DATTA MEGHE INSTITUTE OF HIGHER EDUCATION AND RESEARCH

Smt. Radhikabai Meghe Memorial College of Nursing

(Formerly Known Florence Nightingale Training College of Nursing)

Attached to ACHARYA VINOBA BHAVE RURAL HOSPITAL (Teaching Hospital)

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

APPLICATION FORM FOR ADMISSION TO THE GENERAL NURSING MIDWIFERY (GNM) 3 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
- 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

 Name in Full (In BlockLetter) Name and Present address of Father/ Husband <i>I</i> Guardian Mother's Name 			
4. Permanent address in full			
5. Parent Telephone No.<i>I</i>Mob. No6. Date of Birth with Age, Place, District & State	Place		
 Occupation of Father/Husband/ Guardian Nationality Caste/Sub-Caste 		_Annual Income	
10. Sex11. Have youhad any previous training?Or Experience in Nursing (if yes, attach copy of certificate)	Female/Male		
12. How have you been occupied after passing13.Qualifying examination14. Academic Qualification			

Qualification Information:

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

15. Language Known: - Hindi/E	english/Marathi	
	he information mentioned above is true mation is liable to cancel my candidates	
(Signature of Parent) Father/Husband/Guardian		(Signature of Student)
	DECLERATIO	<u>N</u>
I hereby declare that I have re I hereby agree, if admitted to C		unding, these rules I have filled the form.
_	nade for the Governance to the Smt. Rac ce Nightingale Training College of Nursing	lhikabai Meghe Memorial College of Nursing g).
as I am a student of the Sm Nightingale Training Colle and the hostel which may	t. Radhikabai Meghe Memorial Colleg ge of Nursing). I will do nothing either in	or Institution. I hereby undertake that as along e of Nursing (Formally known as Florence side or outside of the training college, hospital nder the rules prevailing or that may be made
the Smt. Radhikabai Megl		ndying will have full liberty to expel me from ally known as Florence Nightingale Training
Signature of Parent)		
Father/Husband/Guardian		(Signature of Student)
lessing annihisting form for a	<u>R E C E I P T (for offic</u>	e use only)
**	dmission to GNM Course from Mr./Ms	
	Date:	Amount:
	e Date: Bank name	
Or For online payment: E	Sank name	
Or For online payment: E Transaction no	Sank name	
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Or For online payment: E Transaction no Date: Date: Date: nclose the following Xerox docu 1. College Leaving Certificate 2. 10 th Mark sheet 3. 10 th Board Certificate 4. 12 th Mark sheet 5. 12 th Board Certificate	Bank name Amount:	
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