

Jawahar Medical Foundation's
A.C.P.M College of Nursing, Dhule

AFFILIATED BY

Indian Nursing Council (INC), New Delhi
Maharashtra University of Health science, Nashik
Maharashtra Nursing council (MNC), Mumbai

Phone No: 02562 276317 Web: acpmnursing.com Email: acpmnursing@gmail.com

**ADMISSION FORM FOR BASIC BSC
NURSING COURSE AY 2024-25**

PHOTO

*Please read it carefully then fill the admission form

*FORM NO: _____

1) NAME: _____
(SURNAME) (FIRST NAME) (MIDDLE NAME)

2) MOTHER'S NAME: _____ BLOOD GROUP: _____

3) ADDRESS: _____

*CONTACT NO: _____

*DATE OF BIRTH: - ___ / ___ / ___ *SEX: _____

*CAST: _____ *RELIGION: _____

*EMAIL ID: _____

*ADHAR CARD NO: _____

4) EDUCATIONAL QUALIFICATION

Sr. No	Education	Board/Division	Year of passing	Total Marks		Percentage /CGPA
				Obtained	Out of	
1	SSC (10 TH)					
2	HSC (12 TH)					

*PCB Mark's Total: _____ *MH-Nursing CET Marks Total: _____

*MH-Nursing CET 2024 Rank: - _____

*Cast Wise Rank: - _____

DOCUMENTS TO BE SUBMITTED BY CANDIDATE

Sr. No	Name of the document	Xerox	Original
1	Copy of the online application form (Latest)		
2	MH-Nursing CET registration form		
3	MH-Nursing CET Admit card		
4	MH-Nursing CET mark sheet		
5	CAP Round selection letter (Allotment Letter)		
6	Nationality/ Valid Indian Passport		
7	Domicile		
8	LC/TC/ Migration (If Applicable)		
9	10 TH (SSC) Mark sheet		
10	10 TH (SSC) Board Certificate		
11	12 TH (HSC) Mark sheet		
12	12 TH (HSC) Board Certificate		
13	Medical Fitness certificate (Annexure-H)		
14	Caste certificate		
15	Caste Validity certificate		
16	Non creamy layer valid upto 31 March 2025 (VJ,NT1,NT2,NT3,SEBC,OBC including SBC)		
17	EWS eligibility certificate (If Applicable)		
18	Adhar Card		
19	Tuition & Eligibility fees DD		
20	Passport size photographs - 5		
21	Gap certificate (If Applicable)		
22	Annexure C		
23	Self declaration		

***FOR OFFICE USE ONLY**

Signature of Applicant

*Admission status: -

*CAP ROUND NO:-

*Date: / / 2024