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ANY QUERIES OR SUGGESTIONS SHOULD BE FORWARDED TO: The Registrar Maharashtra Nursing Coucil, E.S.I.S.Compound, LBS Road, Mulund (W). • Getting Started for **Online Enrollment System click on Maharashtra Nursing Council website www.maharashtranursingcouncil.org** is shown as below,



• Then click on " Online Enrollment System "



- Click on Online Enrollment System User should go to the Home page.
- Before Going to Online Enrollment system user should read the following guidelines & instructions carefully:
 - 1. Guidelines For Institute to academic year 2014-15
 - 2. Enrollment Instructions For GENRAL NURISNG & MIDWIFERY (G.N.M.)
 - 3. Enrollment Instructions For AUXILLARY NURSE AND MIDWIFE (A.N.M.)
 - 4. User Manual for Online Enrollment System



- Click on Go for Online Enrollment System User should go to the Institute Login page.
 Note:
- All Institutes should be used same username and password of academic year 2013-14 for internal marks entry.
- For Academic Year 2014-15 Every Institute Should Create New Account Then Login For Enrollment.
- User Click on Create New Account Page.

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INSTITUTE LOGIN		
		* Mandatory
Year	Selech	• *
Course Name	Select	• *
User name		1
Password		1
	LOGIN BACK	
Change Password	Create Account	B. Contraction of the second se
All mobile should be use same Over masks Estry.	Name and Password of A	2013-14 for Mileman

• Fill up all the fields details

Note: Please create new account for ANM and GNM separately.

All the fields marked with an asterisk (*) sign are compulsory/mandatory to be filled

Academic Year	2014-15	District	Pune *
Region Name	Pune *	Institute Name	DR. D.Y.PATIL INSTITUTE
Year of Institute Establishment	2000	Last Year of Inspection	2013
Trust Date	15/01/2000	Trust No	Trust/2013/12/0
Essentiality No.	ES1203	Essentiality Date	06/08/2013
Suitability /INC permission year	2013	MNC Permission Year	2014
Affiliation on fees for the year	2013	Fees Amount	15000
Institute Landline Number	020641255		
Institute Moblie No	9960949160		
Institute Email ID	:dypatil@gmail.com	Pan/Adhar/Driving Licence/ID Card No.	4547855569
Course Name	REVISED AUXILLARY NUI *	Institute Fax No:	01245121
Institute Type	: Government •		
Upload Documents	1st Step , Please Sel	ect PDF File	
Cortificato	oose File No file chosen	Suitability : Choos Certificate	se File No file chosen ad * No File Enclosed
	2 nd Step, Click on up	load Button	
	oose File No file chosen Upload * No File Enclosed	Government : Choose Resolution	se File No file chosen ad * No File Enclosed

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Academic Year : Click the icon to view the years under the drop down box. Select a suitable option.

icon to view the All District list under the drop down box.Select a suitable option.

	•
Region Name : Click the option.	icon to view the All Region list under the drop down box.Select a suitable
After the select District and Reg	gion name ,then automatically bind the drop downList for particular Institute
Institute Name: Click the option.	icon to view the All Institute list under the drop down box.Select a suitable
Year of Institute establish	ment : Enter year of Institute establishment in the text box.
Last Year of Inspection :	Enter Last year of Inspection in the text box.
Trust date And No. : Enter	institute trust date and trust No in the text box.
Essentiality NO and Date	: Enter the Institute Essentiality No and Essentiality Date. in the text box.
INC and MNC permission Ye	ar : Enter the Institute INC and MNC Permission Year.
Fees Amount : Enter Fees. Ir	n the Text Box.
Institute Landline No. and numeric	Mobile NO : Enter a valid landline and mobile number. It should be only
Institute Email ID : Enter th	e valid institute Email ID.
Pan / Aadhar / Driving lic	ense ID card No: Enter your Pancard /Aadhar card/Driving license no .
Course Name: Click the	icon to view the all course under the drop down box.Select a suitable option.
Institute Fax No. : Enter th	e valid institute Fax No.
User Name : Enter your the	unique User Name

Password : Enter your secure password .

