

**GOVERNMENT COLLEGE OF NURSING  
NANDURBAR  
MAHARASHTRA STATE**



**Welcomes....**

**The B.Sc. Nursing Students joining in this  
institute, in the academic year 2025-26**

**Contact number:-02564 - 210444  
M.8446622323, 9975641842**

**(Contact between 10:00 to 5:30 PM only)**

**STUDENTS AND PARENTS ARE REQUESTED TO CALL ONLY ON  
ABOVE NUMBER REGARDING ANY INFORMATION**

## **NOTIFICATION(For B.scNursing CET UG-2025 Admissions)**

All the selected students of CET-UG-2025 allotted seat at **B.sc (Nursing)** Government Nursing College, Nandurbar (M.S.) should follow following instructions and accordingly report with all details required for admission process.

1. **Download & print this PDF file. READ ALL  
DETAILSCAREFULLY**
2. Print and fill 2 copies of Application Form, & Candidate information.
- 3 Bring **6 passport size** color photographs.
4. Bring **Medical Fitness** In the **prescribed format ONLY. (Annexure -H)**
5. All **original documents** enlisted in the **CHECKLIST** with **two sets of  
SELF ATTESTED photocopies** of all original documents.
6. **Soft copies of All original Documents (INDIVIDUALLY SCANNED in PDF  
format only)** are compulsory required during admission (arrange as per given checklist)
7. Student should scan document properly through **computer scanner ONLY** (Size 500 kb only). **(Strictly do not use mobile scanner)**. Individual Original Documents should be scanned and renamed appropriately. This submission will be mandatory to be submitted **ONLY on pen drive.**

**{How to rename: e.g. Nationality certificate, after scanning should be renamed as :Nationality\_name of student}**

Prepare Folder and rename it with Name of the student, keep all scan documents in this folder for submission during admission.

8. Students to note that the Demand Drafts (D.D.) of desired Fees should not have any error/spelling mistakes in the name of D.D. desired. Such DD will not be accepted. **Cash/Cheque will NOT be accepted. (ANNEXURE-1) #Candidates should write their Name and phone number on the backside of each DD.**

9. **Kindly note: Admission Process requires verification and approval. No student will be given Joining letters urgently. The office may require 2-3 days to complete the process.**

*Students are advised to read details of admission processing information brochure/FAQs, other notifications available on CET Cell*

*website [https://cetcell.mahacet.org/cap-\\_2025-26/](https://cetcell.mahacet.org/cap-_2025-26/) The institute is responsible ONLY for admissions; students are advised to check official websites for any queries.*

10. **Students are strictly advised NOT TO EDIT or MODIFY ANY FORMATS. All formats should be filled by student in his/her own handwriting.**

११ **Candidate should report between 10.00 am to 03.00 pm. Submit all documents in a button folder Plastic file.**

**CheckList**  
**(forOriginalCertificates&2photocopies)**

• **MANDATORY**

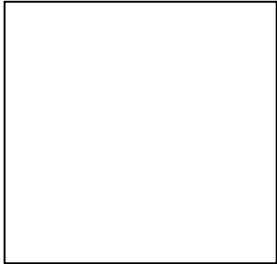
- a. ProvisionalSelectionLetter(BSc Nursing 2025-26)
- b. CopyofBSc NursingApplicationform2025-26
- c. AdmitCard(BSc Nursing 2025-26)
- d. BSc NursingResult2025-26/ScoreCard/Mark sheet
- e. S.S.C.PassingCertificate(forequivalentforDateofBirth)
- f. S.S.C.MarksSheet
- g. H.S.C.MarkSheet
- h. Physical/MedicalFitnessCertificate(inprescribedformat)
- 10) NationalityCertificate&DomicileCertificate
- 11) TransferCertificate/LeavingCertificate(ifapplicable)
- 12) IdentityCardXerox (**AadharCard**)
- 13) Election Voting Card Xerox

• **IfAPPLICABLE(forformatspleasereferannexureattached)**

- 14) CasteCertificate.
- 15) CasteValidityCertificate.
- 16) NonCreamy-LayerCertificate ValidUpto-31.03.2026.(NT1, NT2,NT3,OBC, IncludingSBC&SEBC)
- 17) MigrationCertificate.
- 18) GapCertificate(**Stamp paper affidavit**)
- 19) PersonwithDisabilityCertificate(PWD)
- 20) HillyAreaCertificate(ParentDomicileCertif.,Class10or12fromCandidateCert.)
- 21) Ex-ServicemenCertificate,actualservicecertificate
- 22) DomicileMaharashtraCertificateofDefensePerson
- 23) MKBDisputeareacertificateMothertonguecertificate
- 24) EligibilitycertificateforEWSforyear2025-26
- 25) OrphanCertificate
- 26) In-ServiceCandidateforNecessaryDocuments
- 27) Allrequiredcertificatesmentioningtheclaimedreservationsbycandidates.
- 28) All original certificates need to scan in pen drive.  
(**Single PDF file of each document separately less than500 kbsize**)  
**Passport Photo and Sign. Max size less than 3 MB each**

