



DATTA MEGHE INSTITUTE OF HIGHER EDUCATION & RESEARCH  
**Shalinitai Meghe College of Nursing Salod (Hirapur), Wardha**  
( Permitted by Govt. of Maharashtra, Affiliated by Maharashtra State Board of Nursing and Paramedical  
Education Mumbai and Indian Nursing Council Delhi)  
Attached to – Parental Hospital Shalinitai Meghe Superspeciality Centre Sawangi (Meghe) &  
Affiliated Hospital Acharya Vinoba Bhave Rural Hospital Sawangi (Meghe)  
Ph. No.: 07152-287701-6 Fax-07152-287727 mobile: 9503044667  
Email: megheshalinitai@gmail.com Website: www.smconwardha.com

## **NOTIFICATION**

[General Nursing Midwifery (GNM)]

**Admission Schedule: Important dates for Academic Year 2024-25**

Start date of issuing Admission Application Forms	27/05/2024
Last date of issue of Application for Admission	18/07/2024
Last date of Submission of filled in Admission Application forms	18/07/2024
Display of Merit list	19/07/2024
Admission Counseling dates	22/07/2024 To 23/07/2024
Fees For <b>APPLICATION FORM</b>	750/-

  
Principal

SMCON  
**PRINCIPAL**

**(GNM Programme)**  
**Shalinitai Meghe College of**  
**Nursing, SALOD (Hi.), Wardha-442601**

- १) अर्ज आणि पत्रक दिनांक २७/०५/२०२४ पासून मिळेल.
- २) अर्ज सादर करण्याची अंतिम तारीख १८/०७/२०२४ राहिल.
- ३) GNM गुणवत्ता यादी १९/०७/२०२४ रोजी प्रदर्शित होईल.
- ४) प्रवेश मुलाखतीची तारीख २२/०७/२०२४ आणि २३/०७/२०२४ राहिल.
- ५) [www.smconwardha.com](http://www.smconwardha.com) या वेबसाईड वरती अर्ज उपलब्ध आहे.
- ६) अर्ज भरून अर्जासोबत लागणारे सर्व कागदपत्रे स्कॅन करून ते महाविद्यालयाच्या [megheshalinitai@gmail.com](mailto:megheshalinitai@gmail.com) या ई-मेल वरती दिलेल्या तारखेच्या आत अर्ज पाठवावा.
- ७) अर्जाची फी ( रूपये ७५०/- खाते विभागात (Account Section of Shalinitai Meghe College of Nursing, Salod (Hirapur), Wardha) भरावी लागेल.
- ८) नवीन शैक्षणिक सत्र दिनांक ०१/०८/२०२४ पासून सुरू होईल.

Name of Institute	Shalinitai Meghe College of Nursing
Name of Bank Account	Shalinitai Meghe College of Nursing
Payment Mode	NEFT/RTGS/DD/Account Transfer
Name of Bank	HDFC Bank LTD.
Bank where A/C is held	Nirmal Bakery Square opp. Bank of Maharashtra
Account No	50200065290801
IFSC Code	HDFC0000965
MICR Code	442240002
Bank Address	Nirmal Bakery Square opp. Bank of Maharashtra, Wardha 442001



Datta Meghe Institute of Higher Education & Research Nagpur  
**Shalinitai Meghe College of Nursing (GNM Program)**

Salod (Hirapur) Wardha - 442004 (M.S.)

Shalinitai Meghe Super Speciality (Parent) Hospital

And

(Affiliated) TO ACHARYA VINOBA BHAVE RURAL HOSPITAL

Ph.No.07152-287701 Email:- [megheshalinitai@gmail.com](mailto:megheshalinitai@gmail.com)

Website- [www.smconwardha.com](http://www.smconwardha.com) Mobile - 9503044667

**APPLICATION FORM FOR GENERAL NURSING AND  
MIDWIFERY (GNM) 3 YEARS COURSE 2024-25**

**Please note:**

- All the entries must be filled in Block Letters, by the candidate in her own handwriting.
- Incomplete form or false information, enclosures or submitted late will be rejected without giving reason to the applicant or their relatives.
- Fully completed form must reach up to on or before due date.
- Affix recent passport size photograph, Candidate must give declaration that she/he has read & understood the rules and would abide by them.

Photo

1. Name in Full (In Block Letters): \_\_\_\_\_
2. Name and Present address of \_\_\_\_\_  
Father Husband/Guardian: \_\_\_\_\_
3. Mother's Name: \_\_\_\_\_
4. Name and Address: \_\_\_\_\_
5. Parents Telephone no./Mob.No: \_\_\_\_\_
6. Students Mobile No.: \_\_\_\_\_
7. Date of birth with age, Place, District & State: (D.O.B) \_\_\_\_\_ Age in Year \_\_\_\_\_  
Place \_\_\_\_\_ District \_\_\_\_\_ State \_\_\_\_\_
8. Occupation of Father/Husband/Guardian: \_\_\_\_\_ Annual Income \_\_\_\_\_
9. Nationality: \_\_\_\_\_ Religion \_\_\_\_\_
10. Cast/Sub-Caste: \_\_\_\_\_ Category \_\_\_\_\_
11. Sex: Female/Male
12. Student Email Id: \_\_\_\_\_
13. Student Aadhar Card No.: \_\_\_\_\_
14. Have you had any previous training  
Experience in Nursing (if yes, attach  
Copy of certificate \_\_\_\_\_
15. How have you been occupied after passing  
Qualifying examination \_\_\_\_\_
16. Blood Group No. \_\_\_\_\_
17. Language Known: Hindi/English/Marathi

**18. Academic Qualification**

Standard	Name of Board/university	Medium of Instruction	Subjects	Year of Passing	Attempts	% of marks
1. Xth (SSC/SSLC)						
2. XIIth (HSSC) 10+2						
3. Any other Qualification						

If <b>SC/ST</b> Candidates Fill all	Have you Received Post –Matriculation Scholarship in Year 2023-24 (TICK BELOW)		Write your previous college name from you received scholarship	Same college leaving certificate you have attached with this Application Form	
➔	<b>Yes</b>	<b>No</b>		<b>Yes</b>	<b>No</b>

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)

Date:

Place:

**Enclosing the following Xerox documents with application form**

- 1) College Leaving Certificate
- 2) 10<sup>th</sup> Mark sheet
- 3) 10<sup>th</sup> Board Certificate
- 4) 12<sup>th</sup> Mark sheet
- 5) 12<sup>th</sup> Board Certificate
- 6) Caste Certificate
- 7) Non-Creamy Layer
- 8) Medical fitness certificate (original)
- 9) Aadhar Card
- 10) Domicile certificate
- 11) Birth certificate
- 12) If gap (gap certificate)