MAHADEVI BIRLA INSTITUTE OF NURSING & CLINICAL TECHNOLOGY



(A unit of: **Sarala Birla University**)

**2 Years (24 Months) ANM Course**

1. **Duration of Course**: - **2 Years (Session**- **Oct 2024-Sept 2026)**

**2. Admission Terms & Condition:-**

* The minimum age for admission shall be 17 years on or before 31st December of the year in which admission is sought.
* The maximum age for admission shall be 35 years.
* The minimum educational requirements shall be 10+2 in Arts (Mathematics, Physics, Biology, Biotechnology, Economics, Political Science, History, Geography, Business Studies, Accountancy, Home Science, Sociology, Psychology and Philosophy ) and English Core/ English Elective or Science or Health Care Science-Vocational stream only passing out from passing out from recognized Board.
* Students shall be medically fit.
* Students qualified in 10+2 Arts or Science examination conducted by National Institute of Open School.
* Students shall be admitted once in a year.

**3. How to Apply:-**

* Submit your Completed application form along with **Xerox Copy of Matric / Inter Mediate – Mark-Sheet, Admit Card and Provisional Certificate, Cast Certificate with D/D** OR **Cash Payment Rs. 500/-** towards **Mahadevi Birla Institute of Nursing& Clinical Technology** Entrance Fees at the time of the submission of the Form.

**4. Medical Fitness:-**

* Admission is confirmed after medical examination report.

**5. Fees structure:-**

* Admission Fees & other Fees ... ... 40000/-
* Course Fees (For 24 months course) ... ... 120000/-

**160000/-**

**6.Payment Schedule:-**

* At the time of Admission ... ... … Rs. 40000/-
* Balance in 20 equal interest fees monthly Installments of Rs- 6000/PM =120000/-

**7. Contact Person for Admission**

**Mr. Ashutosh Dwivedi** – **Administrator** **Co- Ordinator** Phone no. **09162898365**, **7903310832**

**NB**: - 1-The **course fee** includes **Practical, Field visit and Educational tour Expenses.**

[**www.mbinct.com**](http://www.mbinct.com/)

Birla Knowledge City, Village-Arra, P.O.-Mahilong, P.S.-Tatisilway, Ranchi-835103(Jharkhand) Phone: 9162898365/0651-2265823,Website:[www.mbinct.com,](http://www.mbinct.com/)Email Id:[mbinctranchi@gmail.com](mailto:mbinctranchi@gmail.com)

MAHADEVI BIRLA INSTITUTE OF NURSING & CLINICAL TECHNOLOGY

(A unit of: **Sarala Birla University**)

Affix

Passport Size

Recent Colour Photograph

**Two Years (24 Months) Course in Revised Auxiliary Nurse Midwifery**

**(To be filled by the Applicant) Session-2024-2026**

**Form No. Date Issued by**

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**Name**  :**-**



**(In capital Letters)**

**Father’s Name:-**

**Mother’s Name :-**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date** | | **Month** | | | **Y e a r** | | | |
|  |  |  |  | |  |  |  |  |
| Married | | | | Unmarried | | | Widow | | | Divorce |
|  | | | |  | | |  | | |  |

**Date of Birth :-**

**(As per Matriculation Certificate)**

**Marital Status** :-

**Full Address (Present)**:-

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| Village |  | | | | | | | | Tola | | |  | | | | | | |
| P.O. |  | | | | | | | | | | | | | | | | | |
| P.S. |  | | | | | | | | | | | | | | | | | |
| District |  | | | | | | | | | | | | | | | | | |
| State |  | | | | | | | | | | | | | | | | | |
| Pin No. |  | | | | | | | | | | | | | | | | | |
| Mobile No. |  |  |  |  |  |  |  |  | |  |  | |  |  |  |  |  |  |
| Village |  | | | | | | | | | | | | | | | | | |
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| State |  | | | | | | | | | | | | | | | | | |
| Pin No. |  | | | | | | | | | | | | | | | | | |
| Mobile No. |  |  |  |  |  |  |  |  | |  |  | |  |  |  |  |  |  |
| Aadhaar No |  |  |  |  |  |  |  |  | |  |  | |  |  |  |  |  |  |

**Permanent Address:-**

**Educational & Professional Qualification:-**

|  |  |  |  |  |  |  |
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| Exam. Passed | Name of the Board/University | Marks obtained | % of Marks | Yr. of Passing | Division | Name of the School/College |
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**Nationality** **Caste**

**Religion**- ………………………………….

**Category:** GEN SC S T OBC P.H



**Identification Marks: 1-……………………………………………………………….**

2-…………………………………………………………………………………….

Guardian’s Occupation Monthly income

**HEALTH RECORDS**

**Height**  ...................... **Weight**..............................

**Eye Sight**. : With/without Glass **Blood Group**....................

**Hobbies**: - ....................... ......................... .........................................

**Reason for selecting the Profession** ..............................................................................

Place..................................

Date.................................... ......................................................

Full Signature of Candidate

For office use only

Receipt No………….. Dated ……………………

Rs. …………………… From ……………………….

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(A unit of: **Sarala Birla University**)

Affix

Passport Size

Recent Colour Photograph

**ADMIT CARD**

**Roll No. .................... Batch –25th Session- Oct. - 2024 to Sept. – 2026.**

**Date & time written Entrance Test: -**

**Centre of Examination : - Mahadevi Birla Institute of Nursing &**

**Clinical Technology**

**Course Applied For: - Revised Auxiliary Nurse Midwifery**

**(To be filled by the Candidate)**

**Name of the Candidate : ..................................................................**

**Fathers/Husband’s Name : ..................................................................**

**Candidate Signature Issuing Authority Centre Suptd.**