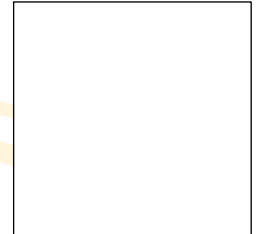




Smt. Radhikabai Meghe Memorial College of Nursing

Application Form for M.Sc. Nursing Program for AY 2023-2024

1. Name in Full (First Name - Middle Name - Last Name) (All in Capital Letters):



Candidate Photo

2. E-mail ID: _____

3. Date of Birth (DD/MM/YYYY): _____

4. Gender (tick your choice):

MALE

FEMALE

OTHER

5. Mobile Number: _____

6. Category (tick your choice):

GENERAL

SC or ST or VJ or NT

OBC OR SBC

7. Aadhaar Card Number (Attach Copy with form): _____

8. Applying for Specialization (Tick One):

M.Sc. Medical-Surgical Nursing

M.Sc. OBGY Nursing

M.Sc. Mental Health Nursing

M.Sc. Child Health Nursing

M.Sc. Community Health Nursing

9. B.Sc. / P.B.B.Sc. Passing Year: _____

10. Last Degree Obtained: _____

11. Total Work Experience (in months): _____

12. Nursing Council Registration Number: _____

13. Attach a scanned copy of these documents as well with the form:

1. 12th (HSC) Mark sheet

2. B.Sc. / P.B.B.Sc Mark lists

3. Work Experience Certificate

4. Nursing Council Registration Certificate

- Formerly known as **Datta Meghe Institute of Medical Sciences** (Deemed to be University)
- Conferred 'A' Grade status by H.R.D. Ministry Govt. of India
- Re-accredited by NAAC (3rd Cycle) with 'A+' Grade

Office: DMIHER (DU), Sawangi (Meghe), Wardha 442107 Maharashtra, India
P: 07152-287701-06 | E: info@dmimsu.edu.in

Office (Off Campus): Datta Meghe Medical College, Wanadongri,
Hingna Road, Nagpur 440010 Maharashtra, India
E: meghesmshealth@gmail.com



DATTA MEGHE

INSTITUTE OF HIGHER
EDUCATION & RESEARCH

(DEEMED TO BE UNIVERSITY)

LEARN. LEAD.

14. Application Fee: 500/- INR

For paying application fees online, the details are as under:

Beneficiary Name – Smt Radhikabai Meghe Memo Col of Nursing
Account No.: 50200064653312
IFSC – HDFC0000965
Bank Address - HDFC Bank Ltd., Nirmal Bakery Square, Wardha-
442001



Attach a copy of proof of application fees paid.

Declaration:

I hereby declare that I am an Indian National, and the particulars given above are correct. In case any information given in this application proves to be false or incorrect, the competent authority conducting the selection can cancel my candidature or admission, as the case may be.

Candidate Signature: _____

Date of Application: _____

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