PCMC Institute of Nursing Sciences,
Yashvantrao Chavan Memorial Hospital,
Sant Tukaramnagar, Pimpri, Pune 411018.
Phone : 020-67332222/67332200

# B.Sc Nursing Admission 2026-27

**B.Sc Nursing Admission Committee:-** For Information (9.30 am- 4.00 pm)

Contact Details -

**College Contact details** - Phone No- 020-67332222

**Dean Office: - 020-67332200**

Email id-insycmh@pcmcindia.gov.in

1) Dr. Kavita Kelkar – 9673636188

2)Dr. Shital Pimpalekar 8412998764

3) Mrs. Aboli Bathe – 9075571507

3) Mr.Anupam Wele

5) Mrs.Dipali Nagare

6) Mrs.Vaishali Jambhulkar – 8380071997

7) Mr. Vedant Khaire

**Hostel Enquiry**:- Mr. Sanket Walanj- 7709679218

**Venue For Admission –** 4th Floor, Admission Cell, PCMC'S Institute Of Nursing Science, YCMH Pimpri Pune.

**Timing-** 9:30 AM – 5:30 PM on working days [LUNCH BREAK: - 1.00 PM-2.00 PM]

प्राचार्य
परिचर्या विज्ञान संस्था, य.च.स्मृती रुग्णालय
पिंपरी चिंचवड महानगरपालिका, पिंपरी-१८.

Pimpri Chinchwad Municipal Corporation's
Institute of Nursing Sciences
Yashvantrao Chavan Memorial Hospital, Pimpri, Pune -18.

## FEE STRUCTURE FOR THE YEAR 2026-27

| Sr. No | Type of fees | For Open Category | For Reservation Category (SC, ST, VJ-NT-A, NT-B, NT-C, NT-D) | For Reservation Category (OBC, SEBC, EWS) | |
|---|---|---|---|---|---|
| | | | | Male Candidate | Female Candidate *Family income certificate ≤ 8 Lacks |
| A | **Annual Tuition Fees** | 25,400/- | 0 | 12,700/- | 00 |
| B | Admission fees | 1500/- | 1500/- | 1500/- | 1500/- |
| 1 | Gymkhana fees | 500/- | 500/- | 500/- | 500/- |
| 2 | Hostel fees | 4000/- | 4000/- | 4000/- | 4000/- |
| 3 | Library fees | 2000/- Deposit- once at the time of admission 1000/- per annum | 2000/- Deposit- once at the time of admission 1000/- per annum | 2000/- Deposit- once at the time of admission 1000/- per annum | 2000/- Deposit- once at the time of admission 1000/- per annum |
| **Grand Total** | | **34,400/- (With Hostel) 30,400/- (Without Hostel)** | **9000/- (With Hostel) 5000/- (Without Hostel)** | **21,700/- (With Hostel) 17,700/- (Without Hostel)** | **9000/- (With Hostel) 5000/- (Without Hostel)** |

**If Students are another college In subsequent rounds State, DD will be refunded back to the student. All such students will be required to pay an amount of 1500/- (Admission Cancellation fees) to be paid in cash.**

*DD to be drawn in favor of "**DEAN PCMC PGI YCMH, Pimpri**" payable at Pimpri Pune from Nationalized Bank (With 2 Xerox copies of DD).

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पिंपरी चिंचवड महानगरपालिका, पिंपरी-१८.

- **Documents to Submit at time of Admission [Original + 3 set of unattested photocopies]-**
- **Candidates should bring Zip Folder for Original Documents.**
- **Original Documents Set & Photocopies Documents Sets arranged to below order:**

| Sr. No | Particulars of Documents |
|---|---|
| 1 | CET Cell Application form online downloaded |
| 2 | Selection / Allotment letter |
| 3 | Copy of Admit Card |
| 4 | MH CET Nursing 2026 Mark sheet / Result |
| 5 | Photo ID Proof ( Aadhar Card / PAN / Passport) |
| 6 | Nationality /Age proof / Domicile Certificate |
| 7 | Date of Birth Certificate/ Secondary School Certificate (SSC) / Valid Passport |
| 8 | SSC (Equivalent) Passing Certificate |
| 9 | SSC (Equivalent) Mark sheet |
| 10 | HSC (Equivalent) Mark sheet |
| 11 | HSC (Equivalent) Passing Certificate |
| 12 | Migration Certificate issued by the respective Board/University if applicable |
| 13 | Transfer Certificate /Leaving Certificate |
| 14 | Cast Certificate/ EWS Certificate (2026-2027 ) ( State) if applicable |
| 15 | Cast Validity Certificate |
| 16 | Valid Non-Creamy-Layer Certificate for DT(A), NT(B), NT(C), NT(D), OBC, SBC, SEBC Valid up to 31/03/2027 (State ) |
| 17 | Educational Gap (More than six Months) Made by the student certified by Exec. Mag. / Notaried |
| 18 | Medical Fitness Cert.(With registration No./ Prescribed format) |
| 19 | Copy of Gazette for change in name (if applicable) |
| 20 | Hilly Area/ MKB / DEF-1, 2, 3 / PWD / Orphan (Cert. as per Prescribed format in Brochure) |

**Kindly bring all above documents in scanned PDF format in a Pendrive**
**All documents should be separate with certificate names**

पिंपरी चिंचवड महानगरपालिका परिचर्या विज्ञान संस्था, य.च.स्मृती रुग्णालय

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# 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 **Letterhead** 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./Ms. ..... ..... who is desirous of admission to Health Science Courses.

He/she has not given any personal history of any disease 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 / Prosthetics & Orthotics / BSc Nursing. **(Strike, which is not applicable):**

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

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

पिंपरी चिंचवड महानगरपालिका परिचर्या विद्यालय

प्राचार्य
य.च.स्मृती रुग्ण
पिंपरी चिंचवड महानगरपालिका,