

• **PRESENT ADDRESS DETAILS:**

13. Address

Taluka : District :

State : Pin Code :

• **PERMANENT ADDRESS DETAILS:**

14. Address

Taluka : District :

State : Pin Code :

• **EDUCATIONAL QUALIFICATION:**

Qualification	Board / University	Year of passing	Obtained Marks	Out of	Percentage (%)
SSC					
HSC					

• **COURSE DETAILS:**

15. CET Application no. :

16. All India Rank :

17. Cap Round no. :

18. Percentile Mark
(MH-CET Nursing/PCB)

19. Allotted Quota :

• **PARENTS /GUARDIAN DETAILS:**

20. Parents/Guardian Name :

21. Mobile No
(What's app no.) :

22. Alternate Mobile No. :

24. *Check List please ensures that the following Original documents are attached along with Application form:

Sr. No	Name of Documents	Yes	No	Remark
1	10 th Mark sheet			
2	10 th Board Certificate			
3	12 th Mark sheet			
4	12 th Board Certificate			
5	ANM/GNM (if applicable) all marksheet			
6	Passing Certificate			
7	Diploma certificate			
8	Leaving Certificate (TC)			
9	Gap Certificate (if applicable)			
10	CET Application form/Registration			
11	CET Score Card / Admit card			
12	Provisional Selection Letter			
13	Caste Certificate			
14	Domicile /Nationality Certificate			
15	Income Certificate			
16	Non-Creamy layer Valid Certificate(if applicable)			
17	Caste Validity Certificate			
18	EWS Certificate (if applicable)			
19	Adhar Card (Updated)			
20	Character Certificate (if applicable)			
21	Attempt Certificate (if applicable)			
22	5 Recent Size Photographs			
23	Migration Certificate (if applicable)			
24	Medical Fitness (Annexure H) & HB Report			
25	Order No. Certificate (last Qualification)			
26	Gazette for name change (if applicable)			
27	100/- Stamp Paper for (SC-03,ST,OBC,VJNT,SBC,OPEN-02)			

Note: All the above documents Need 05 Set of Xerox at the time of admission.

25. *Signature of admission committee members,

Counseling Committee
In-charge

Scrutiny
Committee

Admission
Committee

Nodal Officer

Principal

• **HEALTH INFORMATION:**

26. Do you any chronic illness/physical handicap.....

27. Have you suffered from any illness in the past year: Yes ☐ No ☐

28. Any history of allergy.....Specify.

DECLARATION

I _____ hereby declare that the information provided above in true and correct to the best of my knowledge. I agree to follow all rules and regulations of the institute for the purpose of Education.

Date : _____

Place : _____

(Signature of Applicant)