

(TO BE FILLED BY THE APPLICANT IN HIS OR HER OWN LEGIBLE HANDWRITING)

A. PERSONAL INFORMATION																									
1.Full name of the candidate beginning with surname (IN BLOCK LETTERS)																									
2.Residential Address (In Block Letters)																									
Present:																									
At Post																									
City															Taluka										
District															State										
Pin Code															Ph. No.										
Permanent:																									
At Post																									
City															Taluka										
District															State										
Pin Code															Ph. No.										
14.Date of Birth	D	D	M	M	Y	Y	Y	Y	In words																
15. Age	Y	Y	M	M	Wk	Wk	D	D	(as on date Prescribed for the course /date of application- Refer instructions)																
16.Place of birth																									
17.Marital Status	Married				Unmarried				Divorced				(please tick)✓												
18. Sex	Female				Male				(please tick)✓																
19. Nationality															20. Domicile										
21. Religion															22. Caste										

B. PARENTAL INFORMATION:																									
1.Full Name of Father / Mother / Guardian (In Block Letters)																									
2.Residential Address (In Block Letters)																									
Present:																									
At Post																									
City															Taluka										
District															State										
Pin Code															Ph. No.										
Permanent:																									
At Post																									
City															Taluka										
District															State										
Pin Code															Ph. No.										
3. Occupation															4. Income P.A										
5. Name & Address of Office																									
At Post																									
City															Taluka										
District															State										
Pin Code															Ph. No.										

DECLARATION & UNDERTAKING

I hereby declare that the information given above is true & correct best to my knowledge. If admitted to the course I agree to abide by the rules & regulations of the institute / Affiliating authorities/ Government. I shall not participate in any activity that will interfere with maintenance of discipline and order. I also declare that I have not been debarred from appearing any examination held by any government, constituent or statutory examining authority in India. I'm bound to pay the prescribed amount of fees for the admitted course. I'm aware that after confirmation of admission the institute has legal claim for the prescribed fees. If any information furnished above is found to be incorrect or my eligibility is unsatisfactory, I am aware that my admission is liable to be cancelled.

Place:

Signature of candidate

Date:

Signature of Parent / Guardian

Checklist for documents attached: (please tick ✓ whichever applicable)

All documents should be duly attested by a Gazetted Officer.

- | | | | | | |
|-------------------------|---|--------------------------------|--------------------------|---|--|
| 1) Matriculation | - | Marksheet | <input type="checkbox"/> | Board Certificate | <input type="checkbox"/> |
| 2) HSC | - | Marksheet | <input type="checkbox"/> | Board Certificate | <input type="checkbox"/> |
| 3) Degree/Course | | Marksheet-1 st Year | <input type="checkbox"/> | 2 nd Year | <input type="checkbox"/> |
| | | 3 rd Year | <input type="checkbox"/> | 4 th Year | <input type="checkbox"/> (if applicable) |
| 4) Degree/Course | - | Certificate | <input type="checkbox"/> | (If applicable) | |
| 5) Registration | - | certificate | <input type="checkbox"/> | (Applicable for Candidates applying for PB B.Sc only) | |
| 6) Clinical experience | - | certificate | <input type="checkbox"/> | (Applicable for Candidates applying for PB B.Sc only) | |
| 7) Caste | - | Certificate | <input type="checkbox"/> | (If applicable) | |
| 8) Caste | - | Verification certificate | <input type="checkbox"/> | (If applicable) | |
| 9) Non creamy layer | - | certificate | <input type="checkbox"/> | (Applicable for OBC candidates only) | |
| 10) Marriage | - | certificate | <input type="checkbox"/> | (Applicable for Married candidates only) | |
| 11) Name change | - | certificate | <input type="checkbox"/> | (Applicable for Married candidates only) | |
| 12) Medical fitness | - | certificate | <input type="checkbox"/> | (Issued by a MBBS qualified medical practitioner with Registration No.) | |
| 13) Nationality | - | certificate | <input type="checkbox"/> | (If applicable) | |
| 14) Domicile | - | certificate | <input type="checkbox"/> | (If applicable) | |
| 15) Transfer/ Migration | - | certificate | <input type="checkbox"/> | (Applicable for candidates applying for PB.B.Sc nursing course) | |
| 16) School Leaving | - | certificate | <input type="checkbox"/> | | |
| 17) Gap | - | certificate | <input type="checkbox"/> | (Applicable for candidates with discontinuation in education) | |
| 18) 4 Passport size | - | Photographs | <input type="checkbox"/> | | |

