Form No. :

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)

Sinhgad Institutes

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

Affix Passport size Recent Photograph

(Student Sign)

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

1.PERSONAL INFORMATION

	FIRST NAME	MIDDLE NAME	LAST NAME
NAME OF THE STUDENT * (AS PER 12th 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 - _____

2. BRANCH - _____

3. ACCOUNT NO - _____

4. IFSC CODE - _____

5. MICR CODE - _____

6. PAN NO - STUDENT _____

PARENT _____

7. ADHAR CARD - STUDENT _____

PARENT _____

FIRST YEAR BASIC B.SC. NURSING

∗QUALIFICATION DETAIL
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)
10th Std.					NOT APPLICABLE
12th 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):- .....

.....

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 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.

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: - .....

.....

PRINCIPAL