



GOVERNMENT OF MAHARASHTRA

**GOVERNMENT NURSING COLLEGE RATNAGIRI
MAHARASHTRA**

HODEKAR ROAD, UDYAM NAGAR, PATWARDHAN WADI RATNAGIRI, 415612

<https://maps.app.goo.gl/mVvt9ibvLuPrzmWCA>

**ADMISSION B.Sc. NURSING
2026-2027**

Contact Details

Landline No. : 02352-295315

Nodal Officer : Mrs. Shruti Jitendra Jadhav

Email ID : gncratnagiri2026@gmail.com

Office Time 10.00AM To 6.00PM

Guidelines for Students

All candidates allotted a seat at Government Nursing College, Ratnagiri through State quota through CET Cell-2026 must adhere to the following guidelines and come prepared with all necessary things to complete their admission process

All admissions strictly follow the rules set by the State CET Cell. Students are strongly advised to read the information brochure, FAQs, and latest notifications on the official State CET Cell websites before proceeding.

The candidate should report personally to the College, for the physical Document Verification. Proxies are not permitted.

Documents and Photo -

- Print the 1) Application Form, 2) Student Information Form, and 3) Parent Information Form on **A4-size paper**. (Please check the file below for all formats)
- Do not edit or modify any of the provided forms.
- Fill out all forms manually in **clear, legible handwriting**. You may refer to the attached sample-filled forms underneath for guidance
- Gather all original documents listed in **Annexure 'A'** and arrange them strictly in the exact sequence specified.
- Prepare **two complete sets of self-attested photocopies** of these original documents, arranged in the same chronological order.
- Secure your paperwork into **two transparent button folders**. Place all your original documents into the first folder, and place both sets of photocopies into the second folder.



- Scan all original documents, Demand Draft (DD) and your passport-size photograph using a standard computer scanner. **Do not use mobile scanning apps**. Save all documents as individual **PDF** files. Save your passport photograph in **JPEG** format. Ensure the size of **each individual file** does not exceed **500 KB**.

- Every document must be named appropriately according to the guidelines provided in **Annexure 'B'**.
- Create a single folder on a pen drive and name it with the **student's full name**. Place all your scanned documents, Demand Draft (DD) and your photograph inside this folder.
- This pen drive will be collected permanently at the time of admission. Do **not** store any other personal files, folders, or unrelated data on it.
- Bring 6 passport size photographs.
- Maharashtra state issues a separate **Caste Validity Certificate** alongside the Caste Certificate; some states do not have this provision. Therefore, reserve category students from other states admitted through the All India Quota (AIQ) must submit a declaration. This certificate must be issued by a Tahsildar, Magistrate, or competent authority, stating that their home state does not issue separate Caste Validity Certificates **(Please see Annexure B)**.
- Bring Medical Fitness in the prescribed format ONLY. (ANNEXURE-H)
- If a candidate satisfied with the allotted college and do not want to participate in subsequent rounds of counselling must submit a Status-Retention Form in the given format. (Annexure-J)

Fee payments ad Demand Draft (DD):

- **Payment in** Demand Drafts (DD) mode only will be accepted. (Payment by Cheque is allowed on **Bank Holidays** to be replaced by DD on next working day. If the candidate fails to submit the DD on next working day, the admission may be cancelled)
- Please check the **Fee Details** file below for category-wise fee amounts, the number of DDs required.
- DD Should be drawn in favor of-

ADMINISTRATIVE OFFICER GOVT MED COLLEGE N HOSPITAL RATNAGIRI

- **DD Payable at- Ratnagiri Only**
- Students are advised to ensure that Demand Drafts (DD) for fee payment contain no spelling errors or structural mistakes in the payee's name field. Drafts with discrepancies will be strictly rejected.
- Cash/Cheque will NOT be accepted.
- Candidates should write their Name and phone number on the backside of DD.
- Demand Drafts (DD) will only be accepted if issued by **Nationalized or major commercial banks** (including SBI, Canara Bank, BOB, BOI, Axis, HDFC, and ICICI). DD from co-operative society banks or multi-state scheduled co-operative banks **shall not be accepted**.

