APPLICATION FOR COURSE COMPLETION / TC / ATTEMPT CERTIFICATE

(FOR ALL NURSING COURSES)

1. Name of the student: .....

2. Course: ..... Contact No: .....

3. Total fee paid: Rs. ..... /- Receipts enclosed: Yes ☐ No ☐

4. No objection from the college departments

No.	Departments	Remarks	Signature of HOD / concerned staff
1	Dept. of FON		
2	Dept. of AHN		
3	Dept. of CHN		
4	Dept. of OBG		
5	Dept. of child health nursing		
6	Dept. of mental health nursing		
7	Library		

5. Enclosed the marks sheet (xerox) of all years: Yes ☐ No ☐

6. Enclosed xerox copy of latest TC & SSC: Yes ☐ No ☐

DOB as per SSC / TC	Place of birth	Caste & Subcaste	Sign. of staff

7. Details of Alumni Association Receipt enclosed Yes ☐ No ☐

Date of membership	Receipt no.	Amount	Sign. of Alumni secretary

8. Hostel (If applicable)

Date of admission to hostel	Whether monthly rent paid (yes/no)	Receipts enclosed (yes/no)	Signature of warden

Date: .....

Applicant's signature: .....

FOR OFFICE USE

Verify previous transfer certificate / SSC board certificate

DOB as per SSC / TC	Place of birth	Caste & Subcaste	Sign. of staff

Verify marks sheet of all years for attempt certificate

Course	Mention the number of attempts			
	I Year	II Year	III Year	IV Year

ACADEMIC COMPLETION DETAILS (mention last year / final year data)

Theory attendance as per norms (Yes / No); If no, mention	Theory assignments completed (Yes / No)	Research activities / thesis completed (Yes / No)
Remarks:		
Name of the class coordinator: ..... Signature with date:		

Clinical assignments submitted (Yes / No)	Whether clinical hours completed (Yes / No)	If no, mention the compensation hours	Last date of completion of clinical hours
Remarks:			
Name of the clinical coordinator: ..... Signature with date:			

TUITION FEE

Class	Prescribed fee	Accounts department		Scholarship department	
		Fee paid	Fee pending	Fee received	Fee pending
I Year					
II Year					
III Year					
IV Year					
Total					
		Date & sign of Accountant		Date & sign of scholarship staff	

Administrative Officer
Dr. PDNI Amravati

ADMISSION CELL

Details of course completion certificate

Course	Date of admission	Date of passing of final exam	Date of completion of academic activities	Actual date of course completion

Remarks: .....

Sign of secretary
Admission committee

Chairperson/Principal
Admission committee
Dr. Panjabrao Deshmukh Nursing Institute

ISSUE OF ORIGINAL DOCUMENTS

(AFTER COURSE COMPLETION / CANCELLATION OF ADMISSION)

1. Name of the student: .....

2. Course: ..... **Contact No:** ..... / .....

3. Reason for leaving: Course completed ☐ Discontinued ☐

4. List of collegiate documents issued to the candidate after course completion

Documents	Date of issue of certificate	Dates of course completion / TC		Xerox copy enclosed (Yes / No)	Date & sign of student
		From	To		
Course completion					
Leaving certificate					
Attempt certificate					

5. List of documents returned to the candidate (after course completion / admission cancellation)

Documents	No. of document	Issue details		Date & sign of student
		Name of the issuing authority	Signature with date	
SSC Mark sheet				
SSC Board Certificate				
HSC / XII Mark sheet				
HSC / XII Board Certificate				
Nationality/Age/Domicile Certificate				
GNM / PBBSC / BSC Passing certificate				
Degree / Diploma				
First to final year mark sheets				
PBBSC/ BSC Degree Certificate				
Course completion / attempt / experience certificate				
Caste Certificate				
Caste Validity				
Non-creamy Layer				
MH-CET Application / Mark sheet / Registration form				
Other documents (mention) 1. 2.				

I, Ms. / Mr. ..... have received the above (Qty.....) original documents in a good condition from the members of admission committee, Dr. PDNI Amravati dated ..... /..... / .....

Sign of student: .....

Sign of secretary

Admission committee

Chairperson/Principal

Admission committee

Dr. Panjabrao Deshmukh Nursing Institute