

INSTRUCTION TO MIGRATING APPLICANTS

1. The rules and regulation in respect of migration are available on MSBNPE (Maharashtra State Board of Nursing and Paramedical Education) website.
2. Migration Certificate will be issued only to the student enrolled with MSBNPE.
3. If student wish to withdraw their name from MSBNPE Recognized courses, prior information should be provided to MSBNPE, name should be cancelled from Enrollment list.
4. Migration certificate is not issued in favor of a student who has appeared at any examination under MSBNPE Board but result of the examination are yet to be published. In such cases migration certificate will be issued after publishing of the result.
5. Application form is available on MSBNPE (Maharashtra State Board Of Nursing And Paramedical Education) Website and may downloaded if need be.
6. The Migration Fee Rs.500/- should be paid through demand draft of National Bank, drawn in favor of , Maharashtra State Board of Nursing and Paramedical Education.
7. Kindly Write the Name and Address contact no of the applicant on the reverse side of the Demand Draft.
8. Please ensure the following documents are attached along with the application form:
 - i. Transfer Certificate / Leaving Certificate of the last college attended (in original)
 - ii. Demand Draft of Rs. 500/- (in the name of “Maharashtra State Board of Nursing and Paramedical Education” payable at Mumbai at anyNationalized Bank)
 - iii. Duly attested photograph on migration application from with seal and signature of principal required.
 - iv. Attested copy of mark sheet of each year, passing certificate, Diploma Certificate(if received)

LETTER UNDERTAKING OF APPLICANTS COLLEGE AUTHORITIES WITH CERTIFICATION

To

The Registrar

Maharashtra State Board Of Nursing And Paramedical Education

St.Georges Hospital Campus, P.D'melo Road,

Fort, Mumbai-400 001

Sub : Issue of Migration Certificate

I have the honor to forward herewith an application of Shri/Smt.....
.....for Migration Certificate.

His/Her date of birth as entered in the college Registered is
.....He/She has been a student of his college/ Nursing School since
.....and left / Re admitted on

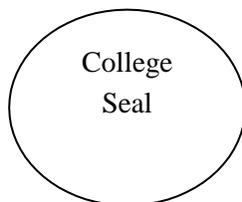
The Transfer certificate is issued to the applicant on.....
.....and the same is enclosed herewith in original.

This is to certify that the candidate has not submitted any application for migration certificate prior to this date.

Yours Faithfully

Place

Date.....



Signature.....

Principal... ..College

महाराष्ट्र राज्य शुरुषा व परावैद्यक शशक्षण मंडळ

वैद्यकीय शिक्षण व संशोधन, विसकीय दंत महाविद्यालय व रुग्णालय इमारत, चौथा मजला, सेण्ट जॉर्जेस रुग्णालय आवार, पी.डी.मेलो रोड, फोर्ट, मंबई - 400 001. व बसाईट:

www.msbnp.org ई-मेल- msbnpe@gmail.com, मो. नं: 8652281026

MAHARASHTRA STATE BOARD OF NURSING AND PARAMEDICAL EDUCATION

Directorate of Medical Education and Research, 4th Floor, St. Georges Hospital Campus, P.D'Melo Road, Fort, Mumbai-400 001

Website: www.msbnp.org E-mail- msbnpe@gmail.com, Mobile No- 8652281026

Date : / /

Application for the Migration Certificate (To be filled in by the Student/Applicant)

Passport Size
Photo Duly
Attested By
Principal

- Name in Full (as per MSBNPE mark sheet)
Shri / Smt
Name before Marriage.....
- Address
- Telephone No.....Mobile No.....
- Particulars of D.D of Rs. 500/- No.....Date: / /
- Nursing School/College last attended with the date of leaving
- Nursing Board/University to which the applicant proposes to migrate
- Nursing School/College to which student wishes to join
- Faculty : Nursing/ Other which student wishes to join.....
- Examination of this Nursing Board/University, if any, with year at which the applicant appear but failed.....
- Details of Examination Passed:

Name of the University Nursing Board/University	Course	PRN No	Examination	Month & Year	Exam Seat No	Percentage	Subject

- Other Particulars if necessary
- Have carefully gone through the instructions given separately and have completed all the formalities mentioned therein. I shall be responsible for any error, omission, Deletion in the entry of this application form.

Date : Name & Signature of the applicant :

Note:

- Incomplete application will be rejected and no correspondence will be made by the board in this behalf