**Officecontactnumber:02564-210444**

## APPLICATION FORM (to be filled by candidate)

<b>Rank No. ....</b> <b>Marks:-</b> <b>DOB :-</b> <b>Category:-.....</b> <b>Admitted Category :- .....</b>	<b>Name of Candidate</b> <b>(As Per 12<sup>th</sup> Marksheet):-</b> <b>Shri/Kum.....</b> ..... <b>Address:-</b> ..... ..... ..... <b>Student MobileNo. ....</b> <b>Father MobileNo.....</b> <b>Mother MobileNo.....</b> <b>Date:-</b>
	

To,

**The Dean,  
Govt. Nursing  
College, Nandurbar.**

**Sub. :- Joining in Bsc Nursing course at Govt. Nursing College, Nandurbar  
(Maharashtra) Academic Year 2025-26.**

**Ref.:-** Selection Letter / List: (Print out attached).

Respected Sir,

I the undersigned Shri./Kum, (Full Name in Capital) ----- has  
been selected for 1<sup>st</sup> BSc Nursing Course in Govt. Nursing College, Nandurbar as per the election letter of State  
List.

Kindly enroll me in your college as 1<sup>st</sup> BSc Nursing Student for the Academic Year 2025-26.  
I am submitting here with following original Certificate & two sets of attested Xerox copies.

Please allow to join the same.

Thanking You

Yours faithfully,

**GOVT.NURSING COLLEGE, NANDURBAR-425412**

**ADMISSIONFOR THEYEAR 2025-26**

**STUDENTINFORMATION**

01	NameoftheStudent as mentioned onHSC Marksheet(inCapital)	
	Guardian/ Father'sFull Name	
	NameofMother	
	FullNameoftheCandidatein Devanagari (Marathi/Hindi)	
02	ResidentialAddress withPINcode	
	WhatsappMobileNo. ofStudent	
	WhatsappMobileNo.ofParent	
03	E-mailAddressofStudent	
	E-mailAddressofParent	
04	a)DateofBirth	
	b)PlaceofBirth	
05	AadhaarNo.	
06	Gender(Male/Female)	
07	MaritalStatus(Married/Unmarried)	
08	a)Category	
	b)Caste	
	c)Sub-Caste	
	CategoryofAdmission	
09	NonCreamylayer Certificatevalid up to March2026	Yes/No/NotApplicable
10	DomicileState(belongstowhichstate)	
11	AllotmentDate	
12	AdmissionDateatCollege	
13	<b>AcademicRecord</b>	
	S.S.C.YearofPassing:	
	NameoftheHSC/12 <sup>th</sup> Board	
	MarksObtainedinH.S.C.(10+2)	
	(E)English:MarksObtained	/100
	(P)Physics:MarksObtained	/100
	(C)Chemistry:MarksObtained	/100
	(B)Biology:MarksObtained	/100
	Totalmarks(Phy+Chem+Bio)	/300(P+C+B)
	BSc Nursing 2025RollNo.	
	BSc Nursing2025Marks	/720
	NameofBoard inHSCEXam	

14	BloodGroup	
	MarkofIdentification(two)	1)
		2)
15	Guardian/Father'sOccupation	
16	*Willingnessaboutorgandonationafter AccidentalDeath.	Yes/No

\*AsperMaharashtraUniversityof  
HealthScienceseligibilityform.Date:    /        /2025  
Place:-NANDURBAR

SignatureofCandidate

 महाराष्ट्रशासन 	<b>शासकीय वैद्यकीय महाविद्यालय, नंदुरबार</b> जिल्हा सामान्य रुग्णालय परिसर, साक्री रोड, नंदुरबार - ४२५४१२ <b>GOVERNMENT MEDICAL COLLEGE, NANDURBAR</b> DISTRICT CIVIL HOSPITAL AREA, SAKRI ROAD, NANDURBAR - 425412	
	Email.: <a href="mailto:deangmchnandurbar@gmail.com">deangmchnandurbar@gmail.com</a> Website: <a href="http://gmchnandurbar.com">http://gmchnandurbar.com</a> कार्यालय दुरध्वनी क्र02564-210444 NO.GMCHN/ACAD/Bsc. Nursing/Admission-25-26//२०२५ दिनांक- / /२०२५	

### **HOLDING CERTIFICATE**

This is to certify that Shri/Kum \_\_\_\_\_ Is admitted in this  
collegeon / /2025 to 1<sup>st</sup> BSc Nursing coursefor the Academic Year 2025-26 .His/her following  
**ORIGINAL CERTIFICATES** are retained in this College.

