MAHADEVI BIRLA INSTITUTE OF NURSING & CLINICAL TECHNOLOGY

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

**3 Years (36 Months) GNM Course**

1. **Duration of Course**: - **3 Years (Session**- **Oct 2024-Sept 2027)**

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

* 10+2 with English and must have obtained a minimum of 40% at the qualifying examination and English individually for any recognized board. Candidates are also eligible from State Open School recognized Candidates are also eligible from State Open School recognized by State Government and National Institute of Open School (NIOS) recognized by central Government. However Science is preferable.
* 10+2 with English having 40% of marks in vocational ANM course from the school recognized by Indian Nursing Council.
* 10+2 with English having 40% of marks in Vocational Stream-Health care Science from a recognized CBSE board/ Centre.
* Registered ANM with pass mark.
* Admission of students shall be once in a year.
* Students shall be medically fit.
* Minimum age for admission will be 17 years. (as on 31st December of that year) The upper age limit is 35 yrs. For ANM / for LHV, there is no age bar.

**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 ... ... 45000/-
* Course Fees (For 36 months course) ... ... 261000/-

 **3 06000/-**

**6.Payment Schedule:-**

* At the time of Admission ... ... … Rs. 50000/-
* Monthly Installments of Rs 7250 / PM

**7. Contact Person for Admission**

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

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

**2-** GNM **1st**Year course fee Rs-**132000**/ (One Lac Thirty Two Thousand only) **IInd** Year **Rs.87000**/ (Eighty Seven Thousand only) **IIIrd** Year **Rs. 87000**/ (Eighty Seven Thousand only)

[**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

MAHADEVI BIRLA INSTITUTE OF NURSING & CLINICAL TECHNOLOGY

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

Affix

Passport Size

Recent Colour Photograph

 **Three Years (36Months) Course in General Nursing & Midwifery**

 **(To be filled by the Applicant) Session-2024-2027**

**Form No. Date Issued by**

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**Nam e**  :**-**

**(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)**:-

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

**Permanent Address:-**

**Educational & Professional Qualification:-**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 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 ……………………….

MAHADEVI BIRLA INSTITUTE OF NURSING & CLINICAL TECHNOLOGY

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 **ADMIT CARD**

**Roll No. .................... Batch –2024 Session- Oct. – 2024 to Sept. – 2027.**

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

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

**Clinical Technology**

**Course Applied For: - General Nursing & Midwifery**

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

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

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

**Candidate Signature Issuing Authority Centre Suptd.**