



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 M.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 M.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	Remark
BASIC B. SC. / POST BASIC B. SC. NURSING					

- IS THERE ANY EDUCATIONAL GAP: -

YES ☐ NO ☐

(IF YES ATTACH RELEVANT CERTIFICATE)
- AREA OF EXPERIENCE
- CLINICAL :

TEACHING :
- YEAR _____

YEAR _____
- MONTH _____

MONTH _____

* PREFERENCE FOR SPECIALTY SUBJECT:-

SR. NO.	SUBJECT	SEATS	PREFERENCE NO.
01	MEDICAL SURGICAL NURSING	05	
02	PEDIATRIC NURSING	05	
03	OBSTETRIC & GYNECOLOGY NURSING	05	
04	PSYCHIATRIC NURSING	05	
05	COMMUNITY HEALTH NURSING	05	

****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			
4	DEGREE / PASSING CERTIFICATE OF B.SC./P.B.B.SC. NURSING			
5	STATEMENT OF MARKS OF B.SC (ALL FOUR YEAR)./			
6	P.B.B.SC. NURSING (ALL TWO YEARS)			
7	LEAVING CERTIFICATE			
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			
14	ATTEMPT CERTIFICATE			
15	REGISTRATION CERTIFICATE (VALID)			
16	GAP CERTIFICATE			

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: -

.....

PRINCIPAL