Confirm Password : reenter your password.

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District : Click the

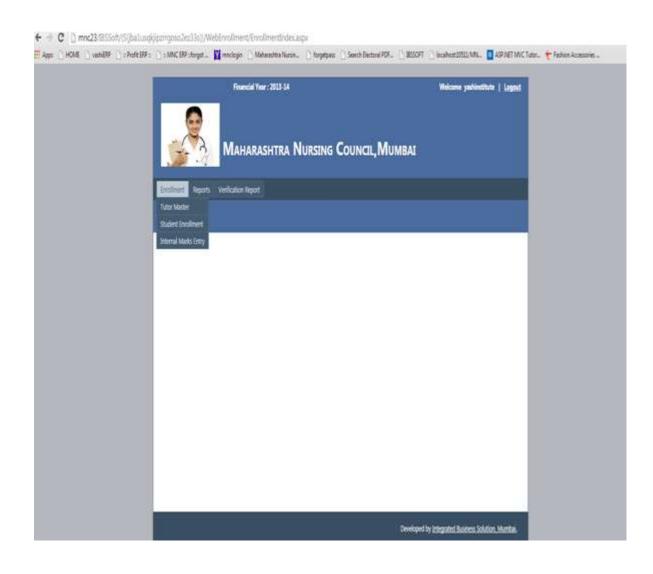
Institute Type :Enter your Institute type like government, semi government and others.

Upload Documents : Upload Essentiality Certificate, Suitability Certificate ,MNC Permission, Government **Resolution**.

Create Account Button: Click on Create Account button to register with Nursing Council for academic year 2014-15. Please Note your Username and Password for future reference. You can also check your institute email Id for username and Password registered with MNC council.

After Creating New Account, User should login by new Username and Password with the perticular course Name.

-			
INSTITUTE LOGIN			
		*Mandatory	
Year	2014-15	•	
Course Name	REVISED AUXILLARY NURSE	MIDWIFERY (FH ·	
Usernäme	dgrafi		
Password			
	LOGIN BACK		
Change Password	Create Account		
For Academic Year 2014-15 Every In	state Shoo	ogin For Enrollment	



Important Note Before going for 'Student Enrolment' and 'Internal Marks Entry':

Follow the below mentioned steps:

Step1: Add the Tutor/Principle name by clicking on 'Tutor Master' menu.

Step2: Go for 'Student Enrolment' or 'Internal Marks Entry' after submitting tutor/principle name.

Step3: Go to the report menu, Click on student enrolment report , take the print of student enrolment report, declaration signed and stamped by principal and send hard copy of report to the council by post.

Tutor Master:

In Tutor Enrollment Menu Institute user fill up all information for Tutor and also do the searching, Deleting, Editing functionality.

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Acadmic Year	2013-14		State	historical states in the	•
Registration Category	XVII * 1024		Receipt Na	72117	
Registration No.			Receipt No	2	-0
Salutation	MR	-	Last Name	Patil	
First Name	Horsho REVISED AUXILLARY	NHI Y	Middle Name	Ganesh Clinical Nursing - 1	-
Course Name	And the second descent second s	NUT .	Subject	Encounter) in resource Encount	-
Birth Date	22/07/1986		Emilial ID	harsha1233gmail.com	-
Designation	Sr. Tutor	•	Total Teaching Experience	4	
Speciality	Medical Surgical Nurs	sing •	Qualification	Bacherlor Of Science Nu	•]•
Last Nursing School Name	BHP institute pune	_	PAN/Adhar Card No.	4554874547	
Subject Experience	2		Experience as on Date	20/08/2014	
Appointment Date	23/08/2014	*	Created Date	23/08/2014	
BWIIng To be Examiner					
Willing To Oral Examiner					
Willing To paper Assessm	and .				
Photo Identity		Choose Fr	le No file chosen *	No File Enclosed.	
Parent State Registration cer	shate	Choose Fil	e No Re chosen -	No Fre Endored.	
State Nursing Council, Regis	tration certificates	Choose Fr	le. No file chosen	No File Enclosed.	
School Appointment Letter		Choose Fi	le No file chesen .	No File Enclosed.	
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All the fields marked with an asterisk (*) sign are compulsory/mandatory to be filled

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Academic Year : Click the icon to view the years under the drop down box.Select a suitable option.

