



**Dr. D. Y. Patil Vidyapeeth**

**(Deemed to be University)**

**Pimpri, Pune – 411018.**

(Re-accredited by NAAC with a CGPA of 3.62 on a four point scale at 'A' Grade)

An ISO 9001: 2015 Certified University

Photograph

**Application Form for Admission Against Vacant Seats in First Year of Post Basic Bachelor of Science in Nursing (P.B. B.Sc. Nursing) Programme for the Academic Year 2020-21.**

Name of the Course applied for: \_\_\_\_\_

Name of the Candidate: \_\_\_\_\_

Address for Communication: \_\_\_\_\_

District: \_\_\_\_\_ State: \_\_\_\_\_

Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Telephone: \_\_\_\_\_ Mobile (student): \_\_\_\_\_

Email: \_\_\_\_\_

Year of Passing: SSC: \_\_\_\_\_ HSC: \_\_\_\_\_

Marks Obtained in Final Year GNM Nursing : \_\_\_\_\_

Percentage of Marks in GNM Nursing : \_\_\_\_\_

Name of State Nursing Council \_\_\_\_\_

Registration Number: \_\_\_\_\_

Year of Passing: \_\_\_\_\_ Marks in % \_\_\_\_\_ Appearing: \_\_\_\_\_

Name & Address of the last attended School / College: \_\_\_\_\_

Name & Address of Parents / Guardians: \_\_\_\_\_

Declaration –I

I hereby declared that the above information is true and complete to the best of my knowledge. I am aware that if any information herein is found to be incorrect or incomplete, my application form will be rejected/admission will be cancelled.

N.B: Please send the color scan copy of duly filled form to [info.nursing@dpu.edu.in](mailto:info.nursing@dpu.edu.in)

Place:

Date:

Signature of Candidate