- In the event that a candidate is allotted to other institution in subsequent rounds of counselling, their submitted Demand Draft (DD) will be returned. Consequently, all such candidates will be required to pay an admission fees of **Rs.1500/- in cash** to the Accounts Department.
- Furthermore, the institution will clear and deposit the demand draft only after the completion of complete admission process.

Reporting time-

- Candidates must report as per schedule notified by Nursing Counselling Committee (NCC) and the State CET Cell.
- Admission process is subject to thorough verification and approval. Consequently, requests for the immediate or urgent issuance of joining letters will not be entertained. To complete all admission formalities within the same day, candidates must report to the campus between **10:00 AM and 02:00 PM**

Principal
Government Nursing College,
Ratnagiri

Application Form

Name :

Address :

Date :

To,
The Principal
Government Nursing College,
Ratnagiri.

PHOTO

Sub : Admission to BSc Nursing course for the year 2026-2027

Respected Sir,

I, the under signed

Shri/Kum.(FullNameCapital)..... have been
selected for **BSc Nursing** course during the year 2026-2027 as per the selection letter of
State list Round No. Dated / /2026 at Government Nursing
College, Ratnagiri under category. I am submitting here with all required
original documents & two sets of attested Xerox copies.

Kindly get me to join as 1st year BSc Nursing student for the academic Year 2026-2027.

Thanking you.

Yours faithfully,

(Name & Signature of candidate)

Student Information Form

GOVERNMENT NURSING COLLEGE, RATNAGIRI

1	Name of the Student (Full) (As per XII Mark Sheet)			
2	Name of the Student in Marathi or Hindi (Full)(As per XII Mark Sheet)			
3	Father's Name (Full)			
4	Mother's Name (Full)			
5	Date of Birth & Place			
6	Permanent Address			
7	Students Mobile No:-		E mail:-	
8	Aadhar Card No. :-		Blood Group:-	
9	Voter ID No. :- (If not available submit Annexure 'C' available at college office)			
10	Nationality:-		Domicile:-	
11	Religion :-	Caste :-	Category :-	
12	Quota :-		Allotted Category of Admission:-	
13	Constitutional Category of Admission:-		Special Reservation :- (Defense / PWD / Hilly / MKB / Other)	
14	12th Marks (out of) Month &Year :- Passing	Name of 12 th Board :-		
		Total Marks :- Percentage :-		
		Physics:-Chemistry:- Biology:- English:- Total(PCB) :- PCB Percentage:-		
15	MH-CET Roll No:- Month &Year :- Passing	Total Percentile :- Nursing Aptitude:-		
		Physics (Percentile) :- Chemistry (Percentile):-		
		Biology(Percentile):-		
16	State Merit List No. :-			
17	Date of Admission (Today's Date):-	DD No:- 1) Amount:- 2) Amount:-		
		Bank Name:-Date:-		
18	School / College last attended (12 th College)			

21	Willingness for Organ Donation :-	YES / NO
22	Retention	YES / NO Date :-
Parent's or Guardian's Signature Student's Signature		

Note:- Submit all documents in simple button file folder:- 1) Original document set 2) 3 Xerox document set 3) 3 Passport size photo.

For Office Use Only

Allotted Category	
Fess Details (DD no., Date & Bank Name)	
Cashier	Paid Fess (DD) Verified sign Date
Scrutiny Officer 1 sign (Clerk)	
Scrutiny Officer 2 sign	
Scrutiny Officer 3 sign	
Administrative Officer	
Vice Principal	

Remark:-

Signature of the Principal

Details of Parents

Details of Father	
Name off Father	
Name in Marathi	
Mobile No. (WhatsApp No.)	
Aadhar No.	
E-mail ID	
Occupation	
Annual Income	
Details of Mother	
Name of mother	
Name in Marathi	
Mobile No. (WhatsApp No.)	
Aadhar No.	
E-mail ID	
Occupation	
Annual Income	
Permanent Address of Parents	
Address for Correspondence	

Signature of Parents



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Government Nursing College, Ratnagiri

