

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

Candidate's Name: _____ SML No.: _____
Category: _____ MH-Nursing CET Roll.No. : _____
Address: _____
_____ Pin Code: _____ Phone No. _____

To
The Competent Authority,
MH-Nursing CET 2024, Mumbai.

Sir/Madam,
I, Mr./Ms. _____ wish to retain the seat allotted to me
(Name of Candidate)
at _____
(Name of the College)

for B.Sc Nursing Course in B.Sc Nursing for the academic year 2024-25.

Declaration

I am fully aware that after filling this Status Retention Form that I will not be considered for any subsequent rounds of selection process for the year 2024-25. I also declare that I will not ask for reconsideration of my name for further selection process.

Date : _____
Place : _____ Signature of Candidate

Signature of Parent/Guardian _____ Signature of Dean /Principal (with seal)
(Cut here) - - - - -
(To be retained by the College)

To
The Competent Authority,
MH-NursingCET 2024, Mumbai.

Sir/Madam,
Mr./Miss _____ (MH-Nursing CET 2024 Rank _____) wish to retain the
(Name of Candidate)
seat allotted to me at _____
(Name of the College)

For B.Sc Nursing Course in B.Sc Nursing for the academic year 2024-25.

Declaration

I am fully aware that after filling this Status Retention Form that I will not be considered for any subsequent rounds of selection process for the year 2024-25. I also declare that I will not ask for reconsideration of my name for further selection process.

Date : _____
Place : _____ Signature of Candidate

Signature of Parent/Guardian _____ Signature of Dean /Principal (with seal)