



**GOVERNMENT OF MAHARASHTRA**  
**STATE COMMON ENTRANCE TEST CELL, MAHARASHTRA STATE, MUMBAI**

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Tele. No. - 022-22016157/53/59 E-Mail cetcell@mahacet.org

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**Admission for Institute Quota Seats (15%)**  
**Application Form for Institutional Level Round at Private Unaided/  
Minority Colleges for B.Sc.Nursing Course Academic Year 2025-26**

Name of College/Institute		:			
Application Date & Time		:			
1.	Name of the Candidate	:	Surname	First Name	Middle Name
2.	Date of Birth	:	DD / MM /YYYY	Gender	
3.	CAP Application No	:			
4.	MH Nursing CET 2025 Percentile	:	Percentile	SML No.	
5.	HSC PCB marks	:	/300		
6.	Category of the Candidate	:			
7.	Minority Status (Yes/No)	:	Linguistic : 1) Gujrati Religious : 1) Sindhi 2) Muslim 3) Christian		
8.	Mobile No. of the Candidate	:			
9.	E-mail ID of the Candidate	:			
10.	Address for Correspondence	:			
11.	I am submitting Mandatory Xerox copies of all essential documents as per B.Sc.Nursing 2025 Information Brochure along with Application Form.	:	1) 2) 3) 4) 5) 6)	07) 08) 09) 10) 11) 12)	

I have All Original Documents & College Fees as per Information Brochure. I will submit All Original Document at the time of Admission.

Date : / /2025

(Signature of the Candidate)

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**Acknowledgement**

Received Application Form for Institutional Level Round (15% Institute Quota Only) for A.Y. - 2025-26  
from Name \_\_\_\_\_ CET Application No. \_\_\_\_\_

Date : / /2025

(Signature of the Concern Officer with Stamp)