



DATTA MEGHE INSTITUTE OF MEDICAL SCIENCES

(Deemed to be University)

(Declared as Deemed-to-be University under Section 3 of the UGC ACT 1956)

Conferred 'A' Grade Status by H.R.D Ministry, Govt. of India

Re-accredited by NAAC (3rd Cycle) with 'A+' Grade

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Website: www.dmimsu.edu.in

FACULTY OF NURSING SCIENCES Application Form P.B.B.Sc. (N) Course 2018-19

Affix Passport
Size Photograph
with Name
mentioned on the
Bottom

- 1) Name of Candidate (CAPITAL LETTERS) : _____
- 2) Date of Birth : _____
- 3) Address : _____

- 4) Phone No. with STD Code : _____
- 5) Mobile No : _____
- 6) E-mail Address : _____
- 7) Aadhaar Card No : _____
- 8) Blood Group : _____
- 9) Religion : _____
- 10) Caste : _____
- 11) If NRI/PIO/Foreign National Passport No : _____
- 12) Name of the GNM/RGNM School : _____
- 13) Name of the College : _____

14) Details of qualifying exam : _____

Marks in	Marks	Marks Obtained	Percentage	Attempt	Year of Passing
First Year GNM/RGNM					
Second Year GNM/RGNM					
Third Year GNM/RGNM					
Internship GNM/RGNM					
AGGREGATE / TOTAL					

12) Year & Month of Passing (Final Year GNM/RGNM) : _____

13) Final year Seat No. : _____

14) Registration No: : _____

15) Name of Nursing Council : _____

16) Parents/Guardian Details : _____

Name of Father : _____

Name of Mother : _____

Occupation : _____

Telephone No. (with STD CODE) : (0) _____ (R) _____

Mobile No. : _____

E-mail Id : _____

Address : _____

- 17) Extra Curricular Activities :
- a) Sports : _____
- b) Dramatics : _____
- c) Music : _____
- d) Debate : _____
- 18) If you have any serious medical problems, :
 please mention _____

All the information given above is true to the best of my knowledge and belief. I further understand that in case if the above information is found to be incorrect or false, my admission will automatically stand cancelled.

Signature of Parent/Guardian

Signature of Student

Enclosure Photocopies of:

- 1) SSC board Certificate
- 4) Diploma Certificate
- 7) Experience Certificate

- 2) HSSC Mark List
- 5) Leaving Certificate
- 8) Aadhaar Card

- 3) GNM/RGNM Mark lists
- 6) Nursing Council Registration Certificate

RECEIPT

Received application form for admission to P.B.B.Sc. (Nursing) Course from Mr./Ms. _____

Date: _____

Signature of receiver