Physical fitness Certificate
MEDICAL EXAMINATION FORM AND REPORT
(To be filled by Government Medical Officer)

1. Name of the Applicant/ Subject:- _____
2. Age:- _____ 3. Sex: - Male/ Female. 4. Marital Status: Married/ Unmarried/ Divorced.
5. Permanent Address: - _____

6. Personal History:
Previous history of any major sickness?

7. Family History:
Is there any body in the family suffering from following?

•TB	•Diabetes	•Heart disease
•Epilepsy	•Hypertension	•Psychiatric disorder
•Cancer	•Asthma	•Allergy
•Any other (Specify): _____		

8. General Examination:

i. Height: _____

ii. Weight: _____

iii. Cardiovascular System:-

- BP
- Heart
- Pulse

iv. Respiratory system:

- Pharynx
- Larynx
- Lungs

v. Abdomen:

- Liver
- Spleen

vi. Genito-Urinary:

- Kidneys
- Bladder
- Menstrual History

vii. Eyes:

- Vision
- Colour vision
- Pupils

viii. Ear- Nose- Throat:

- Hearing
- Discharges if any:

ix. Extremities:

- Voluntary movements
- Involuntary movements
- Tone
- Wasting
- Reflexes
- Any other abnormality noted: _____

x. Skeletal:

xi. Dental & Mouth:

xii. Endocrine:

xiii. Skin & allergies

xiv. Vaccination:

- Hepatitis-B: Dose- 1 / 2 / 3 / Booster / none

xv. Routine examination:

- Blood for CBC
- Urine routine & microscopy
- Stool routine & microscopy

xvi. Special examination:

- Chest X-ray
- ECG
- HIV
- HBsAg

Please comment on declared medical history, if significant.

Is the candidate/ subject recently being treated for any condition? (If yes, Please specify).

Do you consider the candidate physically & mentally fit or unfit? (If yes, Please specify).

Date:

Seal

Name & Signature of Examination Officer

Qualification:

Reg. No.:

Address:

Samarth Institute of Nursing Education

(Approved by the Maharashtra Nursing Council, Indian Nursing Council & Affiliated to Maharashtra University of Health Sciences, Nasik)

Shreekshetra Dervan, Tal.-Chiplun, Dist.-Ratnagiri. Pin – 415606.

Phone: 02355 – 264137, 264149. Fax: 02355 – 264181.

Application for Transfer / Migration Certificate

(Details to be filled by the student)

To,
The Principal / Registrar

Subject: - To issue Transfer / Migration Certificate.

Respected Sir/Madam,

I Mr. /Mrs. / Miss. _____ have been admitted to the Samarth Institute of Nursing Education, Dervan. Approved by Maharashtra Nursing Council & Indian Nursing Council and Affiliated to the Maharashtra University of Health Science, for the academic year _____ in the 1st /2nd/3rd/ final Semester/Year of the course _____

I was student of your college/ Institute/ University and have passed / failed the examination of _____ in the year _____.

My Particulars are as given below:-

- 1) Name:- _____ 2) Roll No _____
- 3) Class attended _____ 4) Academic year _____
- 5) Subject:- _____ 6) Year of Passing _____
- 7) Exam Seat No. _____ 8) Birth date:- _____

I request you to kindly send my Transfer / Migration Certificate to The Principal of Samarth Institute of Nursing Education, Dervan, Tal: Chiplun, Dist: Ratnagiri, Pin: 415606.

Yours faithfully,

(Students Signature)

(Details to be filled by Admitting College)

Admitted to (Course) _____

Year/ Semester _____ Admission No. _____

Kindly issue the Transfer / Migration Certificate.

With regards,

- Verified & found correct. _____

Admission In charge

Date:

Place:

Principal