



SHRI SHIVAJI EDUCATION SOCIETY'S  
DR. PANJABRAO DESHMUKH NURSING INSTITUTE  
SHIVAJI NAGAR, AMRAVATI (M.S)-444603  
ADMISSION CELL



Ref. No: PDNI/MSc/519/B/2026  
Email: pdeshmukh070@gmail.com

DATE: 22/06/2026  
Ph: 9860704828

**INSTRUCTIONS TO THE CANDIDATES FOR FIRST YEAR MSC NURSING 2026- 2027**

All candidates seeking admission to First Year M.Sc. Nursing (2026–2027) are hereby informed to carefully read and follow the instructions given below:

1. Candidates are instructed to regularly visit the institute website for all information related to the admission process: <https://www.pdnursing.edu.in/>
2. After visiting the official website, click on the "Admission" tab.
3. Under the Admission section, click on "M.Sc. Nursing 2026".
4. The following admission-related information will be published on the website:
  - o Advertisement
  - o Application Form
  - o Provisional List of Applicants
  - o Provisional General Merit List
  - o Provisional Selection List
  - o Provisional Wait List
  - o Provisional Vacancy Position
  - o Other important notifications related to admissions
5. Candidates are instructed to adhere strictly to the admission schedule as published in the advertisement in **Hitavada** and **Hindustan** newspapers dated **09/06/2026**.
6. The reporting/admission period for candidates selected in **Schedule-I** shall be from **23/06/2026 to 25/06/2026** between **9:00 AM and 5:00 PM**.
7. All selected candidates must report to the institute on or before **25/06/2026 up to 5:00 PM**.
8. If any selected candidate fails to report within the stipulated time, his/her seat shall be treated as vacant and will be allotted to eligible candidates from the wait list under the respective category on the basis of **inter-se merit**.
9. The vacancy position arising due to non-reporting of selected candidates in individual specialties shall be displayed on the college website on **25/06/2026 after 5:00 PM**.
10. Candidates selected from the wait list must complete the admission process on **27/06/2026** between **9:00 AM and 5:00 PM**.
11. The list of documents required for admission is attached herewith. Candidates are advised to bring all original documents along with the necessary photocopies at the time of admission.

**Copy forwarded to:**

1. Principal's office, Admin office of Dr. PDNI, Amravati
2. HOD, Admission Cell of Dr. PDNI, Amravati
3. College website under Admission Tab of MSc Nursing 2026
4. Notice board of Admission Cell



*R. R. R.*  
PRINCIPAL  
Dr. P. D. Nursing Institute  
Amravati.

Sn	NAME OF DOCUMENTS
1	SSC/X Board Certificate
2	HSC/XII Mark sheet
3	HSC/XII Board Certificate
4	Nationality/ Age/ Domicile Certificate
5	B.B.Sc/P.B.BSc Nursing- I Year Marksheet
6	B.B.Sc/P.B.BSc Nursing- II Year Marksheet
7	B.B.Sc Nursing- III Year Marksheet
8	B.B.Sc Nursing- IV Year Marksheet
9	B.B.Sc/P.B.BSc Nursing- Passing Certificate
10	Leaving Certificate/ Transfer Certificate
11	Attempt Certificate
12	Course Completion Certificate
13	Degree Certificate
14	Registration with Latest Renewal/ AQ
15	Experience Certificate/ Relieving Order
17	Caste Certificate (Mention Caste) _____
18	Caste Validity
19	Non Creamy Layer (valid upto):
20	Gap Certificate (if applicable)
21	Migration certificate (if applicable)
22	Aadhar Card
23	Medical Fitness
24	Income Certificate (if applicable)
	3 sets of Xerox copies of above documents
	Scan copy of above documents in JPG & PDF Format



  
 Principal 25/06/26  
 PRINCIPAL  
 Dr. P. D. Nursing Institute  
 Amravati.



**SHRI SHIVAJI EDUCATION SOCIETY, AMRAVATI'S  
DR. PANJABRAO DESHMUKH NURSING INSTITUTE  
SHIVAJI NAGAR AMRAVATI (M.S.) INDIA -444603**



**APPLICATION & PREFERENCE FORM FOR M.SC. NURSING 2026- 2027**

Affix your  
latest passport  
size  
photograph

Full Name of applicant: (In block letter) .....

Date of Birth: ...../...../..... Age (as on 19.06.2026) .....Y.....M.....D

Mobile no:....., Alternate Contact no:.....

Domicile State: ..... Caste / Category: ....., CC:....., CV:....., NCL:.....

