## **ANNEXURE "I"**

Status Retention Form
(To be sent to Competent Authority by the college)

Candidate's Name:		SM	L No.:
Category:	MH-Nursing CET Roll.No. :		
Address:			
		Phone No	
Го			4
The Competent Authority,			
MH-Nursing CET 2024, Mumbai.			
O:-/8 4 - d o			
Sir/Madam, I, Mr./Ms		wish to retain the	e seat allotted to me
	(Name of Candidate)		
at	(Name of the College	e)	<del></del>
S C Number Course in B So Nurs			
forB.Sc Nursing Course in B.Sc Nurs		,24 20.	
	<u>Declaration</u>		
I am fully aware that after	filling this Status Retention	on Form that I will	not be considered for
any subsequent rounds of selection	on process for the year 202	24-25. I also decla	re that I will not ask for
reconsideration of my name for fu	rther selection process.		
Date:			
Place: Sig	nature of Candidate		
riace.			
		Circumstance of Dog	n /Principal (with seal)
Signature of Parent/Guardian		Signature of Dea	n /Fillicipal (with scal)
(Cut here)			
	To be retained by the Colle	ge)	
То			
The Competent Authority, MH-NursingCET 2024, Mumbai.			
MH-NursingCET 2024, Murribat.			
Sir/Madam,			
	(MH-Nursing CET 20	24 Pank	) wish to retain the
Mr./Miss(Name of Candidate)	(MH-Nursing CE1 20	Z4 Nalik	
seat allotted to me at			
Jour dilottod to the di	(Name of the College	ge)	
For B.Sc Nursing Course in B.Sc Nu	irsing for the academic year	2024-25.	
	<u>Declaration</u>		
. 1984 - S S S S S S S S		4h a4 1ill ma	t he considered for any
I am fully aware that after filling	this Status Retention Fo	orm that I will no	re that I will not ask for
subsequent rounds of selection	enthan solection process	4-25. I also decla	ie that I will het den ie.
reconsideration of my name for fu	ittler selection process.		
Date:			
Place:	Signature of Candidate		
	C:	gnature of Dean /Pr	incinal (with seal)
Signature of Parent/Guardian	Sig	gnature of Dean /Pr	moipai (with seal)
Commissionerate State CET (	Cell (52)	Inforn	nation Brochure