

<b>Shri Vithalrao Joshi Charitable Trust's</b> <b>SAMARTH NURSING COLLEGE</b> <b>B.K.L.WALAWALKAR HOSPITAL &amp; DIAGNOSTIC CENTRE</b> <b>Shreekshetra Dervan, Taluka-Chiplun, Dist. Ratnagiri-415606</b> <b>Tel: 02355-264636/264637 EXT: 218 Fax: 02355-264181</b> <b><u>Email info@walawalkarhospital.com</u></b>		Application Form No:  Please Paste Photograph here <div style="border: 1px solid black; width: 150px; height: 150px; margin: 0 auto;"></div>
<b>APPLICATION FORM 2016</b>		
Important: *Please Fill The Form In Capital Letters. *Incomplete /Illegible Forms Will Be Rejected.*Whenever Not Applicable Write N/A.		
PROGRAMME:P.B.B.SC.NURSING <input type="text"/>		
Personal details (Write the official name that appears on your certificate)		
<b>First Name</b>	<b>Middle Name</b>	<b>Last Name</b>
<b>Correspondence Address Line 1:</b>		
<b>Correspondence Address Line 2:</b>		
<b>Correspondence Address Line 3:</b>		
<b>City/Town:</b>	<b>State:</b>	<b>Pin:</b>
<b>Tel.No.(Res):</b>	<b>Email:</b>	
<b>Mobile:</b>		
<b>Permanent Address Line 1:</b>		
<b>Permanent Address Line 2:</b>		
<b>Permanent Address Line 3:</b>		
<b>City/Town:</b>	<b>State:</b>	<b>Pin:</b>
<b>Tel.No.(Res):</b>	<b>Email:</b>	
<b>Mobile:</b>		
<b>Date Of Birth:</b>	dd/mm/yyyy	
<b>Marital Status</b>		
<b>Gender</b>	Male/Female <input type="checkbox"/> <input type="checkbox"/>	
<b>Blood Group</b>		
<b>Nationality</b>		
<b>Passport No.</b>		
<b>DETAILS OF THE GUARDIAN</b>		
<b>Parent/Guardian Spouse Name</b>		
<b>Office Address</b>		
<b>Tel No.(Res)</b>		

ACADEMIC RECORDS					
EXAM	DEGREE	YEAR OF PASSING	%	CLASS	UNIVERSITY BOARD
10 <sup>th</sup>					
12 <sup>th</sup>					
GNM					
Computer Related Course					
Any Other					
Work Experience If Any:					
CATEGORY:					
1.SC ,2.ST,3.OPEN,4.NRI,5.INETRATIONAL,6.DIFERENTLY ABLED,7.KASHMIRI MIGRANTS,8.ARM FORCES DEPENDENT,9.SPONSORED,10.OBC					
<input type="text"/>					
<b>Declaration:</b>					
I have carefully read the information about SVJCT'S ,SNC and have noted the contents. I know that this information is disseminated well in advance of the academic year and consequently details may vary.					
The University reserves the rights to make alterations to the courses and fee as necessary. I hereby, submit to disciplinary jurisdiction of the Vice Chancellor on that behalf, and also by the rules made by the Principal SVJCT 'S, SNC from time to time. I also declare that the information mentioned above by me is true to my knowledge. I am also aware that any false information given will lead to cancellation of my admission and the fee deposited by me will be forfeited.					
<b>Ragging:</b> Any act which amounts to ragging in any form as defined under Maharashtra Prohibition of Ragging Act, 1999 and also under the UGC Prohibition.					
Date:_____ Student's Signature:_____					
<b>FOR OFFICE USE ONLY</b>					
<b>Eligible</b>	<b>Selected</b>	<b>Fee Paid</b>	<b>Admitted</b>	<b>Principal</b>	