

(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.									
Adhar No.																											

14.Date of Birth	D	D	M	M	Y	Y	Y	Y																				
15. Age	Y	Y	M	M	Wk	Wk	D	D																				
16.Place of birth																												
17.MaritalStatus	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.

Ragging:

I am aware that any act which amounts to ragging in any form as defined under Maharashtra Prohibition of Ragging Act, 1999 and also under the UGC Prohibition of Ragging Regulations, 2009 is subject to Disciplinary action under this Code. I assure and undertake that I will not indulge or support any such acts of harassment which amounts to ragging.

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-1st Year | | <input type="checkbox"/> | 2nd Year | <input type="checkbox"/> |
| | 3rd Year | <input type="checkbox"/> | 4th 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 Medical Officer)

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1. Name of the Applicant/ Subject:- _____

2. Age:- _____ **3. Sex: -** Male/ Female. **4. Marital Status:** Married/ Unmarried/ Divorced.

5. Permanent Address: - _____

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6. Personal History:

Previous history of any major sickness?
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7. Family History:

Is there anybody in the family suffering from following?

- | | | |
|---|---------------------------------------|---|
| <input type="checkbox"/> TB | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Heart disease |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Hypertension | <input type="checkbox"/> Psychiatric disorder |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Asthma | <input type="checkbox"/> Allergy |
| <input type="checkbox"/> Any other (Specify): _____ | | |

8. General Examination:

i. Height: _____

ii. Weight: _____

iii. Cardiovascular System:-

- BP
- Heart
- Pulse

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iv. Respiratory system:

- Pharynx
- Larynx
- Lungs

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v. Abdomen:

- Liver
- Spleen

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vi. Genito-Urinary:

- Kidneys
- Bladder
- Menstrual History

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vii. Eyes:

- Vision
- Colour vision
- Pupils

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viii. Ear- Nose- Throat:

- Hearing
 - Discharges if any:
-

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ix. Extremities:

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

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x. Skeletal:

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xi. Dental & Mouth:

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xii. Endocrine:

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xiii. Skin & allergies

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xiv. Vaccination:

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

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xv. Routine examination:

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

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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: