



**SYMBIOSIS COLLEGE OF NURSING (SCON)**

Symbiosis International University  
**Accredited by NAAC with grade 'A'**  
 (Established under Section 3 of the UGC Act, 1956,  
 vide notification No. F.9- 12/2001-U.3  
 of the Government of India)

Senapati Bapat Road, Pune- 411004, Maharashtra, (INDIA)  
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Application Form No.

**APPLICATION FORM 2017**

IMPORTANT: \*Please fill the form in capital letters \*Incomplete / Illegible forms will be rejected  
 Wherever not applicable write N A

Please Paste  
 Photograph here

Programme: M.Sc. Nursing:

**Personal Details(Write the official name that appears on your certificate)**

First Name	Middle Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Correspondence Address Line 1:

Correspondence Address Line 2:

Correspondence Address Line 3:

City/Town:  State:

Pin:

Tel No.(Res)  Email:

Permanent Address Line 1:

Permanent Address Line 2:

Permanent Address Line 3:

City/Town:  State:

Pin:

Tel No.(Res):  Tel No.(Office):  Email:

Date of Birth:  Marital Status:  Gender:  Blood Group:

Nationality :  Passport No. & Date valid up to:  Visa Type, No. & Date valid upto:  PP Issued by:

**Details of the Guardian:**

Parent / Guardian/Spouse Name:

Office Address:

Residential Address:

Tel No.(Res):  Tel. No. (Office):

## Academic Record

Exam	Degree	Year of Passing	%	Class	Specialization/ Stream	University/ Board
10th	SSC				N/A	
12th	HSC/ Diploma				Arts/ Science/ Commerce/ Diploma	
GNM						
BSc (N)/P.B. BSc (N)						
Any Other						
Computer related courses						

Work Experience if Any:

### Category

1 - SC, 2 - ST, 3- Open, 4 - NRI, 5 - International 6 - Differently Abled,  
7 - Kashmiri Migrants 8 - Armed Forces Dependent 9 - Sponsored 10 - OBC

Source of information about SCON PI Tick	Newspaper Name	Web Advertisement	Website	College word	Word of Mouth	Any Other (Specify)

### Declaration:

I have carefully read the information about SCON and have noted the contents. I know that this information is disseminated well in advance of the academic year and consequently details may vary. The University reserves the rights to make alterations to the courses and fee as necessary. I hereby, submit to disciplinary jurisdiction of the Vice Chancellor on that behalf, and also by the rules made by the Director SCON from time to time. I also declare that the information mentioned above by me is true to my knowledge. I am also aware that any false information given will lead to cancellation of my Admission and the fee deposited by me will be forfeited.

### Ragging:

Any act which amounts to ragging in any form as defined under Maharashtra Prohibition of Ragging Act, 1999 and also under the UGC Prohibition of Ragging Regulations, 2009 is subject to Disciplinary action under this Code.

Date: \_\_\_\_\_ Student's Signature: \_\_\_\_\_

### FOR OFFICE USE ONLY

<b>Eligible</b>	<b>Selected</b>	<b>Fee paid</b>	<b>Admitted</b>	<b>Director /Principal</b>