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gncratnagiri2026@gmail.com

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Fee Structure

Sr. No.	Particulars	Fee Amount	Total
1	Tuition Fees (Per Annum)	25,400/-	25,400/-
2	Library Deposit (Refundable)	2,000/-	9,000/-
3	Library Fee (Per Annum)	1,000/-	
4	Admission Fees (One Time)	1,500/-	
5	Gymkhana fees (Per Annum)	500/-	
6	Hostel Rent (Per Annum)	4,000/-	
Total			34,400/-

Sr.No.	CAST	DD1	DD2	
			WITH HOSTEL	WIHOUT HOSTEL
1	OPEN (FOR ALL BOY'S) & GIRLS (IF INCOME ABOVE 8 LAKH)	25,400/-	9000/-	
2	EWS, EBS, SEBC, (BOY'S)	12,700	9000/-	
3	EWS,EBC,SEBC,(GIRL'S)	-	9000/-	
4	OBC, VJA,NT,SC,ST (BOY'S & GIRL'S)	-	9000/-	

Nationalized Bank Demand Draft In Favour of :- **ADMINISTRATIVE OFFICER GOVT MED COLLEGE N
HOSPITAL RATNAGIRI**

Payable at- Ratnagiri only

Annexure 'A'

Arrange all original documents and 2 Xerox set in following order and also bring scan copy of Document with correct label as given below in pen drive.

Sr. No.	Name of Documents	File Names to be given
1	MH-CET Nursing Exam Application	
2	Admit Card of MH-CET Nursing Exam	
3	MH-CET Nursing Mark sheet	
4	Selection Letter (Merit List)	
5	Age Nationality, Domicile	
6	10 th Standard Mark sheet	
7	10 th Standard Board Certificate	
8	12 th Standard Mark sheet	
9	12 th Standard Board Certificate	
10	Medical Fitness Certificate as per Annexure-H	
11	Cast Certificate	
12	Cast Certificate Validity	
13	EWS Certificate (only for Open candidate valid)	
14	SEBC Certificate	
15	Non-Creamy Layer Certificate	
16	Leaving or Transfer Certificate	
17	Gap Certificate	
18	Migration Certificate	
19	Income Proof Xerox	
20	Aadhar Card Xerox	
21	Collage Application	
22	Gazette	
23	PWD Certificate	
24	Any Other Certificate	

Total Documents Submitted: -

Sign of Vice principal

Remark: -

Sign of Principal

STATE QUOTA STUDENT STATUS CATEGORY RETENTION AT
GOVERNMENT NURSING COLLEGE, RATNAGIRI

ANNEXURE 'B'

Office of the.....

.....

Outward No.:-

Date:-

TO WHO ME IT MAY CONCERN

CERTIFICATE

This is to certify that, the Cast Certificate No.

.....Dated.....issued to Mr./Miss.....by

the Tahsildar/Magistrate.....invalid

Further, it is stated that there is no provision of issuing separate Cast Validity Certificate in

.....State.

Signature of Tahsildar/Magistrate/Issuing Authority

Office seal/ Stamp

ANNEXURE-H

MEDICAL FITNESS

A candidate must be medically fit to undergo the professional course applied for. The medical fitness must be certified by a Registered Medical Practitioner in the prescribed proforma, as given below on a letter head or on this format with original seal and signature.

CERTIFICATE OF MEDICAL FITNESS

This is to Certify that I have conducted clinical examination of Mr./Mrs./Miss. who is desirous of admission to Health Science Courses. He/she has not given any personal history of any disease in incapacitating him/her to undergo the professional course. Also, on clinical examination it has been found that he/she is medically fit to undergo the professional course.

Certified that he/she fulfills the following criteria.

- (1) Absence of any incapacitating and/or progressive systemic disease/disorder/condition.
- (2) Absence of any disability of upper limb/s.
- (3) Absence of any major visual/auditory disability.
- (4) Absence of psychosis/neurosis/mental retardation
- (5) Ability to maintain erect posture.
- (6) Reasonable manual dexterity.

Though, following deviations have been revealed, in my opinion, these are not impediments to pursue a career as a
Medical/Dental/Ayurved/Homeopathy/Unani/Occupational
Therapy/Physiotherapy/Audiology & Speech, Language Pathology/ Prosthetic& Orthotics/BSc
Nursing. (**Strike, which is not applicable**) :

- 1.....
- 2.....
- 3.....

