

DATTA MEGHE INSTITUTE OF HIGHER EDUCATION AND RESEARCH, NAGPUR

Smt. Radhikabai Meghe Memorial College of Nursing

(Formerly Known Florence Nightingale Training College of Nursing)

Attached to ACHARYA VINOABHAVE RURAL HOSPITAL (Teaching Hospital)

Email: -admissioncellfntn@gmail.com

**APPLICATION FORM FOR ADMISSION TO THE AUXILIARY NURSING
MIDWIFERY (ANM) 2 YEARS COURSE 2025-26**

Please Note:

- All the entries must be filled in Block Letters, by the candidate in her own Handwriting.
- Forms with incomplete or false information, Enclosures or received late, will be rejected without giving any reason to the applicant or her relatives.
- Completed Form must reach this institution or the before due date.
- Affix recent passport size photograph. Candidate must given declaration that she has read & understood the rules, and would abide by them.

Affix
Passport Size
Photograph

1. Name in Full (In Block Letter)	_____
2. Name and Present address of Father/ Husband /Guardian	_____ _____ _____
3. Mother's Name	_____
4. Permanent address in full	_____ _____ _____
5. Parent's Mob. No	_____
6. Date of Birth with Age, Place ,District & State	_____ Age in Year _____ Place _____ District _____ State _____
7. Occupation of Father/Husband/Guardian	_____ Annual Income _____
8. Nationality	_____ Religion _____
9. Caste/Sub-Caste	_____ Category _____
10. Gender	Female
11. Have you had any previous training ? Or Experience in Nursing (if yes, attach copy of certificate)	_____ _____
12. How have you been occupied after passing Qualify in examination	_____ _____
13. Academic Qualification	_____

Qualification Information:

Standard	Name of Board/University	Medium of Instruction	Subjects	Year of passing	Attempts	% of Marks
1. X th (SSC)						
2. XII th (HSSC)						
3.Any other qualification						

14. Language Known: - Hindi/English/Marathi/other

I/ We hereby certify that the information mentioned above is true to my belief and knowledge.
I agree that any false information is liable to cancel my candidates for admission

(Signature of Parent)
Father/Husband/Guardian

(Signature of Student)

DECLARATION

I hereby declare that I have read the rules if admission, after understanding, these rules I have filled the form.

I hereby agree, if admitted to Revised ANM course (A.Y-2025-26) to confirmed to

- a. The rules and regulation made for the Governance to the Smt. Radhikabai Meghe Memorial College of Nursing(FormerlyknownasFlorenceNightingaleTrainingCollegeofNursing).
- b. Any rules acts and laws entered by the trust in the interest of Nation or Institution. I hereby undertake that as along as I am a student of the Smt. Radhikabai Meghe Memorial College of Nursing (Formally known as Florence Nightingale Training College of Nursing). I will do nothing either inside or outside of the training college, hospital and the hostel which may result in disciplinary action against me under the rules prevailing or that may be made hereafter or under the acts and laws referred to the said rules.
- c. I fully understand that the head of Trust/ Institution where I am studying will have full liberty to expel me from the Smt. Radhikabai Meghe Memorial College of Nursing (Formally known as Florence Nightingale Training College of Nursing), for any infringement of above undertaking.

(Signature of Parent)
Father/Husband/Guardian

(Signature of Student)

R E C E I P T (for office use only)

Received application form for admission to **ANM** Course (A.Y-2025-26) from Mr./Ms. _____

DD No. _____ **Bank Name** _____ **Date:** _____

Amount: _____

For online payment: Bank name _____ **Transaction no.** _____

Date: _____ **Amount:** _____

Date: _____ **Signature of receiver**

Enclose the following Xerox documents with application form:

1. College Leaving Certificate
2. 10th Marksheet
3. 10th Board Certificate
4. 12th Marksheet
5. 12th Board Certificate
6. Caste Certificate
7. Non-Creamy layer Certificate for **VJ,NT-B,NT-C,NT-D,OBC,SBC**
8. Domicile certificate
9. Medical fitness certificates (original).M.B.B.S
10. Aadhar Card
11. Birth certificate
12. If gap (gap certificate)
13. Caste Validity
14. Photocopy 1

