## MAHARASHTRA NURSING COUNCIL, MUMBAI FORM OF APPLICATION FOR ADMISSION TO THE EXAMINATION

Price: Re. 1

Name of the Examination :				Sr. No.
To, The Registrar				
ne Registrar Iaharashtra Nursing Council .S.I.S. Hospital Compound, Nurses' Hostel, 2nd Floor, al Bahadur Shastri Marg, Mulund (West), Mumbai 400 080. el. No. 25652159/25654101, Fax No. 25916667, /ebsite: www.maharashtranursingcouncil.org _mail: mncouncil@yahoo.com, mncouncil@hotmail.com			Attested by Principal	
Madam/Sir,				
I request permission to present m Rs being the necessary fee	yself at the ensuir s. I declare that in	ng exami formatio	ination and herew n given below is co	ith forward the sum of rrect :—
Name in full (In Block letters beginning with Surname)				Husband's Name
with Surname)				
Sex	: Male / Female		Single / Marri	Name Mother's Name ed/Widow
Date of Birth	: (According to S	.L.C.)		
Name of the Training School	:			
Date of admission to Nursing School	:			
Standard of General Education passed	:			
Present Address	:			
Residential Contact No	Mobile No		E-mail ac	idress
	EXAMINATION	DETAIL	s	
1. I wish to be examined at the				(Centre)
2. I wish to answer question paper i	n ENGLISH / MAR	RATHI/	(Language)	
3. This is my		at	tempt to appear for	the above examination
I appeared this examination prev	iously in		from	
	( Month / Ye ny Seat No. was	ar of Exar		(Name of the School)
I request exemption from the following these subjects at the examinar	owing subjects as I	have obt		
SUBJECTS	, , , , , , , , , , , , , , , , , , , ,		MONTH AND	
1				
2.				
3.				
4.				
Place :				
Date :			(Name and Signat	aithfully, ure of Candidate)
N.B.— (1) Application which is not complet (2) Please send fee by Demand Draft (3) Attach zerox copies of S.L.C., S.S.	rike which is not e or which is not prop t only.	applica erly filled	able dup will not be taker	

(4) Mark certificates zerox copy attested by the Principal should be attached.
(5) Attach all fallure mark certificate (s) of last attempted examinations.
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(G.C.P.) O 624-C (50,000—7-2011)