



Government of Maharashtra
DIRECTORATE OF MEDICAL EDUCATION AND RESEARCH, MUMBAI
Application Form for Post Basic B.Sc Nursing CET- 2014

INSTRUCTIONS

❖ Read all the instruction carefully before filling the form ❖ Eligibility criteria as per the rules regulations of state Govt. of Maharashtra. ❖ This Form will be computer Scanned ❖ Write with **BLACK ball point pen** in boxes using English CAPITAL letters ❖ Do not make any stray marks on this Form ❖ Do not staple pin, wrinkle, scribble, tear, wet or fold this sheet as it will be scanned by computer. ❖ Fill appropriate circles like this ● wherever necessary like this not like this ☒ ☓ ○ ○

Application Form No.

1. Name of the Candidate (Write within the boxes)

First Name

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Mother's Name

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Father's Name / Middle Name

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Surname / Last Name

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Contact Tel. No.
with STD code

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Photograph of the Candidate

Paste a 3.5 cm x 4.5 cm size recent Photograph only

Not to be attested

Signature of Candidate

2. Name & Address of the Institute from which Nursing Course completed:

PIN CODE

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3. Candidate's Complete Address for Correspondence

PIN CODE

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4. Date of Birth

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1	9							
Day Month Year								

5. Gender

Male Female

6. Domicile of Maharashtra

Yes No

7. Age

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Day Month				

8. I want to claim Constitutional reservation (Caste recognised in Maharashtra State)

SC ST VJ NT-1 NT-2 NT-3 OBC SBC OPEN

VJ/NT1/NT2/NT3/OBC/SBC Category - Non Creamy layer Certificate attached: Yes No

Caste Validity Certificate attached Yes No

9. Persons With Disability (PWD)

Yes No

If Yes, please specify:

One Leg Affected (OL)

Partially Deaf (PD)

Partially Sighted (PS)

10. GNM Nursing Exam Marks

	Marks Obtained	Out of	Percentage of Marks												
First Year	<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>				
Second Year	<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>				
Third Year	<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>				
Internship	<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>				
Aggregate Marks		<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>								

12. GNM Exam Aggregate Marks : Grand Total

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 Out of

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13. HSC Exam Aggregate Marks : Grand Total

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 Out of

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14. SSC Exam Aggregate Marks : Grand Total

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 Out of

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Declaration by the Candidate:

1. I hereby solemnly and sincerely affirm that each and every statement made and the entire information given by me in the application form is true and correct.
2. I have not concealed any material information, however if any information submitted herein is found fraudulent, incorrect or untrue, I understand that I am liable to criminal prosecution and I also agree to forgo my selection. I also understand that my selection is also liable to be cancelled.
3. I have carefully read the rules & regulations of **Post Basic B.Sc Nursing CET- 2014** brochure and I agree to abide by them. I hereby accept entirely the legality, validity and correctness of these rules. I understand by submitting this application that I have accepted the correctness, validity and/or justifiability of all these rules. Had I not accepted the correctness and validity of these rules I would not have submitted this application. I further understand that it will not be open hereinafter to challenge and / or question validity and / or correctness of any rule or part thereof.
4. I undertake to submit all the required original certificates at the time of filling up of Preference Form as well as at the time of joining as per the rules, failing which I understand that my claim for selection shall not be granted.

Date :

Place :

Signature of the Candidate

For Office Use Only - To be Filled By the Authority Where the Form is Accepted

**(First Check)
by Clerk**

**(Second Check)
by Officer**

**Signature of Metron of Hospital
(Where this application is submitted)**

Office Stamp