



**Form No.**

Navnirman Shikshan Sanstha's

## **Navnirman College of Nursing**

(Affiliated to Maharashtra University of Health Science) At Post – Lovale, Tal – Sangmeshwar,  
Dist – Ratnagiri Tel : 02354 – 272096 E – mail : nssnursing@gmail.com

### **ADMISSION FORM YEAR 202 – 202**

Instruction: - Every entry of the form must be completed in detail.  
Incomplete application will not be considered.

1. (A) Name in full :

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(IN BLOCK LETTERS BEGINNING WITH SURNAME)

(B) Mother Name: \_\_\_\_\_

(C) Sex: Male / Female

2. Address in full: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Pin Code: 

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 E mail: \_\_\_\_\_

Phone No. : (      ) - (      ) Student Mobile No. :

3. Date of birth:

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4. Birth place with District and State: \_\_\_\_\_

5. Nationality: \_\_\_\_\_

6. Marital Status:                          Single / Married

7. Aadhar No. Of Student: \_\_\_\_\_

8. Name of Father: \_\_\_\_\_

9. Name of Mother : \_\_\_\_\_

10. Permanent address of Parents / Guardian : \_\_\_\_\_

11. a) Relation with the Student : \_\_\_\_\_

b) Father Mobile No : \_\_\_\_\_ c) Mother Mobile No: \_\_\_\_\_

12. a) Occupation : \_\_\_\_\_ b) Annual Income : \_\_\_\_\_

c) PAN No. (Father): \_\_\_\_\_ d) PAN No. (Mother) : \_\_\_\_\_

13. School name and address from which S.S.C. or equivalent examination passed:

\_\_\_\_\_

a) Date of passing: \_\_\_\_\_ b) Seat No. : \_\_\_\_\_

c) Marks obtained with percentage: %   d) No. of attempts : \_\_\_\_\_

14. College name and address from which H. S. C. or equivalent examination passed:

\_\_\_\_\_

a) Date of passing: \_\_\_\_\_ b) Seat No. : \_\_\_\_\_

c) Marks obtained with percentage: %   d) No. of attempts : \_\_\_\_\_

15. Marks obtained in H.S.C. Examination in following subjects:

Physics	Chemistry	Biology	PCB Mark s	Percentage	English
				%	

16. Date of passing MH CET Nursing : \_\_\_\_\_

a) Roll No Of MH CET Nursing : \_\_\_\_\_

b) AIR No Of MH CET Nursing : \_\_\_ Overall Rank : \_\_\_\_\_ Category : \_\_\_\_\_

Category Rank : \_\_\_\_\_: Category – PH Rank : \_\_\_\_\_

Marks obtained in MH CET Nursing Examination in following subjects:

Physics	Chemistry	Biology	Nursing Aptitude	English	Total Marks

17. Do you belong to any reserve category classified in Backward or O.B.C. in Maharashtra State:  
(Attach Caste and Caste Validity )

Attachments:

1. Admit Card Of MH CET Nursing	YES	NO
2. Online Application form	YES	NO
3. MH CET Nursing Mark sheet	YES	NO
4. Nationality Certificate	YES	NO
5. Domicile Certificate	YES	NO
6. H.S.C. Mark Sheet	YES	NO
7. S.S.C. Passing Certificate	YES	NO
8. Aadhar Card	YES	NO
9. Medical fitness Certificate	YES	NO
10. Caste Certificate	YES	NO
11. Caste Validity Certificate	YES	NO
12. Non Creamy layer (if Applicable )	YES	NO
13. Leaving / Transfer Certificate	YES	NO
14. Gap Certificate	YES	NO
15. Election ID	YES	NO
16. Any other Certificate	YES	NO
17. Photo (8 copy):	YES	NO

Date:

Signature of the Applicant

Place:

Name:

## Declaration

I \_\_\_\_\_

Son/Daughter of \_\_\_\_\_

- Information in this is correct to the best of my knowledge and belief and nothing has been concealed by me.
- I shall fully abide by the order, rules and regulations of this college as stated in the Prospectus.
- I shall not violate the rules of the college by taking part in any kind of strikes or such other activities harmful to the administration of the college.
- In case I leave the college before the completion of the course, I shall be liable for payment of all dues to the college.
- I will attend regular classes and participate in college activities and self-development programs.
- This is to certify that I \_\_\_\_\_ father/guardian shall be responsible for regular payment of fees, any other dues, good conduct and welfare of Mr./Ms. \_\_\_\_\_ During his/her studies in Navnirman of Nursing College.

Signature of the Candidate Date:

Signature of the Father / Guardian Date:

### FOR OFFICE USE ONLY

Date of Admission:

Admission No:

Remark: checked documents

Admission Granted / Not Granted.

**PRINCIPAL**