Application No.

Shree Vithalrao Joshi Charities Trust's

SAMARTH NURSING COLLEGE

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

Ø.Phone No. 02355 – 264137,264149. ♠Fax No. 02355 – 264181.
E-mail: sine@walawalkarhospital.com

ADMISSION FORM

(For the academic year 2016 - 17)

(Subject to changes introduced by the Affiliating authorities)

Instructions for filling up the form.

- Form must be filled by the candidate in his / her own legible handwriting.
- Admissions are provisional based purely on merit & eligibility prescribed by the Affiliating bodies.
- Candidate must enclose required copies of certificate / mark sheets duly attested by the head
 of Institute last attended or by a Gazetted Officer.
- The candidate will have to produce all necessary original certificates including statement of marks obtained at the qualifying examination in chronological order at the time of scrutiny and subsequent admission.
- The application form must be duly signed by the candidate. Incomplete applications or without necessary documents are liable to be cancelled.
- Age limit for Candidate applying to RGNM must have completed 17 years & RANM must have completed 17 years of age before 31st July. Upper age limit is 35 years.

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attended High School, Technical and Professional Colleges, Board/University/ Council). An Official High School transcript and transcripts beyond High School (Colleges and Universities) must be submitted with the application. Statement of Marks: I. S.S.C./S.S.C. (Tech) or equivalent Examination: Name of the School Month-Year of Passing Board Subject Total Percentage Marks Obtd. Min. Marks Max. Marks II. H.S.C./ XII / Equivalent Examination Name of Jr. College Board Month-Year of Passing Percentage Subject Total Marks Obtd. Min. Marks Max. Marks III. First Year Name of Institute Univ/Council Month-Year of Passing Subject Marks Obtd. Min. Marks Max. Marks IV. Second Year Name of Institute Univ/Council Month-Year of Passing Subject Marks Obtd. Min. Marks Max. Marks V. Third Year Name of Institute Univ/Council Month-Year of Passing Subject Marks Obtd. Min. Marks Max. Marks VI. Any other (Specify) Name of Institute Univ/Council Month-Year of Passing Subject Marks Obtd. Min. Marks Max. Marks

C. EDUCATIONAL BACKGROUND: Details of Examination Passed (list in chronological order of all presently

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
	cuments attached	: (please tick √ whichever applicable) a Gazetted Officer.
1) Matriculation	- Marksheet	Board Certificate
2) HSC	- Marksheet	Board Certificate
3) Degree/Course M	Iarksheet-1st Year	2nd Year
	3rd Year	4thYear (if applicable)
4) Degree/Course C	ertificate -	(If applicable)
5) Registration certi	ficate -	(Applicable for Candidates applying for PB B.Sc only)
6) Clinical experien	ce certificate -	(Applicable for Candidates applying for PB B.Sc only)
7) Caste Certificate	-	(If applicable)
8) Caste Verificatio	n certificate -	(If applicable)
9) Non creamy laye	r certificate -	(Applicable for OBC candidates only)
10) Marriage certifi	cate -	(Applicable for Married candidates only)
11) Name change co	ertificate -	(Applicable for Married candidates only)
12) Medical fitness	certificate -	(Issued by a MBBS qualified medical practitioner with
		Registration No.)
13) Nationality cert	ificate -	(If applicable)
14) Domicile certifi	cate -	(If applicable)
15) Transfer/ Migra	tion certificate-	(Applicable for candidates applying for PB.B.Sc nursing course)
16) School Leaving	certificate -	
17) Gap certificate -	-	(Applicable for candidates with discontinuation in education)
18) 4 Passport size l	Photographs -	

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

1. Name of the Applicant/ Su	ıbject:	
2. Age: 3. Sex: -	Male/ Female. 4. Marital Status: Ma	nrried/ Unmarried/ Divorced.
5. Permanent Address:		
6. Personal History: Previous history of any major	sickness?	
7. Family History: Is there anybody in the fami	ly 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	1:-	
Heart		
Pulse		
iv. Respiratory system:		
Pharynx		
Larynx		
 Lungs 		
v. Abdomen:		
• Liver		
Spleen		
vi. Genito-Urinary:		
■ Kidneys		
 Bladder Manatruel History 		
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 / Boo		
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 Is the candidate/ subject recently bein Do you consider the candidate physical Please comment on declared medical Is the candidate physical Please comment on declared medical Is the candidate physical Please comment on declared medical Is the candidate physical Please comment on declared medical Is the candidate physical Please comment on declared medical Is the candidate physical Please comment on declared medical Is the candidate physical Please comment on declared medical Is the candidate physical Please comment on declared medical Is the candidate physical Please comment on declared medical Is the candidate physical Please comment on the candidate physical Please comment of the Candidate physical Please physical Plea	ing treated for any condit	
Date:	Seal	Name & Signature of Examination Officer Qualification: Reg. No.: Address: