

DATTA MEGHE INSTITUTE OF HIGHER EDUCATION AND RESEARCH

## Smt. Radhikabai Meghe Memorial College of Nursing

(Formally Known Florence Nightingale Training College of Nursing)

Attached to ACHARYA VINOABHAVE RURAL HOSPITAL (Teaching Hospital)

Ph.No. 07152 -287701-06. Extn 172#, Fax-07152-287727 Email: -admissioncellfntcn@gmail.com

### APPLICATION FORM FOR ADMISSION TO THE AUXILIARY NURSING MIDWIFERY (ANM) 2 YEARS COURSE 2023-24

**Please Note:**

- All the entries must be filled in Block Letters, by the candidate in her own Handwriting.
- Forms with incomplete or false information, Enclosures or received late, will be rejected without giving any reason to the applicant or her relatives.
- Completed Form must reach this institution on or the before due date.
- Affix recent passport size photograph. Candidate must given declaration that she has read & understood the rules, and would abide by them.

Affix  
Passport Size  
Photograph

1. Name in Full (In BlockLetter) \_\_\_\_\_
2. Name and Present address of  
Father/ Husband /Guardian \_\_\_\_\_
3. Mother's Name \_\_\_\_\_
4. Permanent address in full \_\_\_\_\_
5. Parent Telephone No./Mob.No \_\_\_\_\_
6. Date of Birth with Age, Place, District & State \_\_\_\_\_ Age in Year \_\_\_\_\_  
Place \_\_\_\_\_ District \_\_\_\_\_ State \_\_\_\_\_
7. Occupation of Father/Husband/ Guardian \_\_\_\_\_ Annual Income \_\_\_\_\_
8. Nationality \_\_\_\_\_ Religion \_\_\_\_\_
9. Caste/Sub-Caste \_\_\_\_\_ Category \_\_\_\_\_
10. Sex \_\_\_\_\_ Female/Male
11. Have you had any previous training?  
Or Experience in Nursing (if yes,  
attach copy of certificate) \_\_\_\_\_
12. How have you been occupied after passing \_\_\_\_\_
13. Qualifying examination \_\_\_\_\_
14. Academic Qualification \_\_\_\_\_

**Qualification Information:**

Standard	Name of Board/University	Medium of Instruction	Subjects	Year of passing	Attempts	% of Marks
1. Xth (SSC/SSLC)						
2. XIIth (HSSC)10+2						
3. Any other qualification						

15. Language Known: - Hindi/English/Marathi

I/ We hereby certify that the information mentioned above is true to my belief and knowledge.  
I agree that any false information is liable to cancel my candidates for admission

(Signature of Parent)  
Father/Husband/Guardian

(Signature of Student)

### **DECLARATION**

I hereby declare that I have read the rules of admission, after understanding, these rules I have filled the form.  
I hereby agree, if admitted to Revised ANM course to confirmed to

- a. The rules and regulation made for the Governance to the Smt. Radhikabai Meghe Memorial College of Nursing (Formally known as Florence Nightingale Training College of Nursing).
- b. Any rules acts and laws entered by the trust in the interest of Nation or Institution. I hereby undertake that as long as I am a student of the Smt. Radhikabai Meghe Memorial College of Nursing (Formally known as Florence Nightingale Training College of Nursing). I will do nothing either inside or outside of the training college, hospital and the hostel which may result in disciplinary action against me under the rules prevailing or that may be made hereafter or under the acts and laws referred to the said rules.
- c. I fully understand that the head of Trust/ Institution where I am studying will have full liberty to expel me from the Smt. Radhikabai Meghe Memorial College of Nursing (Formally known as Florence Nightingale Training College of Nursing), for any infringement of above undertaking.

(Signature of Parent)  
Father/Husband/Guardian

(Signature of Student)

### **RECEIPT (for office use only)**

Received application form for admission to ANM Course from Mr./Ms. \_\_\_\_\_

**DD No.** \_\_\_\_\_ **Bank Name** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Amount:** \_\_\_\_\_

**Or For online payment: Bank name** \_\_\_\_\_

**Transaction no.** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Amount:** \_\_\_\_\_

**Date:**

**Signature of receiver**

**Enclose the following Xerox documents with application form:**

1. College Leaving Certificate
2. 10<sup>th</sup> Mark sheet
3. 10<sup>th</sup> Board Certificate
4. 12<sup>th</sup> Mark sheet
5. 12<sup>th</sup> Board Certificate
6. Caste Certificate
7. Non-Creamy layer Certificate (VJ,NT-B,NT-C,NT-D,OBC,SBC)
8. Domicile certificate
9. Medical fitness certificates (original).
10. Adhar Card
11. Birth certificate
12. Gap certificate (If gap)
13. Caste Validity
14. Photocopy 2
15. Additional qualification documents

