

**NAME & ADDRESS OF THE COLLEGE**  
**MASTER OF SCIENCE IN NURSING – M.Sc. NURSING (2016 scheme)**  
**TRANSCRIPT**

Name of Student :  
Gender :  
Parent/ Guardian :  
(as per University records)  
Permanent address :  
Date of Birth :  
Nationality :  
KUHS Registration Number :  
Name of the course : **Master of Science in Nursing (M.Sc.Nursing)**  
Clinical Speciality :  
Sub Speciality (if any) :  
Medium of Instruction : English  
Degree awarded by : **Kerala University of Health Sciences, Thrissur,**  
**Kerala,India. PIN: 680596**  
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 :  
Registration No with Kerala–  
Nurses' & Midwives Council :  
Title of the Thesis / Dissertation :

Affix latest  
photograph of  
student

### Statement of Attendance and Mark

Year of Study	Subject	Attendance				Marks					Results
		Theory		Practicum		Theory		Practicum		Total Marks	
		Hours Prescribed	Hours Attended	Hours Prescribed	Hours Attended	Internal Assessment	University Examination	Internal Assessment	University Examination		
First Year MSc Nursing	Nursing Education	150		150		/ 25	/ 100	/ 50	/ 100	/ 275	
	Advanced Nursing Practice	150		500		/ 25	/ 100	--	--	/ 125	
	Nursing Research & Statistics	150		100		/ 25	/ 100	--	--	/ 125	
	Clinical Speciality-I (.....)	150		900		/ 25	/ 100	/ 100	/ 100	/ 325	
Second Year MSc Nursing	Nursing Management	150		200		/ 25	/ 100	--	--	/ 125	
	Nursing Research Dissertation & Viva Voce	--	--	300		--	--	/ 100	/ 100	/ 200	
	Clinical Speciality-II (.....)	150		1450		/ 25	/ 100	/ 100	/ 100	/ 325	
<b>Grand Total</b>		/ 900		/ 3600		/ 150	/ 600	/ 350	/ 400	/ 1500	
<b>Grand Total Marks awarded in words:</b>											

% of Marks obtained(I & II Year together):

No of attempts (I & II Year together):

Grade / Class Obtained :

Rank obtained:

#### CERTIFICATE

This is to certify and confirm that Mr./Ms.....  
 .....  
 with KUHS Registration No: ..... was a bona fide student of MSc Nursing (Clinical Speciality: .....)  
 Course from.....  
 ..... to  
 .....at .  
 .....  
 .....(Name of College). This is a regular course conducted as per the requirements prescribed by the Kerala University of Health Sciences, Thrissur, Kerala, Indian Nursing Council, New Delhi, and Kerala Nurses and Midwives Council, Thiruvananthapuram, Kerala. He/She has successfully completed the course and was awarded the MSc Nursing (Clinical Speciality: .....  
 ..... Degree at the convocation held on.....

Place :

**Signature of Principal**

Date :

Seal