

17) Area of Experience:-

- **Hospital :** Med/Surg. Ward. ICU/OT/Pediatric Ward/Psychiatric Ward/Obs-Gyne ward.
- **Industrial Nursing :**
- **Any other :**

Years: _____ Months: _____

19) List of Documents:

Sr. No.	Name Of The Original Document.	Submitted	Not-Submitted
1.	S.S.C.Board certificate.		
2.	S.S.C. mark sheet.		
3.	H.S.C. Board certificate.		
4.	H.S.C. mark sheet.		
5.	RGNM/GNM Certificate.		
6.	RGNM/GNM mark sheet.		
7.	MHT /ASSO. CET certificate.		
8.	Attempt certificate.		
9.	State council registration certificate		
10.	Experience certificate.		
11.	Reliving order/ Deputation order.		
12.	Migration certificate.		
13.	Transfer/ Leaving certificate.		
14.	Nationality/ Domicile certificate.		
15.	Caste certificate.		
16.	Caste Validity certificate.		
17.	Non-creamy layer (current financial year)		
18.	Gazette certificate if applicable.		
19.	Medical certificate.		
20.	Physically challenged certificate if applicable.		

INSTRUCTIONS SHEET

INSTRUCTIONS TO FILL UP ADMISSION FORM:

(Serial Numbers are as per points in sheet)

A) Category Code :

Sr. No.	Category	Code
1	Open	00
2	Scheduld Caste (SC)	10
3	Scheduld Tribe (ST)	20
4	Vimukta Jati (VJ)	30
5	Nomadic Trives (NT 1)	41
6	Nomadic Trives (NT 2)	42
7	Nomadic Trives (NT 3)	43
8	Other Backward Caste (OBC)	50
9	Special Backward Class (SBC)	51

B) Religion Code :

Sr. No.	Category	Submitted
1	Hindu	1
2	Muslim	2
3	Christian	3
4	Buddhist	4
5	Sikh	5
6	Parsi	6
7	Other	7

Signature of Applicant.

Date :

UNDERTAKING

In the event of _____ Sinhgad college of Nursing, Narhe, Pune.

Considering the application of Mr./Miss./Mrs. _____

Son / daughter of Mr. _____

Residing at _____

For admission to- _____ (course).

I Mr/Ms/Mrs _____

(parent/ legal guardian) of Mr/Ms/Mrs _____

Hereby agree to pay adhoc fees/fees prescribed by competent authority/ college authority.

I hereby further agree and undertake that if the fees(Tuition + Development) and other charges/ fees decided by shikshan shulk samiti/ competent authority are more than the adhoc fees for the current academic year, then I will pay the difference to the institute on demand. I shall also pay the fees and other charges decided by shikshan shulk samiti/ competent authority for the subsequent academic year.

Sign of the Student.

Sign of parent/ Legal Guardian.