



P.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 Post Basic B.Sc Nursing.

1. Name of the Candidate :-

Surname : _____

First Name : _____

Father's Name : _____

Mother's Name : _____

Self applicant

Photo

2. Address

: _____

3. Telephone 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 :

Occupation	Name & Address	Organization	Annual Income
Father			
Mother			

9. Guardian Details :

Occupation	Name & Address	Organization	Tel No.

10. Qualification :

A) General

Course	Passing Year	Name of the School / College	Eng 100	Total Marks of Science	Faculty	Total Marks
X th					-	Percentage
XII th						

B) General Nursing & Midwifery

Passing Year	Name of the Nursing School/College	1st Year Marks	2nd Year Marks	3rd Year Marks	4th Year Marks	Internship Marks	Grand Total	Percentage

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, organization & 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 I 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 2 year.

Signature if the applicant

Name of 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 2 years.
- b) A am aware that raging 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. Date of Birth : _____
- 4. Form checked by : _____
- 5. 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. Physical Fitness Certificate	<input type="checkbox"/>	<input type="checkbox"/>
11. Marks sheet of GNM		
a) 1st Year GNM	<input type="checkbox"/>	<input type="checkbox"/>
b) 2nd Year GNM	<input type="checkbox"/>	<input type="checkbox"/>
c) 3rd Year GNM	<input type="checkbox"/>	<input type="checkbox"/>
d) 4th Year GNM	<input type="checkbox"/>	<input type="checkbox"/>
e) Internship	<input type="checkbox"/>	<input type="checkbox"/>
12. Registration Certificate of General Nursing	<input type="checkbox"/>	<input type="checkbox"/>
13. Diploma Certificate GNM	<input type="checkbox"/>	<input type="checkbox"/>
14. Registration Certificate of Midwifery	<input type="checkbox"/>	<input type="checkbox"/>
15. Passing Certificate GNM	<input type="checkbox"/>	<input type="checkbox"/>
16. Experience Certificate	<input type="checkbox"/>	<input type="checkbox"/>