Maharshi Karve Stree Shikshan Samstha's
Smt. Bakul Tambat Institute of Nursing Education
Karvenagar, Pune - 411052.
Tel. No.: (020)25475020, 25477557
E-mail: admission@mksssbtine.in, btine@maharshikarve.org
Website: www.mksssbtine.ac.in, www.mksssbtine.org

APPLICATION FORM FOR POST BASIC B. Sc. NURSING

Form No. _____ Academic Year **2022-23**

Paste latest passport size colour photo

To,
The Principal,
Respected Madam,
I wish to apply for admission to the above course.

1. Personal Information :

Name of Applicant as per RGNM Marksheet			
Full name in Devnagari			
Father's Full Name :		Mother's First Name:	
Married Name :		Marital Status:	Y/N
Date of Birth :		Gender :	Female
Place of Birth :		Email ID:	
Nationality :		Adhar No:	
Permanent Address:			
Mobile Number (Student):		Mobile No: (Father)	
Local Guardian Name & Address:			
Religion and Caste :		Blood Group:	
Social Reservation Information of Applicant		*SC/*ST/*VJ/*NT1/*NT2/*NT3/*OBC /SBC/Open/Minority/Others	

2. Educational Details :

Name of Examination	Name of Board/ University	College /Institute	Date of Passing	Total Marks Obtained	%	Marks obtained			
						I Yr.	II Yr.	III Yr.	Internship
H.S.C.									
GNM									
Other									

3. **Required Documents and Certificates Section (All original with 3 xerox sets)**
(Please tick mark the document that you have attached with this form)

1. Nationality & Domicile Certificate
2. S.S.C. Passing Certificate
3. H.S.C. Statement of Marks
4. Mark Sheet I, II, III year and Internship of RGNM
5. College Leaving Certificate/ Transfer Certificate of RGNM
6. Attempt Certificate
7. Caste certificate/Caste Validity/ Non- Creamy Layer (if applicable)
8. State Nursing Council Registration & Diploma Certificate.
9. Renewal Slip of MNC Registration
10. Educational Gap Certificate
11. Aadhar Card
12. Migration Certificate (if applicable)
13. Medical fitness certificate
14. Photo -05

I understand that I have to submit the relevant original certificates to college for eligibility purpose at the time of admission.

I am aware of the Anti-Ragging Act and I state that I will abide by all the rules and regulation of the said Act. I understand that ragging is prohibited, if ragged by anybody I will report to my class-teacher / mentor immediately.

4. **Family Annual Income:** Rs.....

Type of employment of the Parent/Guardian:.....

5. **Hostel :** Sir Sassoon David Hostel / Day Scholar

6. **Fee Structure as per Fee Regulating Authority for 2021-22:** Rs~~.1,00,500/~~ 85000/-
(Fee structure is subject to change every year as per Fee Regulating Authority decision (MH-Govt.), in the following years.

7. 1) I understand that I have to pay full year fee at the time of admission.
2) In case I cancel my admission after cutoff date, I will pay the whole course fee.

I also declare all the information given by me in this application form are true.

Place:

Date: **Signature of the Applicant**

8. **Undertaking by Parent /Guardian:-**

I hereby declare that the above information is correct. I agree to the rules and regulation in connection with my daughter's admission to the course and cancellation of fees.

पालकांचे हमीपत्र :–

वर नमुद केलेली सर्व माहिती पूर्णपणे सत्य आहे. प्रथम वर्षाला प्रवेश घेतांना पूर्ण फी भरणे बंधनकारक आहे. प्रवेश बंद दिनांकानंतर प्रवेश रदद केल्यास माझया पाल्याला पूर्ण कोर्सची फी भरणे बंधनकारक आहे. पूर्ण कोर्सची फी भरल्याशिवाय मुळ प्रमाणपत्र मिळणार नाही याची मला कल्पना आहे. माझया पाल्याच्या कोर्स प्रवेशासंबंधी सर्व नियम–बंधने मला मान्य आहेत.

पालकांची स्वाक्षरी

Place :

Date : **Signature of the Parent / Guardian**