Address of the Registered Medical Practitioner Date:	Signature
	Name
	Registration No.
	Seal of Registered Medical Practitioner

ANNEXURE - J **Status Retention Form**

(To be sent to Competent Authority by the college)

Candidate's Name : _____

All India Neet Rank _____ Category : _____ NEET UG Roll.No. : _____

Address: _____

Pin Code: _____ Phone No. _____

To
The Competent Authority,
NEET UG 2026, Mumbai.

Sir/Madam,
I, Mr./Miss _____ wish to retain the seat allotted
(Name of Candidate)

to me at _____
(Name of the College)

for _____ Course in Health Sciences for the academic year 2026-27.
(Name of the course)

Declaration

I am fully aware that after filling this **Status Retention Form** that I will not be considered for any subsequent rounds of selection process for the year 2026-27. I also declare that I will not ask for reconsideration of my name for further selection process.

Date :

Place : Signature of Candidate

Signature of Parent/Guardian

Signature of Dean /Principal (with seal)

(Cut here) -----
(To be retained by the College)

To
The Competent Authority,
NEET UG 2026, Mumbai.

Sir/Madam,
Mr./Miss _____ (All India NEET Rank. _____) wish to retain the
(Name of Candidate)

seat allotted to me at _____
(Name of the College)

for _____ Course in Health Sciences for the academic year 2026-27.
(Name of the course)

Declaration

I am fully aware that after filling this **Status Retention Form** that I will not be considered for any subsequent rounds of selection process for the year 2026-27. I also declare that I will not ask for reconsideration of my name for further selection process.

Date :

Place : Signature of Candidate

Signature of Parent/Guardian

Signature of Dean /Principal (with seal)

UNDERTAKING

(For Maharashtra Category Student)

Date:- / /2026

I have got admission for BSc Nursing course in Government Nursing College, Ratnagiri with reference to the State round No. _____ Dated / /2026 from State CET Cell

Hence, I am joining the BSc Nursing course in your college from Date / /2026.

As per rules and regulations of Maharashtra University of Health Sciences, Nashik it is mandatory to have minimum 80% attendance for practicals and minimum 75% attendance for lectures to be eligible for appearing the university examination.

If I want to continue getting the benefits of any education Free-ship / Scholarship then I will submit the required application in the prescribed format along with necessary documents within 15 days from the time of seeking admission. In case of any delay in submission of the application and the consequences thereof, I will be solely responsible for the same and will not complain thereafter.

I assure you that I will strictly abide by all the rules and regulations stipulated by college and University. I will immediately let you know the change in address and mobile number of my parents for contact.

Following information To be filled by Category Student only

Category of the Student	Sub-Caste of Student	Admitted under Category (For Admission)	AIR / SML
Caste certificate (Yes / No)	Caste certificate is issued from which Sub Divisional Office	Caste certificate Number	Caste certificate Date of Issue
Caste Validity Certificate (Yes / No)	Validity Certificate Number (i.e. Sr. No.)	Validity Certificate Date of Issue	Validity Certificate is issued from which District
Non-Creamy layer Certificate (Yes/'No)	Non-Creamy layer Certificate (i.e. Sr. No.)	NCL Certificate date of issue	NCL Certificate date of Valid

Place: - Ratnagiri.

Date: - / /2026

Student's Signature :- _____

Student's Name :- _____

Parent's Signature :- _____

Parent's Name :- _____

Annexure 'C'

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MOSTIMPORTANT:

- ✓ After retention of admission in this college, the students should be ready with the following information.

Sr.No.	Student's Job	Submission date
1	MUHS, Nashik Registration and Eligibility (Wait for Notice)	Students who retained in this college keep ready this requirement. Submission dates will be displayed on notice board in due course.
2	MUHS, Nashik Pro-Rata & University Development Fee	
2	Fill online undertaking regarding prevention of Ragging on https://antiragging.in <u>And submit hard copy to college</u>	
3	Scholarship online form on https://mahadbt2.maharashtra.gov.in/ (for details contact Scholarship Section)	