



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

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 & 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 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, (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 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 -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

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 :

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Registrar
PIMS

Principal
CON - PIMS