



**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 2025-26**

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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 & RNRN 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  | 7. Experience Certificate (S)                                      |
| 2. Age Proof  | 8. Transfer Certificate  |
| 3. +2 Mark sheet  | 9. Conduct Certificate   |
| 4. Mark sheets of B.Sc. (N) / Diploma in Nursing                | 10. Migration Certificate  |
| 5. Degree or Diploma certificate (The last Education)           | 11. Pass port size photographs – 3,<br>(not later than six months) |
| 6. RN, RM Certificates of Tamilnadu Nurses and Midwives council | 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 Pondicherry Institute of Medical Sciences 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](mailto:principalcon@pims-py.edu.in)  
**Website:** [www.conpimsmmm.org](http://www.conpimsmmm.org)  
**Ph. No.:**0413-2651541 & 0413-2651419

**COLLEGE OF NURSING**  
*Pondicherry Institute of Medical Sciences*  
**Entrance Examination for Nursing Courses -2025**

**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

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PIMS

**Principal**  
CON - PIMS