Form No.

Navnirman Shikshan Sanstha's



7. Aadhar No. Of Student:

Navnirman College of Nursing

(Affiliated to Maharashtra University of Health Science) At Post – Lovale, Tal – Sangmeshwar, Dist – Ratnagiri Tel: 02354 – 272096 **E – mail:** nssnursing@gmail.com

ADMISSION FORM YEAR 2020 – 2021	
Instruction: - Every entry of the form must be completed in detail . Incomplete application will not be considered.	
1. (A) Name in full:	
(IN BLOCK LETTERS BEGINNING WITH SURNAME)	
(B) Mother Name: (C) Sex: Male / Female	
2. Address in full:	
Pin Code: E mail:	
Phone No.: ()-() Student Mobile No.:	
3. Date of birth:	
4. Birth place with District and State:	
5. Nationality:	
6. Marital Status: Single / Married	

8. Name of Fa9. Name of M	r. 41				
10. Permanen	t address of Pare	nts / Guardian	:		
	n with the Studer				
b) Father Mobile No:			c) Mother	Mobile No: _	
12. a) Occupation :			b) Annual Income :		
c) PAN N	o. (Father):		d) PAN No	o. (Mother):	
c) Marks obta	ssing: ined with percent ame and address t	age: %		o. of attempts	
c) Marks obta	ined with percent	age: %		o. of attempts	:
15. Marks ob Physics	Chemistry		PCB Mark s		English
	Chemistry	Diology	T CD Wark S	%	Liigiisii
a) Roll No O					
b) AIR No O	f NEET :		all Rank : : Categ		

Marks obtained in NEET Examination in following subjects:

Physics Chemistry		Biology	PCB Mark s	

17. Do you belong to any reserve category classified in Backward or O.B.C. in Maharashtra State: (Attach Caste and Caste Validity)

Attachments:

1. Admit Card Of NEET	YES	NO
2. Online Application form	YES	NO
3. NEET UG Mark sheet	YES	NO
4. Nationality Certificate	YES	NO
5. Domicile Certificate	YES	NO
6. H.S.C. Mark Sheet	YES	NO
7. S.S.C. Passing Certificate	YES	NO
8. Aadhar Card	YES	NO
9. Medical fitness Certificate	YES	NO
10. Caste Certificate	YES	NO
11. Caste Validity Certificate	YES	NO
12. Non Creamy layer (if Applicable)	YES	NO
13. Leaving / Transfer Certificate	YES	NO
14. Gap Certificate	YES	NO
15. Election ID	YES	NO
16. Any other Certificate	YES	NO
17. Photo (8 copy):	YES	NO

Date:	Signature of the Applicant		
Place:	Name:		

Declaration

I					
Son/Daughter of					
• Information in this in correct to the be	est of my knowledge and belief and nothing has been				
concealed by me.					
• I shall fully abide by the order, rules and regulations of this college as stated in the					
Prospectus.					
• I shall not violate the rules of the college by taking part in any kind of strikes or such other activities harmful to the administration of the college.					
all dues to the college.					
• I will attend regular classes and par	articipate in college activities and self-development				
programs.					
This is to certify that I	father/guardian shall be				
	, any other dues, good conduct and welfare of				
Mr./Ms.	During his/her studies in Navnirman of Nursing				
College.					
Signature of the Candidate Date: Signature of the Father / Guardian Date:					
FOR OFF	FICE USE ONLY				
Date of Admission:	Admission No:				
emark: checked documents	Admission Granted / Not Granted.				
	PRINCIPAL				