



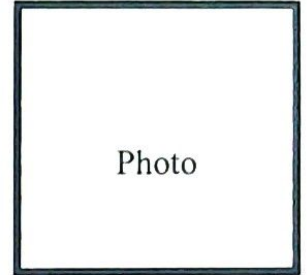
GEETAI NURSING COLLEGE

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

Contact number- 9022691116

Email - geetainursingcollege@gmail.com

APPLICATION FOR ADMISSION TO
General Nursing & Midwifery (GNM)
A.Y. 2026-27



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. Caste: - _____ 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.SENDURWAFSA/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	Caste Validity Certificate		
5	Non-Creamy Layer Certificate		
6	S.S.C. Certificate / Diploma / Mark sheet		
7	H.S.C. Certificate / Diploma / Mark sheet		
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: -