



**N.K.P. Salve Institute of Medical Sciences & Research Centre and  
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**APPLICATION FORM FOR BSC PMT COURSE  
2024-25**

Photo

|                                   |         |           |         |
|-----------------------------------|---------|-----------|---------|
| Name of the Candidate (Full Name) |         |           |         |
| Mob No of Candidate               |         |           |         |
| Mob No of Parent                  |         |           |         |
| Religion & Caste                  |         |           |         |
| Date of Birth                     |         |           |         |
| Gender (Male/Female)              |         |           |         |
| Email Id of the Candidate         |         |           |         |
| Address for Correspondence        |         |           |         |
| SSC Marks                         |         |           |         |
| HSC Marks                         |         |           |         |
| HSC PCB Marks                     | Physics | Chemistry | Biology |
|                                   |         |           |         |

**Course details**

| Sr No | Name of Courses                | Course Applied for with Preference No |
|-------|--------------------------------|---------------------------------------|
| 01    | B. Sc. PMT (Laboratory)        |                                       |
| 02    | B. Sc. PMT (Operation Theatre) |                                       |
| 03    | B. Sc. PMT (Optometry)         |                                       |
| 04    | B. Sc. PMT (Radiographic)      |                                       |
| 05    | B. Sc. PMT (Cardiology)        |                                       |

Note :- It is mandatory to attach Xerox copy of all essential document along with Application form. **Application Form Fees:- Rs. 500/- by cash**

Signature of the Candidate

## Declaration

- 1) I hereby declare that I have read the rules and regulation of admission and Training
- 2) After understanding these I have filled up the forms.
- 3) All Entries in this form are true to the best of my knowledge.

## Undertaking

I hereby agreed if admitted

- 1) to confirm the rules and regulations government the institutions and concerned authorities.
- 2) I fully understand that the head of Institution where I am studying will have full liberty to expel me any infringement of above undertaking.

## Documents List

| Sr. No.   | Description of Document   |
|---|---|
| 1.  | <b>Aadhar Card</b> of candidate   |
| 2.  | <b>Nationality Certificate</b> issued by District Magistrate/Addl. District Magistrate or Metropolitan Magistrate (Competent Authority for issue of such certificate)   |
| 3.  | <b>Domicile Certificate</b> of Candidates from Maharashtra State issued by District Magistrate / Metropolitan Magistrate/ Addl. District Magistrate or Competent Authority for issue of such certificate.   |
| 4.  | <b>H.S.S.C. (or equivalent) examination mark-sheet.</b>   |
| 5.  | <b>S.S.C. (or equivalent) passing certificate</b>   |
| 6.  | <b>H.S.S.C. School Leaving Certificate</b>  |
| 7.  | <b>Migration Certificate</b> issued by the respective Board / University applicable to:<br>a) CBSC & ICSC Board<br>b) After passing H.S.S.C./Qualifying examination, students who have joined any other course for period of more than six months |
| 8.  | Proof of <b>permanent residential address</b> (Xerox – Aadhar card / Passport / BSNL telephone bill /Electricity bill)- self attested   |
| <b>Documents to be submitted at the time of admission</b> |   |
| 9.  | <b>Gap Affidavit on Rs. 100/- stamp paper by the student</b> duly certified by Executive Magistrate / Notery with 'Annexure A' as per Govt. Resolution dated 09 March 2015 (if Applicable)  |
| 10.   | <b>Medical Fitness Certificate</b>  |

Signature of the Candidate