Application No……

DATTA MEGHE INSTITUTE OF MEDICAL SCIENCES

(Deemed to be University)
(Declared as Deemed-to-be University under Section3 of the UGC ACT 1956)
Conferred `A' Grade Status by H.R.D Ministry, Govt. of India
Re-accredited by NAAC (3rd Cycle) with `A+' Grade
Office : Atrey Layout, Pratap Nagar, Nagpur-440022. Maharashtra, India.
Ph.No.0712-2229904 Fax No. : 0712-2245318 Email : Info@dmimsu.com Website : www. dmimsu.edu.in
Office: : Sawangi (Meghe), Wardha-442004, Maharashtra, India.
Ph.No.07152-287701-06, 304000 Fax. No . 07152-244254, Email: medical_wda@sancharnet.in

APPLICATION FORM FOR ADMISSION 2018-2019

For Faculty of Nursing (B.Sc. (N))

For General Category

PHOTO

Name of Candidate (IN CAPITAL LETTERS)

_____

SURNAME FIRST NAME MIDDLE NAME

Residential Address : _____

_____

_____

Telephone No. with STD Code | | | | | | | | | | | | | | (Mob.) | | | | | | | | | | |

E-mail_____ Blood group _____ Aadhar Card No._____

Date of Birth (dd/mm/yyyy) _____/_____/_____ **Sex** : [ ] Male [ ] Female

Marks Obtained in HSSC (XII Std.) _____ Out of _____

NEET-2018 Roll No._____ All India Rank _____

Marks Obtained:				
Name of Examination	**Physics**	**Chemistry**	**Biology**	**Total Marks**
HSSC (12th Std.) Marks Obtained				
Max. Marks	**100**	**100**	**100**	**300**
NEET-2018 Marks Obtained				
Max. Marks	**180**	**180**	**360**	**720**

Marks Obtained in HSSC (XII Std.) in English _____ Out of _____

Fees of Rs.500/- (Rs. Five Hundred) only by **Cash** / **DD**
D.D. No._____ Date of D.D._____

Name of Bank: _____

Enclosure xerox Copies of : 1) SSC Mark sheet and Board Certificate (2) HSSC Mark Sheet, (3) Last School/College Leaving Certificate. (4) NEET-2018 Mark Sheet (5) Aadhar Card (6) Caste Certificate & Caste Validity Certificate

Signature of the Parent
Date :

Signature of the Candidate
Date :

R E C E I P T

Received application form for admission to **B.Sc.(Nursing)** Course from Mr./Ms._____

_____NEET-2018 Roll No. _____

Date: **Signature of receiver**

Application No……

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APPLICATION FORM FOR ADMISSION 2018-2019

For Faculty of Physiotheraphy (B.P.T.)

For General Category

PHOTO

Name of Candidate (IN CAPITAL LETTERS)

_____

SURNAME FIRST NAME MIDDLE NAME

Residential Address : _____

_____

_____

Telephone No. with STD Code | | | | | | | | | | | | | | (Mob.) | | | | | | | | | | |

E-mail_____ Blood group _____ Aadhar Card No._____

Date of Birth (dd/mm/yyyy) _____/_____/_____ **Sex** : [ ] Male [ ] Female

Marks Obtained in HSSC (XII Std.) _____ Out of _____

NEET-2018 Roll No._____ All India Rank _____

Marks Obtained:				
Name of Examination	**Physics**	**Chemistry**	**Biology**	**Total Marks**
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NEET-2018 Marks Obtained				
Max. Marks	**180**	**180**	**360**	**720**

Marks Obtained in HSSC (XII Std.) in English _____ Out of _____

Fees of Rs.1,000/-(Rs. One Thousand) only by **Cash /D.D.**

D.D.No._____ Date of D.D._____

Name of Bank: _____

Enclosure xerox Copies of : 1) SSC Mark sheet and Board Certificate (2) HSSC Mark Sheet,(3)Last School/College Leaving Certificate.(4)NEET-2018 Mark Sheet (5) Aadhar Card (6) Caste Certificate & Caste Validity Certificate

Signature of the parent
Date :

Signature of the Candidate
Date :

RECEIPT

Received application form for admission to **B.P.T.** Course from Mr./ Ms._____

NEET-2018 Roll No. _____

Date : **Signature of receiver**

Application No……

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Ph.No.07152-287701-06, 304000 Fax. No . 07152-244254, Email: medical_wda@sancharnet.in

APPLICATION FORM FOR ADMISSION 2018-2019

For Faculty of AYURVED (B.A.M.S.)

For General Category

PHOTO

Name of Candidate (IN CAPITAL LETTERS)

_____

SURNAME FIRST NAME MIDDLE NAME

Residential Address : _____

_____

_____

Telephone No. with STD Code | | | | | | | | | | | | | (Mob.) | | | | | | | | | | |

E-mail_____ Blood group _____ Aadhar Card No._____

Date of Birth (dd/mm/yyyy) _____/_____/_____ **Sex** : [ ] Male [ ] Female

Marks Obtained in HSSC (XII Std.) _____ Out of _____

NEET-2018 Roll No._____ All India Rank_____

Marks Obtained:				
Name of Examination	**Physics**	**Chemistry**	**Biology**	**Total Marks**
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NEET-2018 Marks Obtained				
Max. Marks	**180**	**180**	**360**	**720**

Marks Obtained in HSSC (XII Std.) in English _____ Out of _____

Fees of Rs.1,000/- (Rs. One Thousand) only by Cash D.D. No._____

D.D.No._____ Date of D.D._____

Name of Bank: _____

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Signature of the parent Signature of the Candidate

Date : Date :

R E C E I P T

Received application form for admission to **B.A.M.S.** Course from Mr./ Ms._____

NEET-2018 Roll No. _____

Date : **Signature of receiver**