



(NAAC ACCREDITED GRADE 'A')

DATTA MEGHE INSTITUTE OF MEDIAL SCIENCES (Deemed University)

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

Regd. Office: Atrey Layout, Pratap Nagar, Nagpur-440022. Maharashtra, India.

Ph.No.0712-3256552, Fax No. : 0712-2245318, Email: info@dmims.org , Website: www.dmims.org

Camp Office: Sawangi (Meghe), Wardha-442004, Maharashtra, India.

Ph.No.07152-287701-06 Ext. 323, 439, Fax. No. 07152-287714, Email: medical_wda@sancharnet.in

FACULTY OF NURSING SCIENCES Application Form for Post Basic B.Sc. (Nursing) 2017-2018

Affix passport
size photograph
with Name
mentioned on
the Bottom

1. Name of the Student (CAPITAL) as it appears in S.S.C. Board Certificate : _____
2. Date of Birth : _____
3. Address for Correspondence : _____

- Telephone No. (with STD CODE) : _____
- Mobile No. : _____
- E-mail-ID : _____
4. Nationality : _____
5. Religion and Caste : _____
6. If NRI/PIO/Foreign National Passport No : Yes / No
7. Name of GNM / RGNM School : _____
8. Affiliated to (Name of Nursing Council) : _____
9. H.S.S.C./ XIIth marks as per Mark Sheet : _____

10. Details of qualifying exam:

S. N.	Subject	Total Marks	Marks Obtained	Percentage	Attempt	Year of passing
1	First Year GNM/RGNM					
2	Second Year GNM/RGNM					
3	Third Year GNM/RGNM					
4	Internship GNM/RGNM					
GRAND TOTAL						

11. Year & Month of Passing (Final Year GNM/RGNM) : Year _____ Month _____
11. Final year Seat No. : _____
12. Registration No: : _____

13. Name of Nursing Council : _____

Parents/Guardian Details

Name of Father : _____

Name of Mother : _____

Occupation : _____

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

Mobile No. : _____

E-mail Id : _____

Address : _____

14. Co Curricular Activities

Sports : _____

Dramatics : _____

Music : _____

Debate : _____

15. 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, 2) HSSC Mark list, 3) GNM / RGNM mark lists, 4) Passing certificate, 5) GNM / RGNM diploma, 6) Leaving Certificate 7) Nursing Council Registration Certificate.

R E C E I P T

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

Date:

Signature of receiver