

APPLICATION NUMBER

- ▶ Read form filling instructions given in the prospectus carefully
- ▶ Use only BLACK or BLUE Hi-Tec point type pen to fill the form
- ▶ Fill the form in English using CAPITAL letters, except for signature
- ▶ Do not fold, staple or clip the form.



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 RECOGNISED BY INC, NEW DELHI, MNC, MUMBAI, GOVT. OF MAHARASHTRA, APPROVED BY & AFFILIATED TO MUHS, NASHIK

Academic Year 2013 - 2014

- | | | |
|--|--|--|
| <input type="checkbox"/> M.Sc. Nursing Programme | <input type="checkbox"/> A.N.M. Programme | <input type="checkbox"/> G.N.M. Programme |
| <input type="checkbox"/> Post Basic Speciality Diploma | <input type="checkbox"/> B.Sc. Nursing Programme | <input type="checkbox"/> Post Basic B.Sc. Nursing |
| | <input type="checkbox"/> Medical Surgical Nursing | <input type="checkbox"/> Obstetrics & Gynaecology Nursing |
| | <input type="checkbox"/> Mental health (Psychiatric) Nursing | <input type="checkbox"/> Community Health Nursing |
| | <input type="checkbox"/> Child health (Pediatric) Nursing | |
| | <input type="checkbox"/> Psychiatric/Mental Health Nursing | <input type="checkbox"/> Cardio-Thoracic Nursing |
| | <input type="checkbox"/> Critical care Nursing | <input type="checkbox"/> Emergency & Disaster Nursing |
| | <input type="checkbox"/> Neuro Nursing | <input type="checkbox"/> Orthopedic Rehabilitation Nursing |
| | <input type="checkbox"/> Operation Room Nursing | <input type="checkbox"/> Neonatal Nursing |
| | <input type="checkbox"/> Pediatric Nursing | <input type="checkbox"/> Oncology Nursing |

FACULTY & COURSES OF ADMISSION SOUGHT

NAME OF THE APPLICANT (AS PER H.S.C. MARKS STATEMENT)

DATE OF BIRTH

DATE MONTH YEAR

SEX

MALE FEMALE

NATIONALITY

MOTHER NAME

FATHER NAME

ADDRESS FOR PERMANENT (DO NOT REPEAT NAME)

CITY

STATE

PIN CODE

STD CODE

TELEPHONE NUMBER

MOBILE NUMBER

EMAIL ADDRESS

CATEGORY OF ADMISSION

SC	ST	VJ	NT-1	NT-2	NT-3	OBC	SBC	OPEN
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

PHOTOGRAPH

Please your recent passport size colour photograph not older than 3 months Do not pin or staple.

SIGNATURE OF APPLICANT

Sign within the box without touching the edges.

LEFT THUMB IMPRESSION OF APPLICANT

PLEASE TURN OVERLEAF ▶

DETAILS OF 10+2

ANM (2 Years)

Sr. No.	Examination passed	Board	Month & Year of Passing	Total Marks	Percentage (%)
1	H.S.C.				

DOCUMENTS ATTACHED : THREE ATTESTED XEROX COPIES OF EACH OF THE FOLLOWING :

- | | | | |
|-------------------------------|--------------------------|------------------------------|--------------------------|
| 1) S.S.C. MARK SHEET | <input type="checkbox"/> | 1) H.S.C. MARK SHEET | <input type="checkbox"/> |
| 2) S.S.C. BOARD CERTIFICATE | <input type="checkbox"/> | 2) H.S.C. BOARD CERTIFICATE | <input type="checkbox"/> |
| 3) LEAVING CERTIFICATE (L.C.) | <input type="checkbox"/> | 3) CAST CERTIFICATE | <input type="checkbox"/> |
| | | 4) CAST VALIDITY CERTIFICATE | <input type="checkbox"/> |

DETAILS OF 10+2

GNM (3 ½ Years)

Sr. No.	Examination passed	Uni./Board	Month & Year of Passing	Total Marks	Percentage (%)
1	H.S.C.				

* The Candidate who is completing 17 years of age on or before 31 st July of every academic year should be admitted & not more than 35 years of the age.

