



Shivratna Shikshan Sanstha's

VIJAYSINH MOHITE-PATIL COLLEGE OF NURSING & MEDICAL RESEARCH INSTITUTE, AKLUJ.

APPLICATION FORM A FOR ENROLLMENT AND ELIGIBILITY OF UNDER GRADUATE COURSES OF HEALTH SCIENCES FACULTIES

www.vmpcollegeofnursingakluj.org.

Office No. 02185-226752

email : akluj_nursing@rediffmail.com

- Name of Student Shri/Smt/Kum : _____
- Permanent Address : _____
- Telephone/ Mobile No. : _____
- Date of Birth: : _____
- Nationality:- _____ Sex :- Male Female
- Name of Category :- GENERAL SC ST OBC VJNT SBC
- Details of HSC/SSC Qualifying Examination:-

SR.N.	COURSE	PASSING YEAR	SCHOOL/COLLEGE NAME	PERCENTAGE	PCBE MARKS
1	HSC				
2	SSC				

- Details of Entrance Examination:-

SR.NO	EXAM	TOTAL MARKS	MARKS OBTAINED	Merit List NO
1	NEET			
2	CET			

- Quota in which admitted: 1) DMER 2) AIEE 3) GOI
- Constitutional Category of Admission 1) SC 2) ST 3) VJ 4) NT-1
5) NT-2 6) NT-3 7) OBC 8) OPEN
- Additional Weight age Claim - 1) Sport 2) NCC
- Addhar No:- _____
- Date of Admission: _____

I here by declare that the information furnished by me is correct and true to the best of my knowledge and behalf. If any information is found out incorrect or untrue, my admission to the course will be cancelled & Civil / Criminal action may be taken against me.

PLACE: _____

DATE: / /

Signature of the Parent

Signature of the Student

Certified that the entries made by the student in the application form have been verified with reference to original documents and that, application is recommended for eligibility to the course in accordance with the rules prescribed by the University.

DATE: / /

Signature of the Dean/principal
Of college / Institution