Sr. No.	Original Documents List	(Office Only) Yes / No
01.	Nationality Certificate OR Valid Passport	
02.	Domicile Certificate	
03.	Admit card BSc Nursing-2025	
04.	SSC(10 <sup>th</sup> ) Passing Certificate	
05.	HSC(10+2 )Marksheet	
06.	HSC(10+2)Passing Certificate	
07.	Result BSc Nursing-2025	
08.	CasteCertificate	
09.	Caste Validity Certificate/For outside Maharashtra students (OMS) Letter from Magistrate that your state does not issue caste validity certificate...	
10.	Non Creamy Layer Certificate...Valid upto31/03/2026	
11.	Economically Weaker Section (EWS Cert. Valid for 2025-26)	
12.	School Leaving ORT transfer Certificate	
13.	Defense Certificate (forD1, D2,D3... (for State quot a students only)	
14.	Physically Handicapped Certificate....If applicable	
15.	MKB Certificate.....(for State quota students only)	
16.	Hilly Area Certificate.....(for State quot a students only)	
17.	Medical Fitness Certificate in prescribed Performa	
18.	Migration Certificate....for outside Maharashtra state ( OMS) candidates only	
19.	Self-Education Gap Certificate	
20.	Affidavit for changein Name ( A copy of Government gazette/Marriage reg.)	
21.	SSC(10th)Marksheet	
22.	Aadhar Card Xerox	
23.	Other	
Tuition Fees Demand draft: Rs.		
D.D.No:	ofRs. Dt. / /2025	
Other Fees:D.D.No: Rs. Dt. / /2025		

Clerk

Scrutiny Officer

Dean  
Government tMedical College,  
Nandurbar

## **GAP CERTIFICATE FORMAT**

### **ANNEXURE**

#### **SELF DECLARATION**

I.....Son/Daughter of.....  
.....aged.....occupation..... resident of  
.....With UID No.....  
Hereby declare that, I have passed..... course from  
..... College during  
the Year ..... and I hereby state that, I have not taken admission during  
the period of gap from ..... to ..... period, hence, the gap arises in my  
education.

The information provided above is true and correct to the best of my personal knowledge, information and belief. I fully understand the consequences of giving false information. If the information is found to be false, I shall be liable for prosecution and punishment under Indian Penal Code and/or any other law applicable thereto.

Place:.....

Applicant's Signature.....

Date:.....

Applicant's Name.....

**DETAILS OF FEES TO BE PAID BY FIRST BSc Nursing STUDENTS AT THE TIME OF  
ADMISSION TO GOVT. MEDICAL COLLEGE, NANDURBAR FOR THE YEAR  
2025-2026**

**B.sc.(Nursing) (UG) Admission 2025-26 Details Fees Structure.**

<b>(A) For OPEN Category (In Maharashtra only) Two DD, (A) Tuition Fees &amp; (B) Other Fees</b>		
<b>(A)</b>	<b>Tuition Fees : (OPEN)</b>	<b>Rs.23,100/-</b>
<b>(B)</b>	<b>Other Fees :</b>	
1.	Admission Fee	Rs.1,500/-
2.	Library Deposit	Rs.2,000/-
3.	Gymkhana Fee	Rs.500/-
4.	Library Fee	Rs.1,000/-
	<b>Total (B)</b>	<b>Rs.5,000/-</b>
	<b>Total Fees (A) + (B)</b>	<b>Rs.28,100/-</b>
<b>(A) Rs. Twenty Eight Thousand and One Hundred Only.</b>		
<b>Demand Draft in Favor of :- DEAN, GOVT. MEDICAL COLLEGE, NANDURBAR</b>		
<b>(A) As on D.D. Rs.23,100/- (B) As on D.D. Rs.5,000/- (D.D. should be drawn on Nationalized Bank Only)</b>		