DOCUMENTS ATTACHED : THREE ATTESTED XEROX COPIES OF EACH OF THE FOLLOWING :

- | | | | |
|---------------------------------|--------------------------|------------------------------|--------------------------|
| 1) S.S.C. MARK SHEET | <input type="checkbox"/> | 1) H.S.C. MARK SHEET | <input type="checkbox"/> |
| 2) S.S.C. BOARD CERTIFICATE | <input type="checkbox"/> | 2) H.S.C. BOARD CERTIFICATE | <input type="checkbox"/> |
| 3) LEAVING CERTIFICATE (L.C.) | <input type="checkbox"/> | 3) CAST CERTIFICATE | <input type="checkbox"/> |
| 4) PHYSICAL FITNESS CERTIFICATE | <input type="checkbox"/> | 4) CAST VALIDITY CERTIFICATE | <input type="checkbox"/> |

DETAILS OF G.N.M.

P.B.B.Sc Nursing (2 Years)

Sr. No.	Examination passed	DIPLOMA/ DEGREE	INTERNSHIP COMPLETION DATE	Month & Year of Passing	Total Marks	Percentage (%)
1	G.N.M.					

STATE / COUNCILS REGISTRATION NO. & DATE :

(RN) REG. NO.

DATE :

(RM) REG. NO.

DATE :

NAME OF THE COUNCIL - _____

DOCUMENTS ATTACHED : THREE ATTESTED XEROX COPIES OF EACH OF THE FOLLOWING :

- | | |
|--|--------------------------|
| 1) NATIONALITY CERTIFICATE | <input type="checkbox"/> |
| 2) FIRST TO THIRD YEAR MARK SHEETS OF QUALIFICATION EXAMINATIONS | <input type="checkbox"/> |
| 3) PASSING CERTIFICATE | <input type="checkbox"/> |
| 4) NON-CREAY LAYER CERTIFICATE IF APPLICABLE | <input type="checkbox"/> |
| 5) LEAVING CERTIFICATE (L.C.) | <input type="checkbox"/> |
| 6) CASTE CERTIFICATE | <input type="checkbox"/> |
| 7) CASTE VALIDITY CERTIFICATE | <input type="checkbox"/> |
| 8) VALID REGISTRATION CERTIFICATE OF COUNCIL | <input type="checkbox"/> |
| 9) EXPERIENCE CERTIFICATE OR RELIVING ORDER | <input type="checkbox"/> |
| 10) SELF EDUCATION GAP CERTIFICATE | <input type="checkbox"/> |
| 11) MEDICAL FITNESS CERTIFICATE | <input type="checkbox"/> |
| 12) MIGRATION CERTIFICATE | <input type="checkbox"/> |
| 13) IF MARRIED : MARRIAGE CERTIFICATE OR AFFIDAVIT | <input type="checkbox"/> |

DETAILS OF 10+2

B.Sc. Nursing (4 Years)

MONTH AND YEAR	SUBJECT	MARKS MAXIMUM	MARKS OBTAINED	% OF MARKS
SCHOOL / COLLEGE	PHYSICS			
	CHEMISTRY			
	BIOLOGY			
BOARD/UNIVERSITY	ENGLISH			
	TOTAL			

* The Candidate age for admission shall be 17 years on or before 31 st Dec. of the year of admission.

Details of Entrance Examination : 1) Name of CET _____ 2) Marks Obtained : _____

3) Percentage of Marks _____ % 4) Merit List No. _____

DOCUMENTS ATTACHED : THREE ATTESTED XEROX COPIES OF EACH OF THE FOLLOWING :

- | | |
|---|--------------------------|
| 1) NATIONALITY CERTIFICATE / DOMICILE CERTIFICATE | <input type="checkbox"/> |
| 2) S.S.C. BOARD CERTIFICATE | <input type="checkbox"/> |
| 3) H.S.C. MARK CERTIFICATE | <input type="checkbox"/> |
| 4) ASSO-CET, MHT-CET, MARKSHEET | <input type="checkbox"/> |
| 5) CASTE CERTIFICATE | <input type="checkbox"/> |
| 6) CAST VALIDITY CERTIFICATE | <input type="checkbox"/> |
| 7) NON CREAMY LAYER CERTIFICATE | <input type="checkbox"/> |
| 8) LEAVING CERTIFICATE (L.C.) | <input type="checkbox"/> |
| 9) MEDICAL FITNESS CERTIFICATE | <input type="checkbox"/> |
| 10) MIGRATION CERTIFICATE | <input type="checkbox"/> |

DETAILS OF B.Sc./ P.B.B.Sc. Nursing

M.Sc (N) (2 Years)

MARKS DETAILS PG

QULIGYING EXAM	SCHOOL/ COLLEGE	BOARD/ UNIVERSITY	YEAR/ SEMESTER	MARKS MAXIMUM	MARKS OBTAINED	% OF MARKS	MONTH & YEAR
			I YR / I SEM				
			II YR / II SEM				
			III YR / III SEM				
			IV YR / IV SEM				
			V YR / V SEM				
			VI YR / VI SEM				
			VII YR / VII SEM				
			VIII YR / VIII SEM				
			TOTAL				

STATE / COUNCILS REGISTRATION NO. & DATE :

(RN) REG. NO.

