

NAME & ADDRESS OF THE COLLEGE
TRANSCRIPT
MASTER OF SCIENCE – NURSING COURSE

Affix here latest
photograph of
student

Name of the Student : _____

Gender : _____

Parent / Guardian (as per
University records) : _____

Permanent Address : _____

Date of Birth : _____

Nationality : _____

Registration No. With Kerala
Nurses & Midwives Council : RN: RM:

KUHS Registration Number : _____

Name of the course : **Master of Science (Nursing).**

Clinical speciality /sub speciality : _____

Medium of Instruction : English

Degree awarded by : Kerala University of Health Sciences,
Thrissur, Kearala, India

Name of the college of study : _____

Address of the college of study : _____

Duration of the course : Two years

Date of admission : _____

Date of Completion of Course : _____

Date of publication of Final Result : _____

**THEORY AND CLINICAL EXPERIENCE
FIRST YEAR M.Sc NURSING**

Sl No	Subject	Theory Hours		Practical Hours		Total Hours	
		Prescribed	Attended (%)	Prescribed	Attended (%)	Prescribed	Attended (%)
1	Nursing Education	150		150		300	
2	Advanced Nursing Practice	150		500		650	
3	Nursing Research and Statistics	150		100		250	
4	Clinical Speciality – I	150		900		1050	
	Total	600		1650		2250	

SECOND YEAR M.Sc. NURSING

Sl No	Subject	Theory Hours		Practical Hours		Total Hours	
		Prescribed	Attended (%)	Prescribed	Attended (%)	Prescribed	Attended (%)
1	Nursing Management	150		200		350	
2	Nursing Research Dissertation	-		300		300	
3	Clinical Speciality – II	150		1450		1600	
	Total	300		1950		2250	

Title of the dissertation : -----

FIRST YEAR M.Sc NURSING EXAMINATIONS

Sl No	Subject		Theory Mark			Practical Mark			Total Mark
			Internal Marks	External Marks	Total Marks	Internal Marks	External Marks	Total Marks	
1	Nursing Education	Marks obtained							
		Minimum Marks		50					
		Maximum marks	25	100	125	50	100	150	275
2	Advanced Nursing Practice	Marks obtained							
		Minimum Marks							
		Maximum marks	25	100	125	-	-	-	125
3	Nursing Research	Marks obtained							
		Minimum Marks							
		Maximum marks	15	75	90	-	-	-	90
4	Statistics	Marks obtained							
		Minimum Marks							
		Maximum marks	10	25	35	-	-	-	35
5	Clinical Speciality - I	Marks obtained							
		Minimum Marks							
		Maximum marks	25	100	125	100	100	200	325
Total Marks			100	400	500	150	200	350	850

SECOND YEAR M.SC. NURSING EXAMINATIONS

Sl No	Subject		Theory Mark			Practical Mark			Total Mark
			Internal Marks	External Marks	Total Marks	Internal Marks	External Marks	Total Marks	
1	Nursing Management	Marks obtained							
		Minimum Marks							
		Maximum marks	25	100	125	-	-	-	125
2	Nursing Research Dissertation	Marks obtained	-	-	-				
		Minimum Marks							
		Maximum marks	-	-	-	100	100	200	200
3	Clinical Speciality – II	Marks obtained							
		Minimum Marks							
		Maximum marks	25	100	125	100	100	200	325

Total marks for 2 years together out of **1500**:

Percentage of marks obtained : %

Grade :

Rank (if any) :

CERTIFICATE

This is to certify and confirm that Mr./Ms.(Name of Student).....
KUHS registration No. _____, was a bonafide student of _____
course (speciality-----) from -----(month and year) -----
to ----- (month and year). This is a regular course conducted at -----
- (Name of college) of ----- years as per the requirements prescribed by the Kerala
University of Health Science, Thrissur, Indian Nursing Council – New Delhi, and Kerala Nurses and
Midwives Council – Thiruvananthapuram. He/She has successfully completed the course and was
awarded the degree at the convocation held on

Place,
Date.

Name & Signature of College Principal

College Seal
