

Shri Shivaji Shikshan Prasarak Mandal, Barshi's  
**COLLEGE OF NURSING BARSHI**

Jagadale Mama Hospital Compound, Karmaveer Nagar Campus, Shivaji Nagar, Barshi,  
 Dist-Solapur, Maharashtra- 413411 ☎(02184)228960 , Fax-228960

Visit us: www.collegeofnursingbarshi.com, E-mail: conbarshi@rediffmail.com

**For Office Use Only**  
 Appl.No  
 Date  
 Remarks

**Admission Form**

Affix passport  
 Size  
 Photograph

Full Name of Candidate IN BLOCK LETTERS ( use only Black ball point pen to fill the form)

S	U	R	N	A	M	E	F	I	R	S	T	N	A	M	E	F	A	T	H	E	R	N	A	M	E
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

Sex M / F  Date of Birth 

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

 Age 

--	--

Religion 

--	--	--	--	--	--	--	--

 Caste 

--	--	--	--	--	--	--	--	--	--

Category- Open / SC / ST / VJNT / OBC 

--	--	--	--

Nationality 

--	--	--	--	--	--	--	--

 Domicile 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Name of Mother 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Name of Father 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Occupation 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Phone 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Mobile No 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

E-Mail ID 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Permanent Address 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

D	I	S	T												P	I	N								
---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	---	---	---	--	--	--	--	--	--	--	--

Temporary Address if any 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

D	I	S	T												P	I	N								
---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	---	---	---	--	--	--	--	--	--	--	--

Association CET 200 -200 No-

--	--	--	--	--	--

SML No.

--	--	--	--	--	--	--	--

Name of Allotment of Institute

--	--	--	--	--	--	--	--	--	--

Date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

In Round

--	--	--

Sr. No	Qualification	Year of Passing	Name of Board/University	Subject	No.of Attempt	Marks Secured		Marks in %	
						Total PCBE	Total HSC	PCBE	HSC
1	S.S.C								
2	H.S.C			Physics /					
				Chemistry /					
				Biology /					
				English /					
3	MH-CET			Physics /					
				Chemistry /					
				Biology /					
4	Asso-CET			Physics /					
				Chemistry /					
				Biology /					

**NOTE:-** Seven set of Attested copies of certificates to be enclosed while submitting all the original documents. The Form will be rejected summarily if the enclosures are not attached.

1. Nationality & Domicile
2. S.S.C mark sheet & Board Certificate
3. H.S.C mark sheet & Board Certificate
- 4 School Leaving Certificate [ Transfer Certificate ]
- 5 MH-CET Mark sheet / Association CET Mark List
6. Medical Fitness Certificate
7. Caste Validity Certificate
8. Non-Creamy Layer Certificate
- 9 Gap Certificate if required
10. Migration Certificate (for other state students)
11. Five Passport size & Two Stamp size photo

**Declaration**

The above information submitted by me is true.

Place-

Date:-

Signature of Candidate

Signature of Parent / Guardian

**RECEIPT**

FORM NO-

Received application form for admission of Basic B.Sc Nursing Course .from \_\_\_\_\_

For Academic Year 200 - 200 On / / with Receipt number \_\_\_\_\_

Received By \_\_\_\_\_ College Seal \_\_\_\_\_