



B.N.No.

The Yash Foundation's
College of Nursing & Medical Research Institute Ratnagiri.
Address: P-79, Near Air-Port, Mirjole, Ratnagiri.
Phone No.02352-282454, 270478.Fax No.02352-270478

Application Form for Basic B.Sc Nursing.

1. Name of the Candidate :-

Surname : _____
First Name : _____
Father's Name : _____
Mother's Name : _____



2. Address : _____

3. Mobile No. : _____

4. Date of Birth : _____

5. Sex : Male Female

6. Nationality : Indian NRI Foreigner

7. Category : **Sub Cast :-** _____

Open SC ST
VJ NT1 NT2
NT3 OBC SBC

8. Parents Details :

	Name	Occupation	Annual Income
Father			
Mother			

9. Guardian Details :

	Name	Occupation	Tel No.

10. Qualification :**A) X & XIIth**

Passing Year	Board	Total Marks	Percentage	Phy 100	Chem 100	Bio 100	Eng 100	Total Marks
10 th 20__								
12 th 20__								

B) CET Examination :

Name of the CET	Passing Date	SML No.	Merit No.	P	C	B	Total
NEET							

I hereby given understanding that i have filled at all above entries properly and it there remains any mistakes I will be totally responsible.

Signature of Candidate

Declaration by the Candidate

- a) The student while studying in the training college of nursing, if found indulging in antinational activities contrary to the provisions of acts and laws enforce by government, will be liable to be expelled from the training college of nursing without notice by the head of the institution.

I hereby agree if admitted-

- i) To confirm to the rules and regulations made for the administration of the training college of nursing or that may be made for the administration of the training college of nursing.
- ii) To conform to any rules, acts and laws enacted by institute government Maharashtra University of Health Science Nashik, Maharashtra Nursing Council, Indian Nursing Council in the rest of nation, organration & nursing profession.
- iii) I fully understand that head of the Institution where I am studying will have full liberty to expel from training nursing for any infringement of above understanding.
- iv) I am ware that ragging is banned from the institute and that if a am found guilty of ragging. I am liable for punishment, which may include expulsion from the Institute.
- v) I am fully aware that if left the college in between I have to pay full remaining outstanding fee as per the fee structure for whole 4 year.

Signature if the applicant

Place:

Date:

Declaration by the Parents / Guardian

- a) I hereby declare that I am responsible for the timely payment of all dues i.e. fees, fines and other charges payable to the Institute and affiliated institute, for my son / daughter / ward _____ during the period of her / his in the institute and thereafter until the dues are cleared. If my son/daughter left the college in between then I have to pay full remaining outstanding college fee as per the fee structure for whole 4 years.
- b) A am aware that raving is banned from the institute that if my son / daughter / ward _____ is found guilty of ragging he / she is liable for punishment, which may include expulsion from the Institute.
- c) By antinational activities or misconduct of behavior if found, my son/ daughter / ward is liable for punishment as per rules.
- d) As part of training it is mandatory to post the student in the clinical field and educational visit for that continent and available transport is provided by the institute if you to any technical reason he she me be victim of accident in this situation institute is not responsible for any compensation.

Signature if the Parents / Guardian

Name of Parents / Guardian

Place:

Date:

Please note that form should be submitted by the candidate within 7 days after issuing.

Note- Parents has to pay college fee in 3 installments i.e first installment at the time of admissions, second and third installments after every two months

Students Signature

For Office Use Only

1. Registration No. : _____
2. Total Score in XII out of : _____
3. Total Score in PCB : _____
4. Category : _____
5. Date of Birth : _____
6. Form checked by : _____

7. Original Document Checked : _____

List of Documents

	Original	Xerox
1. SSC Marks Sheet	<input type="checkbox"/>	<input type="checkbox"/>
2. SSC Board Certificate	<input type="checkbox"/>	<input type="checkbox"/>
3. HSC Marks Sheet	<input type="checkbox"/>	<input type="checkbox"/>
4. HSC Board Certificate	<input type="checkbox"/>	<input type="checkbox"/>
5. Leaving Certificate	<input type="checkbox"/>	<input type="checkbox"/>
6. Caste Certificate	<input type="checkbox"/>	<input type="checkbox"/>
7. Caste Validity	<input type="checkbox"/>	<input type="checkbox"/>
8. Nationality Certificate	<input type="checkbox"/>	<input type="checkbox"/>
9. Non-Creamy Layer Certificate	<input type="checkbox"/>	<input type="checkbox"/>
10. Neet - Cet Marks Statement	<input type="checkbox"/>	<input type="checkbox"/>
11. Gap Certificate	<input type="checkbox"/>	<input type="checkbox"/>
12. Income Certificate	<input type="checkbox"/>	<input type="checkbox"/>
13. Physical Fitness Certificate	<input type="checkbox"/>	<input type="checkbox"/>
14. Aadhar Card	<input type="checkbox"/>	<input type="checkbox"/>

