



Sinhgad Institutes

Sinhgad Technical Education Society's

SINHGAD COLLEGE OF NURSING

S. No. 49/1, Mumbai- Bangalore Westerly Bypass Highway Narhe Ambegaon (Bk) Pune - 411041.

Tel- 020-24106142/43 fax. 020-24699167 E-Mail- principal.scon@sinhgad.edu

(Approved By Indian Nursing Council, New Delhi & Maharashtra Nursing Council, Mumbai, NAAC Accredited.

Affiliated to Maharashtra University of Health Sciences, Nashik)



ADMISSION FORM FOR BASIC B.Sc. NURSING 20 - 20

Affix Passport size
Recent Photograph

*Category: - Open/ SC/ST/VJ/NT-1/NT-2/NT-3/OBC/Other (specify):-

1. PERSONAL INFORMATION

(Student Sign)

| | FIRST NAME | MIDDLE NAME | LAST NAME |
|--------------------------------------------------------------|------------|-------------|-----------|
| NAME OF THE STUDENT * (AS PER 12 th MARKSHEET) | | | |
| NAME OF THE STUDENT: * देवनागरी | | | |
| FATHER'S/HUSBAND'S NAME:* | | | |
| MOTHER'S NAME:* | | | |

| | | | |
|------------------------------------|----------------------------------------|----------------|--|
| *DATE OF BIRTH (DD/MM/YYYY): - / / | *MARITAL STATUS: UNMARRIED / MARRIED:- | | |
| *PLACE OF BIRTH:- | *BLOOD GROUP ((WITH RH):- | *NATIONALITY:- | |
| *E- MAIL:- | *MOBILE NO- | | |
| *ANNUAL INCOME:- | | | |

*ADDRESS FOR CORRESPONDENCE :- _____

*PERMANENT ADDRESS:- _____

2.*LEGAL RESERVATION INFORMATION :-

| | | |
|----------------------------------------------------------------------------------------------------------------------|----------|--------------|
| DOMICILE STATE :- | CASTE :- | SUB CASTE :- |
| PHYSICALLY CHALLENGED: VISUALLY IMPAIRED / SPEECH AND/OR HEARING IMPAIRED / ORTHOPEDIC DISORDER OR MENTALLY RETARDED | | |

3. OTHER INFORMATION:-

| | |
|--------------------------------------------|-----------------------------------------------|
| MOTHER TONGUE:- | WOULD YOU LIKE TO APPLY FOR HOSTEL: - YES/ NO |
| HOBBIES, PROFICIENCY AND OTHER INTERESTS:- | |

4. BANK DETAILS OF STUDENT

| | |
|-----------------------|--------------------------------------|
| 1. BANK NAME - _____ | 6. PAN NO - <u>STUDENT</u> _____ |
| 2. BRANCH - _____ | PARENT _____ |
| 3. ACCOUNT NO - _____ | 7. ADHAR CARD - <u>STUDENT</u> _____ |
| 4. IFSC CODE - _____ | PARENT _____ |
| 5. MICR CODE - _____ | |

QUALIFICATION DETAIL*FIRST YEAR BASIC B.SC. NURSING****EDUCATIONAL DETAIL SECTION: -****PLEASE NOTE: -12TH DETAILS ARE MANDATORY IN ANY CASE**

MARKS OBTAINED IN ENTRANCE :-

STATE MERIT LIST NO:-

SEAT NO:-

LAST COLLEGE ATTENDED (NAME):-

PASSING YEAR:-

| NAME OF EXAMINATION | NAME OF BOARD / UNIVERSITY | DATE OF PASSING (DD/MM/YYYY) | EXAMINATION SEAT NO.(LAST) | GRADE / TOTAL MARKS OBTAINED | TOTAL MARKS OBTAINED IN (PCBE) |
|-----------------------|----------------------------|------------------------------|----------------------------|------------------------------|--------------------------------|
| 10 th Std. | | | | | NOT APPLICABLE |
| 12 th Std. | | | | | |

• IS THERE ANY EDUCATIONAL GAP: - YES NO (IF YES ATTACH RELEVANT CERTIFICATE)

