

State Common Entrance Test Cell, Maharashtra State
Status Retention Form

(To be uploaded in Feedback module by the college)

Candidate's Name: _____ SML No.: _____

Category: _____ Quota _____ CAP Round No. _____ Retention Date : _____

MH-Nursing CET Roll.No. : _____ CET Application No : _____

To
The Competent Authority,
MH-Nursing CET 2025, Mumbai.

Respected Sir/Madam,

I, Mr./Ms. _____ wish to retain the seat allotted to me

(Name of Candidate)

at _____
(Name of the College)

for Course in GNM for the academic year 2025-26.

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 2025-26. 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,
MH-Nursing CET 2025,
Mumbai.

Respected Sir/Madam,

Mr./Miss _____ (MH-Nursing CET 2025 Rank _____) wish to retain the

(Name of Candidate)

seat allotted in CAP Round _____ to me at _____

(Name of the College)

For in GNM for the academic year 2025-26.

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 2025-26. I also declare that I will not ask for reconsideration of my name for further selection process.

Date :

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Signature of Candidate

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Signature of Dean /Principal (with seal)