

GEETAI NURSING COLLEGE

AT+PO.SENDURWAFA/SAKOLI, TAL. SAKOLI, DIST. BHANDARA

Contact number- 9022691116

Email - geetainursingcollege@gmail.com

APPLICATION FOR ADMISSION TO
GNM Nursing
A.Y. 2025-26

Photo

1. Name of the candidate in full (block letters):- _____

2. Father Name:- _____
3. Name of the guardian and relationship:- _____
4. Occupation of father/guardian:- _____
5. Annual income of Father/ guardian:- _____
6. Permanent Address:- _____

7. Date of Birth:- _____
8. Cast: - _____ Religion:- _____
9. Student Mob. No.: - _____ Parents Mob. No. _____
10. Email Address: - _____
11. Mother Tongue: - _____
12. Academic Particulars:

Exam Passed	Name Of School / College	Name of Board / University	Name of Attempts	Year of Passing
SSC				
HSC				
Other If applicable				

Signature of the applicant GEETAI NURSING COLLEGE

AT+PO.SENDURWAFA/SAKOLI, TAL. SAKOLI, DIST. BHANDARA

Verification Certificate

This following original certificate in respect _____

Sr. No.	Original Certificate	Submitted	Not Submitted
1	Transfer/Leaving Certificate		
2	Caste Certificate		
3	Domicile Certificate		
4	Cast Validity Certificate		
5	Non-Creamy Layer Certificate		
6	S.S.C Certificate / Diploma / Marksheet		
7	H.S.C Certificate / Diploma / Marksheet		
8	Gap Certificate		
9	ANM Nursing Certificate / Diploma		
10	Aadhar Card		
11	Other If applicable		
12	Passport Size photo		

_____ Candidate for admission into 1st Year GNM Nursing
of this college, have been verified & found correct.

DECLARATION BY THE CANDIDATE

I hereby undertake that i have filled this form myself, and to the best of my knowledge and belief, the particulars given above are true.

I hereby undertake to abide by all the conditions, rules and regulations in force at present and also those which my hereafter be introduced for the administration of the College and Hostel. I also undertake that as long as I am a student of this College i will do nothing unworthy of a student of the College either inside or outside anything that will interfere with its orderly worklog and discipline. I am aware that the management has the full authority to expel me for disinterest in studies, misbehavior and continuous failure. I hereby undertake that i shall pay all the fees and other dues to the Institution promptly on demand.

Declaration by parent

I, _____ hereby solemnly affirm that the statement made and the information furnished in my son's/. daughter of / ward's application form and also in all the enclosures there to submitted by him/her are true. I am also fully aware that once she / he admitted to the course, any request to refund the fees will not be entertained. I take responsibility for the conduct of son / daughter.

Signature of the parents

Signature of the applicant

Date: -

Place: -

i. Physics:- _____ Out of:- _____

ii. Chemistry:- _____ Out of:- _____

3. Biology Out of:- _____ 4. English:- _____ Out of:- _____

Total

PCB %:- _____ PCB3E

%:- _____

13. MH-B.Sc Nursing CET 2024

A) MH CET Roll No.:- _____

B) MH CET Category:- _____

C) Total Mark Obtain:- _____ Out of:- _____

PCBEN %:- _____

D) Mark in Subject

1. Physics :- _____ Out of:- _____

2. Chemistry:- _____ Out of:- _____

3. Biology:- _____ Out of:- _____

4. English :- _____ Out of:- _____

Percentile:-

AIR:- _____

Signature of the applicant GEETAI NURSING COLLEGE

AT+PO.SENDURWAF/SAKOLI,TAL. SAKOLI, DIST. BHANDARA

Verification Certificate

This following original certificate in respect _____

Sr. No	Original Certificate	Submitted	Not Submitted
01	Certificate of Indian Nationali		
02	S.S.C Certificate		
03	H.S.C Certificate		
04	Preference Form		
05	copy of MH CET Hall Ticket		
06	Copy of Application Form Filled on <u>www.mahaceto</u>		
07	MH CET Mark Sheet 2024		
08	Cast Certificate (If Necessa)		
09	Cast Validity Certificate (If Necessary)		
10	Non -Creamy Layer Certificate (If Necessary)		
11	Transfer/Leaving Certificate		
12	Physical/Medical Fitness Certificate		
13	Migration Certificate (If Necessary)		
14	Gap Certificate (With Owe Name & Signed) (If Necessary)		
15	7 Resent Passport Size Photo		
16	Three Self Attested Xerox Copies of Above Documents		
17	Allotment Letter		
18	Nationalized Bank DD		

_____Candidate for admission into 1st Year B.Sc Nursing of this college, have been verified & found correct.

A) (I) Demand draft for Rs. _____ vide DD No. _____

Date _____ of Bank _____

vide DD No.

For University Enrollment

Name :- _____

Sex :- M/F (AN (110'l / Category :- _____ Nationality :- _____

Date of Birth :- _____ Date of Admission :- _____

MH CET AIR :- _____ MH CET SML :- _____

ast Exam Board / University :- _____

Passing year of Month :- _____

MH CET Mark :- _____ Out of :- _____ MH CET Perc

BE Mark (1st 2nd) :- _____ % _____

Grade / Div. :- _____

Permanent Address with Pin Code :- _____

Contact No. :- _____

Student Signature

Date :-

Place :-

DECLARATION BY THE CANDIDATE

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Signature of the parents

Signature of the applicant

Date:-

Place :-