



# APPLICATION FOR ADMISSION TO ASIAN INSTITUTE OF NURSING EDUCATION

(A Unit of INS Trust)

Recognized by Indian Nursing Council

J.B. Complex, R.G. Baruah Road, Ganeshguri, Guwahati-781006,

Assam, India. Phone: 82540-36679

[www.aine.org.in](http://www.aine.org.in)

Please paste a  
passport size photo  
graph here. Do not  
staple.

Form No:

Course applied for : Nurse Practitioner in  
Critical Care

Student should sign strictly inside this box →

Kindly read important notes before filling-in form:

1. Use black ink to fill in the form and **Do Not** overwrite. 2. Fill in all fields in **CAPITAL** letters only. 3. Strike off whichever is **NOT** applicable

## 1. Personal Information Section

	<i>Last Name</i>	<i>First Name</i>	<i>Middle Name</i>
<b>Name of the Student:</b> (In case of change name, write correct name)			
<b>Father's Name</b>			
<b>Mother's Name</b>			
<b>Husband's Name</b>			
Name of the student as printed on Std. X Passing Certificate			
<b>Date of Birth (DD/MM/YYYY) :</b>	/	/	
<b>Place of Birth :</b>	<b>Blood Group (With Rh) :</b>		
<b>Religion :</b>	<b>Cast :</b>	<b>Citizen of (Country Name) :</b>	
<b>Student's location Category :</b> Rural/Urban/Tribal			
<b>Address for correspondence/ Permanent Address</b>			
<b>State :</b>	<b>District:</b>	<b>Tehsil :</b>	<b>City/Town/Village :</b>
<b>Address</b> (House No, Street/area/suburb etc.)			
	<b>PIN Code :</b>		
<b>Contact Details</b>			
<b>Mobile Number :</b>		<b>Email ID :</b>	
<b>2. Guardian Information Section</b>			
<b>Occupation of the Guardian:</b> Service/Business/Profession/Farmer/Laborer/Retired		<b>Annual Income of the Guardian (Rs.):</b> (Last Financial Year)	

Relationship with Guardian with applicant :	Phone No :
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### 3. Educational Details Section

Name of Board/University & School/College	Subjects Studied	Date of Passing (DD/MM/YYYY)	Examination Roll No. (Last)	Degree/ Passing Certificate No	Grade/Total marks Obtained	Out of

### 4. Attached Documents and Certificates Section

Sl. No.	Name of Document/Certificate
1.	Passing Certificate of Std. X, XII and Last Qualifying Exam
2.	HSLC, HS & Last Qualifying Exam Mark sheet.
3.	Experience Certificate
4.	Certificate of Cast with Category ( <i>if applicable</i> )
5.	No Objection Certificate
6.	Migration Certificate from Council/Board.
7.	Transfer Certificate.
8.	Two copies pass port size photographs.
9.	Medical Fitness Certificate (Original).

5. Achievements:

6. Hobbies :

7. Health status : Weight :                      Height :                      Past history of illness :

8. Hostel accommodation required: Yes/No

9. Write in brief why do you want to join M. Sc. Nursing course:

**10. Professional experience (No of years. / months)**

a) Clinical:

b) Teaching:

**11. Membership (Please specify) :**

**R.N & R.M :**

**12. Clinical specialty option for. (Give tick)**

a) Medical surgical nursing

b) Community health nursing

c) Obstetrics and Gynecology Nursing

d) Child Health Nursing

**13. References**

Present employer - Name :

Address :

Principal of the professional college where studied

Name :

Address :

14. How will you finance your education?

I hereby declare that all the information furnished above is true & correct. If any information is found to be false at any time, I may be debarred from joining/studying the course.

**Date:**

\_\_\_\_\_

**Signature of the Candidate**

I hereby declare that I undertake the legal & other full responsibility for Ms. ....

Place..... Relationship..... Full Name .....

Contact No(s).....

**Date: .....**

\_\_\_\_\_

**Signature of Legal Guardian**

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**FOR OFFICE USE ONLY**

Application No ..... Name .....

Allowed/Not allowed to seat for entrance test..... Roll. No.....

Selected/Not selected for admission ..... Date of Admission.....

Date.....