DATE :

(RM) REG. NO.

DATE :

Details of Entrance Examination : 1) Month & Yr. of Passing _____ 2) Marks Obtained : _____

3) Percentage of Marks _____ % 4) Merit List No. _____

NAME OF THE COUNCIL - _____

DOCUMENTS ATTACHED : THREE ATTESTED XEROX COPIES OF EACH OF THE FOLLOWING :

- | | |
|---|--------------------------|
| 1) Nationality Certificate / Birth Certificate Or H.S.C. School Leaving Certificate having endorsed with Nationality as Indian on it. / Xerox copy of Valid Passport duly attested by the Dean / Principal. | <input type="checkbox"/> |
| 2) Common Entrance Test (Mark sheet) | <input type="checkbox"/> |
| 3) Final Year Mark sheets of qualifying examinations. | <input type="checkbox"/> |
| 4) Passing Certificate / Degree of qualifying examinations. | <input type="checkbox"/> |

- 5) Attempt Certificates of all examinations of Degree course from the Head of Institute. ☐
- 6) Caste Certificates (If applicable) ☐
- 7) Caste Validity Certificate (If applicable) ☐
- 8) Non- Creamy Layer Certificate valid up to 31/03/20.....for DT/VJ/NT-1/NT-2/NT-3/OBC ☐
- 9) Valid Registration Certificate of Council. ☐
- 10) College Leaving Certificate (LC/TC) or continuation letter as applicable. (Format given) ☐
- 11) Experience Certificate ☐
- 12) Physically Handicapped Certificate if required ☐
- 13) Migration Certificate issued by the respective University ☐
- 14) Self Educational Gap (If the Educational Gap is more than 6 months after completion of internship / qualifying Degree) ☐
- 15) Medical Fitness Certificate ☐
- 16) Marriage Certificate issued by respective Authority (If required) ☐

DETAILS OF G.N.M./ B.Sc.			Post Basic Speciality Diploma Courses (1 Years)			
Sr. No.	Examination Passed	Diploma/ Degree	Internship Completion Date	Month & Year of Passing	Total Marks	Percentage %
1	G.N.M./B.Sc.					

STATE / COUNCILS REGISTRATION NO. & DATE :

(RN) REG. NO.

DATE :

(RM) REG. NO.

DATE :

NAME OF THE COUNCIL - _____

DOCUMENTS ATTACHED : THREE ATTESTED XEROX COPIES OF EACH OF THE FOLLOWING :

- 1) NATIONALITY CERTIFICATE ☐
- 2) FIRST TO FINAL YEAR MARK SHEETS OF QUALIFYING EXAMINATIONS ☐
- 3) PASSING CERTIFICATE ☐
- 4) INTERNSHIP COMPLETION CERTIFICATE ☐
- 5) LEAVING CERTIFICATE (L.C.) ☐
- 6) ATTEMPT CERTIFICATE OF ALL EXAMINATION OF DIPLOMA COURSE FOR THE HEAD OF INSTITUTE. ☐
- 7) CASTE CERTIFICATE ☐
- 8) CASTE VALIDITY CERTIFICATE ☐
- 9) VALID REGISTRATION CERTIFICATE OF COUNCIL ☐
- 10) EXPERIENCE CERTIFICATE ☐
- 11) SELF EDUCATIONAL GAP : (If the education gap is more than 6 months after completion of internship / qualifying Degree) affiliated by student duly certified by the executive Magistrate or Notray. ☐
- 12) MEDICAL FITNESS CERTIFICATE ☐

DECLARATION : I hereby declare that all the particulars stated in this application from are true to the best of my knowledge and belief. I have read and understood all provisions of admissions and agree to abide by them. I also affirm that I fulfill the eligibility requirements for the course/s applied. In event of submission of fraudulent, incorrect or untrue information or suppression or distortion of any fact like educational Qualification, marks, nationality etc. I undersigned that my admission/degree is liable for cancellation. I further understand that my admission is purely provisional subject to the verification of the eligibility conditions.

Date : / /

SIGNATURE OF PARENT/GUARDIAN

SIGNATURE OF APPLICANT

Godavari College Of Nursing,
Jalgaon

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