



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 POST 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 - _____	

FIRST YEAR POST BASIC B.SC. NURSING

PROFESSIONAL QUALIFICATION

NAME OF EXAMINATION	NAME OF BOARD / UNIVERSITY	DATE OF PASSING (DD/MM/YYYY)	EXAMINATION SEAT NO.(LAST)	GRADE / TOTAL MARKS OBTAINED
10TH STD.				
12TH STD.				
FIRST YEAR RGNM				
SECOND YEAR RGNM				
THIRD YEAR RGNM				
INTERNSHIP				
TOTAL				

• 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	STATEMENT OF MARKS OF STD 12TH			
4	LEAVING CERTIFICATE			
5	THREE YEAR RGNM MARK SHEET			
6	MNC REGISTRATION CERTIFICATE			
7	GAP CERTIFICATE (IF APPLICABLE)			
8	CERTIFICATE OF CASTE WITH CATEGORY			
9	CERTIFICATE OF CASTE VALIDITY			
10	NON CREAMY LAYER CERTIFICATE			
11	CERTIFICATE FOR PHYSICALLY CHALLENGED			
12	MEDICAL FITNESS CERTIFICATE			
13	EXPERIENCE 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