Permanent Address: .....

Annual Family Income:....., Marital Status: .....

Type of Quota: (kindly put remark in the boxes provided)

Type of Quota	Preferences ( Yes/ No)
Reserved	
Open	
Both Reserved & Open	
15% Institutional including NRI	

**Academic qualification (B.Sc. Nursing/ Post Basic B.Sc. Nursing)**

Exam Passed	Year of Passing	Name of the college	University	No's of Attempts	Total Marks	Obtained Marks	% of marks
1 <sup>st</sup> Year							
2 <sup>nd</sup> Year							
3 <sup>rd</sup> Year							
4 <sup>th</sup> Year							
<b>Total Aggregate</b>							

MNC Registration No: ..... Date of Registration: ...../...../..... Valid Up to: ...../...../20.....

**Professional Experience (To be counted from the date of Registration):**

Post	Name of Institute/Hospital	Date		Total Experience
		From	To	

**Program of study applied for (In order of preference)**

S.n	Available Specialties	S.n	Applicant Preferable Speciality (write in order of merit)
1	Medical surgical Nursing	1	
2	Community Health Nursing	2	
3	Obstetrics And Gynaecology Nursing	3	
4	Child Health Nursing	4	
5	Mental Health Nursing	5	

**Attach Self attested Copies of Below Mentioned Documents**

(All pass & fail marksheet to be attached as per no of attempts)

SN	NAME OF DOCUMENTS	Submitted YES/ NO	No of Attempts	Signature
1	SSC/X Board Certificate			
2	HSC/XII Mark sheet			
3	HSC/XII Board Certificate			
4	Nationality/ Age/ Domicile Certificate			
5	B.B.Sc/P.B.B.Sc Nursing- I Year Marksheet			
6	B.B.Sc/P.B.B.Sc Nursing- II Year Marksheet			
7	B.B.Sc Nursing- III Year Marksheet			
8	B.B.Sc Nursing- IV Year Marksheet			
9	B.B.Sc/P.B.B.Sc Nursing- Passing Certificate			
10	Leaving Certificate/ Transfer Certificate			
11	Attempt Certificate			
12	Course Completion Certificate			
13	Degree Certificate			
14	Registration with Latest Renewal/ AQ			
15	Experience Certificate			
16	Relieving Order			
17	Caste Certificate (Mention Caste)			
18	Caste Validity			
19	Non Creamy Layer (valid upto):			
20	Gap Certificate			
21	Migration certificate (if applicable)			
22	Aadhar Card			
23	Medical Fitness Certificate			

Date of Application:...../...../2026

Applicant name & Signature

**FOR OFFICIAL USE (to be filled up by the admission cell only)**

BSc/ PBBSec Aggregate		Signature of HoD, Admission Cell	Signature of Admission Cell Scrutinizer	Eligible/ Not Eligible
1 <sup>st</sup> Year		Date:     /     /2026  Mr. Sandesh Sonawane	Date:     /     /2026  Mr. Tushar Gotawale	
2 <sup>nd</sup> Year				
3 <sup>rd</sup> Year				
4 <sup>th</sup> Year				
Total				
%				

Remark:.....

HOD, Admission Cell

Principal

✂.....

(Acknowledgement to be handed to the candidate after receiving application form)

✂.....

Acknowledgement

Received Application Form of Mr/Ms: ....., in the specialty of ....., under Reserved Quota/ Open Quota/ Both Reserved and Open Quota/ 15% Institutional Quota/ NRI Quota on Date:...../...../2026.

Signature of Candidate

HOD, Admission Cell

Annexure 'C'

पदवी, पदव्युत्तर पदवी प्रथम वर्ष अभ्यासक्रमास प्रवेश घेणाऱ्या सर्व मुला/मुलींकडून प्रवेशाच्या वेळीच मतदार यादीमध्ये नाव नोंदणी करण्याच्या अनुषंगाने घ्यावयाचे प्रमाणपत्र / हमीपत्र नमुना.

मी....., अभ्यासक्रम : .....

..... महाविद्यालयाचे नाव: .....

..... या महाविद्यालयात प्रथम वर्षात प्रवेश

घेतला असून मी दिनांक: ०१/०१/..... रोजी १८ वर्षाचा / वर्षाची झालो / झाले आहे किंवा

होणार आहे. १८ वर्ष पूर्ण झाल्याबरोबर मी माझे नाव मतदार यादीत नोंदवुन घेणार आहे अशी मी

प्रतिज्ञा करतो/करते.

स्वाक्षरी : .....

नाव : .....