****ATTACHED DOCUMENTS AND CERTIFICATES SECTION****

| SR. NO. | NAME OF DOCUMENT / CERTIFICATE | ORIGINAL | ATTESTED TRUE COPY | ATTACHED (YES/ NO) |
|---------|------------------------------------------------------------------|----------|--------------------|---------------------|
| 1 | NATIONALITY / DOMICILE | | | |
| 2 | PASSING CERTIFICATE OF STD 10TH | | | |
| 3 | PASSING CERTIFICATE OF STD 12TH / STATEMENT OF MARKS OF STD 12TH | | | |
| 4 | LEAVING CERTIFICATE | | | |
| 5 | ENTRANCE MARKSHEET :- | | | |
| 6 | CERTIFICATE OF CASTE WITH CATEGORY | | | |
| 7 | CERTIFICATE OF CASTE VALIDITY | | | |
| 8 | NON CREAMY LAYER CERTIFICATE | | | |
| 9 | CERTIFICATE FOR PHYSICALLY CHALLENGED | | | |
| 10 | MEDICAL FITNESS CERTIFICATE | | | |
| 11 | GAP CERTIFICATE (IF APPLICABLE) | | | |

REMARK (IF ANY):-

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DECLARATION BY STUDENT:-

I HEREBY DECLARE THAT, I HAVE READ THE RULES RELATED TO ADMISSION AND THE INFORMATION FILLED IN BY ME IN THIS FORM IS ACCURATE AND TRUE TO THE BEST OF MY KNOWLEDGE. I WILL BE RESPONSIBLE FOR ANY DISCREPANCY, ARISING OUT OF THE FORM SIGNED BY ME AND I UNDERTAKE THAT, IN ABSENCE OF ANY DOCUMENT THE FINAL ADMISSION WILL NOT BE GRANTED AND/OR ADMISSION WILL STAND CANCEL.

I AM AWARE OF THE MAHARASHTRA PROHIBITION OF RAGGING ACT, 1999 AND I STATE THAT I WILL ABIDE BY ALL THE RULES AND REGULATIONS OF THE SAID ACT.

PLACE:

DATE: -

SIGNATURE OF THE STUDENT

DECLARATION BY GUARDIAN:-

I HAVE PERMITTED MY SON/DAUGHTER/WARD TO JOIN YOUR COLLEGE. THE INFORMATION SUPPLIED BY HIM/HER IS CORRECT TO THE BEST OF MY KNOWLEDGE. I HAVE ACQUAINTED MYSELF WITH THE RULES AND FEES, DUES TO MY SON/DAUGHTER/WARD AND TO SEE THAT HE/SHE OBSERVES

PLACE:

DATE: -

SIGNATURE OF THE GUARDIAN

ADMINISTRATOR**PRINCIPAL**

UNDERTAKING

IN THE EVENT OF **SINHGAD COLLEGE OF NURSING**, NARHE, PUNE.

CONSIDERING THE APPLICATION OF MR./MISS./MRS. _____

SON / DAUGHTER/WIFE OF MR. _____

RESIDING AT _____

FOR ADMISSION TO- _____ (COURSE).

I MR/MS/MRS _____

(PARENT/ LEGAL GUARDIAN) OF MR/MS/MRS _____ HEREBY AGREE TO PAY ADHOC

FEEES/FEEES PRESCRIBED BY COMPETENT AUTHORITY/ COLLEGE AUTHORITY. I HEREBY FURTHER AGREE AND UNDERTAKE THAT

IF THE FEEES(TUITION + DEVELOPMENT) AND OTHER CHARGES/ FEEES DECIDED BY SHIKSHAN SHULK SAMITI/ COMPETENT

AUTHORITY ARE MORE THAN THE ADHOC FEEES FOR THE CURRENT ACADEMIC YEAR, THEN I WILL PAY THE DIFFERENCE TO

THE INSTITUTE ON DEMAND. I SHALL ALSO PAY THE FEEES AND OTHER CHARGES DECIDED BY SHIKSHAN SHULK SAMITI/

COMPETENT AUTHORITY FOR THE SUBSEQUENT ACADEMIC YEAR.

SIGN OF THE STUDENT.

SIGN OF PARENT/ LEGAL GUARDIAN.

FOR COLLEGE/INSTITUTE USE ONLY:-

| DESIGNATION | REMARKS / PARTICULARS/ RECOMANDATION FOR SCOLORSHIP | | SIGNATURE AND DATE |
|---------------------------------|-----------------------------------------------------|---------------------|--------------------|
| ADMISSION CLERK | | | |
| ADMISSION COMMITTEE | | | |
| NAME OF THE SCHOLARSHIP | SOCIAL WELFARE | IF OTHER (SPECIFY) | |
| RECOMMENDATIONS FOR SCHOLARSHIP | | | |

REMARK: -

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PRINCIPAL

