

SARASWATI INSTITUTE OF NURSING SCIENCES & RESEARCH, AMRAVATI

INSTRUCTIONS TO THE CANDIDATES FOR FIRST YEAR M.Sc. NURSING (2026-2027)

Ref. No. SINSR/MSCT 767 2026
Email Id: saraswatiinstitutensg11@gmail.com

DATE: 28 / 9 /2026
Mob. 982327535329

All candidates seeking admission to First Year M.Sc. Nursing (2-Year Degree Course) for the Academic Year 2026-2027 at Saraswati Institute of Nursing Sciences & Research, Amravati are hereby informed to carefully read and strictly adhere to the instructions and schedule given below:

1. Candidates are instructed to regularly visit the institute website for all information and updates related to the admission process: www.sinsramt.org
2. Selection of candidates will be made purely on a merit basis and will strictly adhere to the reservation norms of the Government of Maharashtra, MUHS Nashik, and the Maharashtra Nursing Council (MNC).
3. All admission-related lists—including Application Forms, Specialty-wise Preference Forms, Merit Lists, Selection Lists, Waiting Lists, and Rejected Lists—will be published on the official college website.
4. Application forms and specialty-wise preference forms will be accepted in person along with essential documents. Applications will be accepted even on holidays up to the prescribed deadline.
5. Incomplete applications or forms received after the due date and time will not be accepted under any circumstances.
6. All selected candidates in the selection list must report to the institute to complete the admission process on or before the specified last date of joining (09/10/2026).
7. If any selected candidate fails to report and complete the admission process within the stipulated time, his/her seat shall be treated as vacant and will be allotted to eligible candidates from the waitlist under the respective category on the basis of inter-se merit.
8. The list of documents required for admission is attached herewith. Candidates must bring all original certificates/documents along with necessary sets of self-attested photocopies at the time of admission.

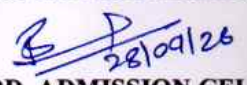
ADMISSION SCHEDULE 2026-2027 (SCHEDULE-1)

SR. NO.	SCHEDULE / EVENT DETAILS	DATE
1	Last date of submission of application form & specialty-wise preference form	03/10/2026
2	Publication of Provisional Selection List / Merit List / Waiting List / Rejected List (Specialty-wise)	05/10/2026
3	Last date of joining	09/10/2026

◆ **Note:** Please keep checking the college website regularly for the latest updates: www.sinsramt.org

Copy forwarded for information and necessary action to:

1. Principal's Office, Admin Office, SINSR, Amravati
2. HOD, Admission Cell, SINS&R, Amravati
3. College Website Coordinator (for uploading under Admission Tab of M.Sc. Nursing 2026)
4. Notice Board of Admission Cell / Main College Notice Board


HOD, ADMISSION CELL
Saraswati Institute of Nursing Sciences
& Research, Amravati




Principal
Saraswati Institute of Nursing
Sciences & Research, Amravati

(Affiliated to MNC & MUHS Nashik & INC New Delhi) Organization:
Saraswati Bahuuddeshiya Shikshan Sanstha

web site: - www.sinsramt.org

- I. Write with a Black/Blue ball point Pen
- II. Write in capital letters.
- III. Please Tick (✓) Appropriate Block

**Paste the Recent
Passport size
photo (Before
3month ago)**

I. Medical Surgical Nursing (CVTS) ☐

II. Mental Health Nursing ☐

[illegible][illegible][illegible][illegible]

Gender:							
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[illegible][illegible]

Nationality:							
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[illegible][illegible]

Category:

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Contact No:

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Date of Admission:

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Email ID: _____

Correspondence Address: _____

Pin Code: _____

Health Information: Have you suffered from any serious illness in past a) If so, what was your suffering from?

Previous Experience with Reliving date (Hospital/Nursing College):

Education Qualification:

Exam	Name of Institute & University	Passing Year	Marks Obtained	Marks Out of	Percentage
S.S.C.					
H.S.C.					
Basic B.Sc. Nursing/P.B.B.Sc. Nursing/P.C.B.Sc. Nursing /P.B.B.Sc.Nursing					
First year					
Second Year					
Third Year					
Final Year					
Grand Total					

Registration No:

Experience: College ☐ Clinical ☐ Date ____ / ____ / ____ to ____ / ____ / ____

Sector: ☐DMER / ☐ DHS / ☐PRIVATE

SCRUTINY FORM FOR M.Sc. NURSING

SR. NO	LIST OF DOCUMENTS	YES	NO	REMARK
1.	10th Mark sheet with Board Certificate			
2.	12th Mark sheet with Board Certificate			
3.	B.Sc./PBBSC /GNM/ANM Nursing with all Mark sheets			
4.	TC			
5.	Passing Certificate			
6.	Attempt certificate			
7.	NCL Certificate (if applicable)			
8.	EWS Certificate			
9.	Registration Certificate with recent Renewal slip			
10	Degree certificate			
11	Experience Certificate			
12	Course Completion			
13	Caste Certificate (if applicable)			
14	Cast Validity (if applicable)			
15	Aadhar Card			
16	Passport Size Photos (05)			
17	Domicile Certificate			
18	Nationality Certificate			
19	Gap Certificate (if applicable)			
20	Medical Fitness Certificate			
21	Gazette For name change			
22	Migration Certificate (if applicable)			
23	Specific Reservation Person with Disability Certificate			
24	No Objection Certificate (For Gov. Candidate)			
25	Bond for Laps of Seat (After Admission)			

DECLARATION BY THE CANDIDATE

I hereby declare that the information given above is true and correct to the best of my knowledge. I understand that my admission may be cancelled if any information is found false.

Place :

Date :

Applicant's Sign

For Office Use only

Remarks for Eligible

Yes/ No

I-Scrutiny Officer

Principal Signature

II- Scrutiny Officer

Office Stamp

Annexure 'C'

पदवी, पदव्युत्तर पदवी प्रथम वर्ष अभ्यासक्रमास प्रवेश घेणाऱ्या सर्व मुला/मुलींकडून प्रवेशाच्या वेळीच मतदार यादीमध्ये नाव नोंदणी करण्याच्या अनुषंगाने घ्यावयाचे प्रमाणपत्र / हमीपत्र नमुना.

मी....., अभ्यासक्रम :

..... महाविद्यालयाचे नाव:

..... या महाविद्यालयात प्रथम वर्षात प्रवेश घेतला असून मी दिनांक: ०१/०१/..... रोजी १८ वर्षाचा / वर्षाची झालो / झाले आहे किंवा होणार आहे. १८ वर्ष पूर्ण झाल्याबरोबर मी माझे नाव मतदार यादीत नोंदवुन घेणार आहे अशी मी प्रतिज्ञा करतो/करते.

स्वाक्षरी :

नाव :