



Fortis Educational Society's
FORTIS INSTITUTE OF NURSING

Mulund- Goregaon Link Road, Mumbai- 400 078, Ph. No. 022- 65274339
(Affiliated to Maharashtra University of Health Sciences (MUHS) Nashik)

APPLICATION FORM FOR POST BASIC B. Sc. NURSING

- Form must be filled by the applicant
- Incomplete form will be rejected

1. a Name : _____
(As per H. Sc. Certificate & to be filled in BLOCK LETTERS)

b Name : _____
(If Married name as per marriage Certificate & to be filled in BLOCK LETTERS)

Affix latest
passport size
Photograph
35 mm x 45 mm

2. Date & Place of Birth: _____

3. Gender : M/ F : _____ 4. Marital Status : _____

5. Nationality: _____ 6. Religion: _____

7. Cast Category : Open/ OBC/ SC/ ST/ VJNT/ _____ 8. Blood Group : _____

9. Correspondence address : _____

Telephone No. with STD code (Res.) _____ Mob.: _____

10. Permanent address : _____

Telephone No. with STD code (Res.) _____ Mob.: _____

11. Family information (attach separate sheet if needed)

Relationship	Name	Age (yrs)	Education	Occupation
Father / Spouse				
Mother				
Brother/Sister	1			
Or Children	2			
	3			
	4			

12. Monthly income of the family: Rs. _____

13. Educational qualification of the applicant:

Exam passed	Board/ University	Institute & place	Medium of instruction	Date/ year of passing	No. of attempts	% of marks obtained
SSC						

14. Details of **HSC** / equivalent examination:

Subjects							Total	%
Marks obtained								
Maximum marks								

15. Professional Education:

Course	Duration of training		Date & year of passing	% of marks	Grade	No. of attempts	Institution & place	Nursing council from where passed
	Date of joining	Date of Leaving						
GNM								

16. Proficiency in sports/ games : _____

17. Participation in extra Curricular activities : _____

18. Hobbies/ Interest: _____

19. Record of work experience:

Position	Name of the Hospital/ Institution	Duration		Total Experience
		From	To	

20. Are you a TNAI Member? Yes/ No _____

If yes, type of membership (Life/ Ordinary member) _____ T.N.A.I.No. _____

21. Details of persons from as reference

i. Present employer: Name _____

Address : _____

ii. Principal of the college/ Institution from where passed GNM

Name _____

Address : _____

• **List of attested photocopies of certificates to be attached:-**

1. Domicile Certificate/ Nativity Certificate
2. S.S.C. passing certificate
3. H.S.C. MARKLIST
4. Caste Certificate (if applicable)
5. Caste Validity Certificate (if applicable)
6. Non Creamy Layer Certificate (if applicable)
7. College Leaving Certificate/ Transfer Certificate
8. Medical Fitness Certificate
9. Migration Certificate
10. Gap Affidavit (If applicable)
11. Registration Certificate from State Nursing Council.
12. 1st, 2nd, 3rd year & Internship Mark sheets of GNM Programme.
13. Diploma Certificate
14. Experience Certificate
15. Marriage/ Change of name Certificate (if applicable)
