

Jawahar Medical Foundation's

A.C.P.M College of Nursing, Dhule

AFFILITED 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 BSC NURSING
COURSE AY- 2025-26**

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:** _____

***CATEGORY:** _____ ***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 2025 Rank:** - -----

***Category 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: / / 2025

DECLARATION TO SIGN BY THE CANDIDATE AND PARENTS

I Ms/Mr.: _____ declare that,

I have read the criteria for admission, the rule and conduct of admission for the current year and after understanding these I have filled this form of application for the admission of current Academic Year **2025-2026 B.SC NURSING**.

- a) I hereby agree to confirm to any rule, act and law enforced by government and school/college of nursing authority and I hereby undertake that as long as I am a student of this college of nursing, I will do nothing either inside or outside the college campus which may result in disciplinary action against me under the rule, act and laws laid down by government/ college authority
- b) I fully understand that the principal/management of college will have the rights to expel/ rusticate me from the college for any infringement of rules, conducts and discipline prescribed by the government / college and the undertaking given above.
- c) I understand that the duration of course is 4 years & agree to maintain a minimum attendance of 80% in all classes' theory/clinical posting.
- d) The student and parent shall specifically note that if the student fails to complete the term work such as assignments, projects, clinical requirements regularly as per schedule & to entire satisfaction of the head of the institute he/she will not be granted for term & will not be eligible to appear for the university examination.
- e) I agree to pay all fees, including tuition, exam and other charges, on time.
- f) I understand that if I am unable to continue my course and decide to

withdraw admission after filling status retention form I will agree to pay all 4 years of tuition fee of college.

- g) I agree to participate in clinical posting and training as part of course curriculum and the posting time will be for morning duty is 8 am to 2 pm, evening duty 2 pm to 8 pm, night duty 8pm to 8 am student shall have to complete 48 hours for practical or 42 hours for theory in a week.
- h) I understand that if am absent during theory or clinical classes/posting I agree to complete all absent dues in the form of clinical duty after the completion of course.
- i) The information given by me in this application form is true to the best of my knowledge.

I will sign the requisite agreement bond as prescribed by Govt. / College.

SIGNATURE OF PARENT'S

NAME:

DATE:

SIGNATURE OF APPLICANT

NAME:

DATE: