



**SYMBIOSIS COLLEGE OF NURSING**  
Symbiosis International (Deemed University)

Re-accredited by NAAC with 'A' grade  
(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)  
Tel. +91- 20 25652444 (Ext. 186) +91- 20 25671907

E-mail: [symbiosisnursing@scon.edu.in](mailto:symbiosisnursing@scon.edu.in) Website: [www.scon.edu.in](http://www.scon.edu.in)

Application Form No.

Paste Passport Size  
Colour Photo here

**APPLICATION FORM 2018**

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

**Programme: : M.Sc. Nursing:**

**Specialty Preferred :**

Medical Surgical Nursing

Community Health Nursing

Obstetric and Gynecological Nursing

Mental Health Nursing

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

First Name

Middle Name

Last Name

Correspondence Address Line 1:

Correspondence Address Line 2:

Correspondence Address Line 3:

City/Town:

State:

Pin:

Mob No:

Email:

Permanent Address Line 1:

Permanent Address Line 2:

Permanent Address Line 3:

City/Town:

State:

Date of Birth:

D D M M Y Y Y Y

Marital Status

Single/Married

Gender

Male

Female

Blood Group:

Nationality :

Passport No. & Date valid up to:

Visa Type, No. & Date valid up to:

PP Issued by:

**Details of the Guardian:**

Parent / Guardian/Spouse Name:

Residential Address:

Mob No.

Email:

## Academic Record

Exam	Qualification	College/School Name Place	Specialization/ Stream	University/ Board	Year of passing	Percentage
10 <sup>th</sup> Std.	SSC					
12 <sup>th</sup> Std.	HSC/ Diploma					
G.N.M						
Computer related courses						
Any Other						

Work Experience (if Any in Nursing) :

	From	To	Total Experience
Clinical			
Teaching			

### Category No.

1 - SC    2 - ST    3- Open    4 - NRI    5 - International    6 - Differently abled  
7 - Kashmiri Migrants    8 -Dependent of Armed forces Personnel    9 - Sponsored

Source of information about SCON (Please Tick)	Newspaper/ Media	Web Advertisement	University Website	Word of Mouth		Any Other (Specify)
				College	Others	

### Declaration:

I have carefully read the information about SCON and 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 fees 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. I will abide by the UGC regulations pertaining to prohibition of Ragging.

Date :

Candidate Signature :

### FOR OFFICE USE ONLY

Eligible	Selected	Fee paid	Admitted	Director /Principal