

Application No.



BALKRUSHNA SAMAJIK BAHUDESHIYA SEVABHAVI SANSTHA SANCHALIT
NUTAN NURSING INSTITUTE, PUNE

REG. NO F-10213
(Approved by Maharashtra State Board, Nursing & Paramedical Edu. Mumbai,
Govt. of Maharashtra GR, Maharashtra Nursing Council Mumbai)

Mobile No. 8600063134 Website : www.nutannsginstitute.in E-mail: nutannursing institute24@gmail.com

Please Note:

1. All the entries should be filled in BLOCK LETTERS.
2. Entries must be filled by the candidate in his/her own handwriting.
3. Every entry must be filled in complete details, incomplete information may result in rejection of application.
4. Student joining the institution will undergo the examinations as conducted by the Maharashtra Nursing Council Mumbai to which institution is affiliated.
5. 90% Attendance in theory & 100% Attendance in practical is compulsory.
6. Student who is not eligible for scholarship by any reason , they have to pay their fees on own within the committed period, otherwise institution will hold right to take any action on it.

Affix your recent passport size photo here.

Name of the student

.....

(Surname)

(Name)

(Father Name)

Mother name

.....

Postal address

.....

.....

..... Ph. No.

Aadhar No.

Date & Place of Birth:.....

Gender/Marital Status:.....

Religion/caste/category:.....

Nationality

Fathers' occupation & annual income:.....

Name of local guardian:.....**Relationship:**.....

Address of the guardian

.....

..... Ph. No.

Academic qualification:

Exam	School/College	Board/Univer sity	Year of passing	Attempt	Percenta ge of passing
S.S.C.					
H.S.C.					
Others					

Have you had any previous training in nursing, if so give details.....

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Name & Postal address of the person from whom the certificate of character has been obtained:

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Declaration

I, here by declare that I have understood all the rules and regulations and filled the application form.

I understood that the management has the right to expel me or to take action against me if I found guilty or for any infringement of above undertaking.

Date:.....

.....

(Signature of applicant)

THE APPLICATION IS DULY ENDORSED BY ME

Date:.....

.....

(Signature of Father/ Husband/ Guardian)