

Sinhgad Technical Education Society's
Sinhgad College of Nursing
Narhe Pune – 41.

RESEARCH INCUBATION CENTRE

Registration Form

Passport size photo

PERSONAL DETAILS

- Name –
- Age -
- Gender –
- Current address:

- Permanent Address:

- Current working Institution / Hospital Address:

- If student, College Address:

- Course Name: B.B.Sc. Nursing/ P.B.B.Sc. Nursing/M.Sc. Nursing/Ph.D. Nursing
- Year:

- University Name:
- Email id:
- Mobile No :
- Aadhar Card No:
- Pan Card No:
- MNC Registration No & Year:
- Year of Last Renewal :

➤ **QUALIFICATION DETAILS:**

S.NO	QUALIFICATION	NAME OF BOARD / INSTITUTION / UNIVERSITY.	YEAR OF PASSING	% OF MARKS

➤ **PROFESSIONAL EXPERIENCE DETAILS:**

S.NO	POSITION HELD	NAME OF BOARD INSTITUTION	JOINING DATE	RELIVING DATE	TOTAL EXPERIENCE

- RESEARCH TOPIC: _____

- Approval - Yes/No (if yes attach letter)
- If Approved, Name of - Agency/Institution/Industry—
- Synopsis Approval – Yes/No
- Ethics Committee Approval-Yes/No
- RRC Committee Approval-Yes/No

DETAILS OF REQUIREMENT:

SR. No	Particulars	Requirement	Remark
1	Clinical Facility(Speciality Area)		
2	Library Facility		
3	College Lab(Specify Area)		
4	Samples(Specify the Numbers and type-staff, students, teaching, non teaching, patients)		
5	Funding Agency(Requirement of fund)		
6	Study Duration(Tentative period of Study)		

Acknowledgement Form

I _____ would like to register myself at STES, Sinhgad college of Nursing, Research Incubation Centre to work on my Research. As per my knowledge the above given information is True.

Signature of candidate

Date

Place

For office use

Mr./ Mrs. /Miss _____ has been granted admission in STES, Sinhgad college of Nursing Research incubation Centre from A. Y. 20__ to 20__ .

Sign of Authority Granting Permission

Date

Place

Intuitional Stamp and Seal