



DATTA MEGHE INSTITUTE OF MEDICAL SCIENCES

(Deemed University)

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

Accredited by N.A.A.C. with 'A' Grade (CGPA 3.36 on 4 point scale)

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

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

Ph.No.0712-2229904 Fax No. : 0712-2245318 Email : info@dmims.org Website : www.dmimsu.edu.in

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

Ph.No.07152-287701-05 Fax. No. 07152-287714, Email: medical_wda@sancharnet.in

APPLICATION FORM FOR ADMISSION 2017-2018 For Faculty of Nursing (B.Sc. (N)) For General Category

Name of Candidate (IN CAPITAL LETTERS)

SURNAME FIRST NAME MIDDLE NAME

Residential Address :

PHOTO

Telephone No. with
STD Code

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(Mob.)

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E-mail _____

Date of Birth (dd/mm/yyyy) ____/____/____ Sex : [] Male [] Female

Marks Obtained in HSSC (XII Std.) _____ Out of _____

NEET-2017 Roll No. _____ All India Rank (Overall Rank) _____

Marks Obtained:				
Name of Examination	Physics	Chemistry	Biology	Total Marks
HSSC (12 th Std.) Marks Obtained				
Max. Marks	100	100	100	300
NEET-2017 Marks Obtained				
Max. Marks	180	180	360	720

Marks Obtained in HSSC (XII Std.) in English _____ Out of _____

Fees of Rs.500/- (Rs. Five Hundred) only by **Cash / DD**

D.D. No. _____ Date of D.D. _____

Name of Bank: _____

Enclosure Copies of : 1) SSC Mark sheet and Board Certificate (2) HSSC Mark Sheet, (3) Last School/College Leaving Certificate. (4) NEET-2017 Mark Sheet

Signature of the Parent

Date :

Signature of the Candidate

Date :

RECEIPT

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

_____ NEET-2017 Roll No. _____

Date:

Signature of receiver



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APPLICATION FORM FOR ADMISSION 2017-2018 For Faculty of Physiotherapy (B.P.T.) For General Category

Name of Candidate (IN CAPITAL LETTERS)

SURNAME FIRST NAME MIDDLE NAME

Residential Address : _____

Telephone No. with
STD Code

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(Mob.)

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E-mail _____

Date of Birth (dd/mm/yyyy) ____/____/____ Sex : [] Male [] Female

Marks Obtained in HSSC (XII Std.) _____ Out of _____

NEET-2017 Roll No. _____ All India Rank (Overall Rank) _____

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NEET-2017 Marks Obtained				
Max. Marks	180	180	360	720

Marks Obtained in HSSC (XII Std.) in English _____ Out of _____

Fees of Rs.1,000/- (Rs. One Thousand) only by **Cash /D.D.**

D.D.No. _____ Date of D.D. _____

Name of Bank: _____

Enclosure Copies of : 1) SSC Mark sheet and Board Certificate (2) HSSC Mark Sheet, (3) Last School/College Leaving Certificate, (4) NEET-2017 Mark Sheet

Signature of the parent

Date :

Signature of the Candidate

Date :

RECEIPT

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NEET-2017 Roll No. _____

Date :

Signature of receiver



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APPLICATION FORM FOR ADMISSION 2017-2018 For Faculty of AYURVED (B.A.M.S.) For General Category

Name of Candidate (IN CAPITAL LETTERS)

SURNAME FIRST NAME MIDDLE NAME

Residential Address : _____

Telephone No. with
STD Code

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(Mob.)

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E-mail _____

Date of Birth (dd/mm/yyyy) ____/____/____ Sex : [] Male [] Female

Marks Obtained in HSSC (XII Std.) _____ Out of _____

NEET-2017 Roll No. _____ All India Rank (Overall Rank) _____

Marks Obtained:				
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Marks Obtained in HSSC (XII Std.) in English _____ Out of _____

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D.D.No. _____ Date of D.D. _____

Name of Bank: _____

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Signature of the parent

Signature of the Candidate

Date :

Date :

RECEIPT

Received application form for admission to **B.A.M.S.** Course from Mr./ Ms. _____

NEET-2017 Roll No. _____

Date :

Signature of receiver