<b>For (For EWS, EBC, SEBC) Category (In Maharashtra only) (Subject Scholarship Form) Two DD (A) Tuition Fees &amp; (B) Other Fees</b>		
<b>(A)</b>	<b>Tuition Fees :</b>	<b>Rs.11,550/-</b>
<b>(B)</b>	<b>Other Fees :</b>	
1)	Admission Fee	Rs.1,500/-
2)	Library Deposit	Rs.2,000/-
3)	Gymkhana Fee	Rs.500/-
4)	Library Fee	Rs.1,000/-
	<b>Total (B)</b>	<b>Rs.5,000/-</b>
	<b>Total Fees (A) + (B)</b>	<b>Rs.16,550/-</b>
<b>Rs. Sixteen Thousand Five Hundred Fifty Only</b>		
<b>Demand Draft in Favor of :- DEAN, GOVT. MEDICAL COLLEGE, NANDURBAR</b>		
<b>(A) As on D.D. Rs.11,550/- (B) As on D.D. Rs.5,000/- (D.D. should be drawn on Nationalized Bank Only)</b>		

<b>For SC, ST, VJ-NT, OBC Category &amp; Primary/Secondary Teacher Concession,  Defense concession only (In Maharashtra only)  (Subject Scholarship Form)  One DD (B) Other Fees</b>	
<b>(B) Other Fees :</b>	
1) Admission Fee	Rs.1,500/-
2) Library Deposit	Rs.2,000/-
3) Gymkhana Fee	Rs.500/-
4) Library Fee	Rs.1,000/-
<b>Total (B)</b>	<b>Rs.5,000/-</b>
<b>(Rs. Five Thousand Only)</b>	
<b>Demand Draft in Favor of :- DEAN, GOVT. MEDICAL COLLEGE,  NANDURBAR</b>	
<b>(B) As on D.D.Rs. 5,000/-</b>	
<b>(D.D. should be drawn on Nationalized Bank Only)</b>	

**DEAN,  
Govt. Medical College &  
,Nandurbar.**

**NOTE:**

1. Please note cash/cheque will not be accepted.
2. No errors or spelling mistakes in the D.D. will be accepted
3. D.D. ONLY from NATIONALISED BANKS (such as SBI, AXIS, HDFC, ICICI, CANARA, BOB, BOI etc) will be ACCEPTED.
4. The demand draft will be deposited in the accounts only after cutoff date of admission process.

\*If student are allotted another college in subsequent rounds of All India / State, in such situation, D.D. will be refunded back to the student.

\*All Such student will be required to pay an amount of Rs.1500/- as cash (Admission Cancellation) in the cash section of accounts department.  
Write down student name & Mobile Number on back side each D.D.

Annexure 'C'

पदवी, पदव्युत्तर पदवी प्रथम वर्ष अभ्यासक्रमास प्रवेश घेणाऱ्या सर्व मुला/मुलींकडून प्रवेशाच्या वेळीच मतदार यादीमध्ये नाव नोंदणी करण्याच्या अनुषंगाने घ्यावयाचे प्रमाणपत्र / हमीपत्र नमुना.

मी....., अभ्यासक्रम : .....  
....., महाविद्यालयाचे नाव: .....  
..... या महाविद्यालयात प्रथम वर्षात प्रवेश घेतला असून मी दिनांक: ०१/०१/..... रोजी १८ वर्षाचा / वर्षाची झालो / झाले आहे किंवा होणार आहे. १८ वर्ष पूर्ण झाल्याबरोबर मी माझे नाव मतदार यादीत नोंदवून घेणार आहे अशी मी प्रतिज्ञा करतो/करते.

स्वाक्षरी : .....

नाव : .....

## ANNEXURE “H”

### MEDICAL FITNESS

A candidate must be medically fit to undergo the professional course applied for. The medical fitness must be certified by a Registered Medical Practitioner in the prescribed proforma, as given below on a **Letterhead** or on this format with original seal and signature.

#### CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted clinical examination of Mr./Ms ..... who is desirous of admission to Health Science Courses.

He/she has not given any personal history of any disease incapacitating him/her to undergo the professional course. Also, on clinical examination it has been found that he/she is medically fit to undergo the professional course.

Certified that he/she fulfills the following criteria.

- (1) Absence of any incapacitating and /or progressive systemic disease/disorder/condition,
- (2) Absence of any disability of upper limb/s.
- (3) Absence of any major visual/ auditory disability.
- (4) Absence of psychosis/neurosis/mental retardation,
- (5) Ability to maintain erect posture,
- (6) Reasonable manual dexterity.

Though, following deviations have been revealed, in my opinion, these are not impediments to pursue a career as a Medical / Dental / Ayurved / Homeopathy / Unani / Occupational Therapy / Physiotherapy / Audiology & Speech, Language Pathology / Prosthetics & Orthotics / BSc Nursing. **(Strike, which is not applicable):**

1. ....
2. ....
3. ....

Address of the Registered Medical Practitioner	Signature
	Name
	Registration No.
	Seal of Registered Medical Practitioner
Date :	