

MAHARAJA AGARSAIN COLLEGE OF NURSING

(Approved by INC & Delhi Nursing Council, Affiliated to Guru Gobind Singh Indraprastha University, Delhi)
Address: Bawana Road, Narela, Delhi – 110040
Email: macnarela.delhi2020@gmail.com | Website: www.macnarela.delhi.com
Admission Helpline: 8929750502

APPLICATION FORM FOR ADMISSION TO B.Sc. NURSING (4 YEAR DEGREE PROGRAM)

Academic Session: _____
Quota: ☐ Regular (University Merit) ☐ Management Quota

1. PERSONAL DETAILS

Full Name (in block letters): _____
Date of Birth (DD/MM/YYYY): _____
Gender: ☐ Male ☐ Female ☐ Other
Blood Group: _____
Category: ☐ General ☐ SC ☐ ST ☐ OBC ☐ EWS
Nationality: _____
Religion: _____
Aadhaar Number: _____

2. CONTACT DETAILS

Permanent Address: _____
District: _____ State: _____ PIN Code: _____
Mobile Number (Student): _____
Mobile Number (Parent/Guardian): _____
Email ID (Student): _____

3. FAMILY DETAILS

Relation	Name	Occupation	Annual Income	Mobile No.
Father				
Mother				
Guardian (if applicable)				

4. ACADEMIC QUALIFICATIONS

Examination Passed	Board/University	Year of Passing	Percentage of Marks	Subjects & Marks
10th				
12th (10+2)				Physics: ____ Chemistry: ____ Biology: ____
Other (if any)				

Marks in PCB (Physics + Chemistry + Biology) out of ____ : _____
English marks out of ____ : _____

5. ELIGIBILITY CRITERIA CHECKLIST (as per IP University)

- ☐ Minimum age 17 years as on 31st December of the year of admission
- ☐ Passed 10+2 with Physics, Chemistry, Biology & English, minimum aggregate 50% (General)/45% (SC/ST/OBC) in PCB & English
- ☐ Medically fit as per college norms
- ☐ For seats under Management Quota: selection as per University/College guidelines

6. MANAGEMENT QUOTA DETAILS (If Applicable)

Quota applying under: ☒ Management

If selected under Management Quota: Additional fee/conditions: _____

I understand that selection under Management Quota is subject to University/College norms. ☒ I Agree

7. DOCUMENTS TO BE ATTACHED / UPLOADED

- ☒ 10th Marksheet & Certificate
- ☒ 12th Marksheet & Certificate
- ☒ Transfer/Migration Certificate
- ☒ Character Certificate
- ☒ Caste Certificate (if applicable)
- ☒ Domicile Certificate
- ☒ Aadhaar Card Copy
- ☒ 4 Passport-size Photographs
- ☒ Medical Fitness Certificate
- ☒ Proof of Application Fee Payment
- ☒ Management Quota Undertaking (if applicable)

8. DECLARATION BY THE APPLICANT

I hereby declare that all information provided above is true and correct to the best of my knowledge. I understand that any incorrect or misleading information may lead to cancellation of my admission. I agree to abide by all rules and regulations of Maharaja Agarsain College of Nursing, Narela.

Signature of Applicant: _____ Date: _____

9. DECLARATION BY PARENT / GUARDIAN

I, _____, parent/guardian of the applicant, take full responsibility for my ward's conduct and financial obligations during the course of study.

Signature of Parent/Guardian: _____ Date: _____

10. FOR OFFICE USE ONLY

Particular	Verified	Remarks
Application Form		
Eligibility (Regular/Quota)		
Documents		
Admission Status (Provisionally Admitted / Rejected)		
Quota Adopted (Regular / Management)		
Enrollment No.		
Signature of Admission Officer		
Date		