

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

Contact No: - 02562 276317

AFFILITED BY

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

**ADMISSION FORM FOR POST BASIC B. Sc. NURSING
COURSE 2025-2026**

PHOTO

Please read it carefully then fill the admission form in **BLOCK LETTERS**

FORM NO:

1) **NAME:** -
(SURNAME) (FIRST NAME) (MIDDLE NAME)

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

3) **ADDRESS :**

..... **CONTACT NO**

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

SUB CAST: **CATEGORY;**

E MAIL ID: -

ADHAR CARD NO: -

4) EDUCATIONAL QUALIFICATION

| Sr. No | Education | Board | Year of passing | Total Marks | | Percentage |
|--------|-------------------------|-------|-----------------|-------------|--------|------------|
| | | | | Obtained | Out of | |
| 1 | SSC (10 TH) | | | | | |
| 2 | HSC (12 TH) | | | | | |
| 3 | GNM - I | | | | | |
| 4 | GNM - II | | | | | |
| 5 | GNM - III | | | | | |

MNC Registration No.:

SUBMITTED DOCUMENTS LIST

| <u>Sr. No</u> | <u>Name of the document</u> | <u>Xerox</u> | <u>Original</u> |
|---------------|--|--------------|-----------------|
| 1 | Living Certificate GNM | | |
| 2 | 10 th Mark Sheet | | |
| 3 | 10 th Board Certificate | | |
| 4 | 12 th Mark Sheet | | |
| 5 | 12 th Board Certificate | | |
| | Mark Sheet GNM - I | | |
| | Mark Sheet GNM - II | | |
| | Mark Sheet GNM - III | | |
| 6 | Passing Certificate | | |
| 7 | MNC Registration | | |
| 8 | Caste Certificate | | |
| 9 | Caste Validity Certificate | | |
| 10 | Non-Creamy-layer certificate (If Applicable) | | |
| 11 | Domicile | | |
| 12 | Nationality | | |
| 13 | Income (2024-2025) | | |
| 14 | Medical fitness Certificate | | |
| 15 | Aadhar Card | | |
| 16 | Stamp 100rs | | |
| 17 | Character certificate | | |
| 18 | Gap certificate (If Applicable) | | |

SIGNATURE OF APPLICANT
DATE:-

FOR OFFICE USE ONLY

Admission status: - admitted /cancelled

Date: - / / 20

DECLARATION TO SIGN BY THE CANDIDATE AND PARENTS

I 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 POST B.B.SC. NURSING.

- a) The information given by me in this application form is true to the best of my knowledge.
- b) I hereby agree to confirm to any rule, act and law enforced by government and school 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
- c) I fully understand that the principle/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

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

SIGNATURE OF PARENT'S SIGNATURE OF APPLICANT DATE: