Email i.d :

Candidate Mobile No. :
Email i.d:

• Hostel Accommodation required : Yes / No

II. Qualification / Experience

A. General education

Sl. No	Qualification	Year of passing	University/ Board	% of marks / grade / class
1	HSc			
2	Pre University			
3	Pre – Degree / Any equivalent			

B. Marks in H.Sc. / Pre University / Pre – Degree / Any equivalent

S. No	Subjects	Max. Marks	Marks Obtained
1	Physics		
2	Chemistry		
3	Biology/ Zoology		
4	English		
5	Others		
6	Total		

C. Marks obtained in B.Sc. (N) / P.B.B.Sc (N) / GNM

(Enclose Mark list, Degree Certificate & RNRM Certificate (Registered Nurse & Registered Midwives))

S.No	Nursing Programme	Name of the College/University	University	Year of passing	% of Marks	Tamil Nadu Nursing Council Registration	
						RN	RM
1							
2							

D. Experience with Clinical and Teaching:

- Years of Clinical Experience : _____
- Years of Teaching Experience: _____

III. Health History:

A. **History of any illness** : **Yes / No**

If yes, any treatment taken or on treatment (Specify) : _____

B. **Any family History of Hereditary / Genetic / Psychiatric illness** : **Yes / No**

IV. Write briefly the reason for opting to do higher education: (use separate sheet)

References (One from previous employer - mandatory)

1.

2.

Self Declaration

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

Signature of the Candidate

Date:

Place:

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

The following relevant Documents in **original** should to be submitted at the time of **Admission**:

1. Filled in application
2. Age Proof
3. +2 Mark sheet
4. Mark sheets of B.Sc. (N) / Diploma in Nursing
5. Degree or Diploma certificate (The last Education)
6. RN, RM Certificates of Tamilnadu Nurses and Midwives council
7. Experience Certificate (S)
8. Transfer Certificate
9. Conduct Certificate
10. Migration Certificate
11. Pass port size photographs – 3, (not later than six months)
12. Medical Fitness Certificate
13. Aadhar Card

Note: Duly filled in Application should be submitted along with the DD for Rs. 1,000/- drawn in favor of PIMS COLLEGE OF NURSING payable at Puducherry.
Application fee is non refundable.

Contact Details:

The Principal
College of Nursing
Pondicherry Institute of Medical Sciences
Ganapathichettikulam, Kalapet,
Puducherry - 605 014
email. i.d : principalcon@pims-py.edu.in
Website: www.conpimsmmm.org
Ph. No.:0413-2651541 & 0413-2651419

COLLEGE OF NURSING
Pondicherry Institute of Medical Sciences
Entrance Examination for Nursing Courses -2026
HALL TICKET

Registration No :
(Office Use Only)
Course (Please place Tick mark) : P.B.B.Sc (N) / M.Sc (N)
Name of the Candidate (CAPS) :
Exam Centre : College of Nursing, PIMS
Exam date & Time :
Address of the Candidate :

Affix self attested
recent passport
size photograph
here

Registrar
PIMS

Principal
CON - PIMS

COLLEGE OF NURSING
Pondicherry Institute of Medical Sciences
Entrance Examination for Nursing courses -2026
HALL TICKET

Registration No :
(Office Use Only)
Course (Please place Tick mark) : P.B.B.Sc (N) / M.Sc (N)
Name of the Candidate (CAPS) :
Exam Centre : College of Nursing, PIMS
Exam date & Time :
Address of the Candidate :

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Registrar
PIMS

Principal
CON - PIMS