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State : Click the icon to view the all state under the drop down box.Select a suitable option.

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Registration Category: Click the icon to view the Registration Category under the drop down box. Select a suitable option.

After the select the Registration Category ,Enter the Registration No. in Text Box.

Student Enrollment Entry:

For Save Student Information:-

	Financial Year : 2014-15				Welcome M235PAD	23 Logou
Enrollment Reports Verif	cation Report	N	Aaharashtra N	lursi	ng Council,	
	Stuc	len	t Enrollment			
						Mandatory Fi
Academic Year	2014-15	•)	Sex		Female	• -
Course Name	REVISED GENERAL NUR: *	103	Exam Name	14	REVISED GENERAL	NUR: *
Student Capacity	: 80	Ī	Remaining	4	51	
Enrolment No.			Marital Status		Single	•
District	Chandrapur 🔹	•	Taluka		Chandrapur	•
Maiden Last Name]-	Maiden First Name			-
Maiden Last Name		27	Maiden First Name	1	7	
Maiden Middle Name		-				
Married Last Name		-	Married First Name	1		
Married Middle Name	=	-				
Mother Name		į.	Date Of Birth	3		
Religion	Hindu	-	Caste	1	Open	•
Phone No		-	Email ID			*
Address	12		Addmission Date	1		
		-			9	
Medium	English •	*	HSC Marks	3		
Out Of	F	•	Year Of Passing	3	Select	1.
Previous Qualification			Stream	-B-	Select	18

loard				Select		Other State	2		3
rested D	Date			09/10/201	4				
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latration	,						Ĩ		
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H.S.C. Cr	ertificate			6		Choose File No file of	hosen *		
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Varraige	Certifica	ite.				Choose File No file o	hosen *		
Search :	Sele	ect		•		Save Cancel	Delete	Reset	
Sr.	View	Edit	Delete	Enrollment	No Academi Year	e Name	Course Name	Sex	HSC Mark
No.			1.1	2014-15/235	2014-15	KAVITA SHARAD KALE	REVISED GENERAL NURSING &	Female	77
No.	0	e		2/4746		CONTRACTOR CONTRACTOR	MIDWIFERY	10000	225

User Manual For Online Enrollment System

Upload Documents:

1)First Choose the file to upload.

2)Click upload Button to upload file.

Search Record:

Co	lame ourse Nai ex	ne	<		ave: Cancel			
HS	SC Marks		-	JY		3 Delete	Reset	

1)Select Search Criteria from Dropdown

2)Fill details in textbox directed in no. 2, enter details such as course name ,Enrolment number Etc.

3)Hit search image as shown in number 3 to search record.

For Update Student Information:-

<u> </u>	Financial Year : 2014-15		Welcome Ide	alnuming <u>Logou</u>
		M	aharashtra Nursin	IG (
Enrollment Reports Verifi	cation Report			
	Sti	udent Enrollment		
				* Mandatory Fie
Azademic Yeat	2014-15	• - See	Female	· · ·
Course Name		Exam Name	REVISED AUX	
Student Capacity	40	Remaining	20	
Enrolment No.	2014-15/36/ 67/228	 Marital Status 	Single	
District	Sindhudurg	• - Taluka	Kankavali	
Maiden Last Name	sapale	 Maiden First Name 	deepali	
Maiden Middle Name	pandhrinath		1.	
Married Last Name		Marned First Nam		
Married Middle Name		-		
Nother Name	pranali	- Date Of Birth	03/11/1996	-
Religion	Hindu	Ceste	Open	
Phone No	9890520888	Email ID	bapat.kinjawa	dekar@yaboo
	a/p harkul budruk tal			
Address	kankavli dist sindhudurg	Addmission Date	30/09/2014	+
Medium	Marathi	HSC Marks	403	+
Dut Of	650	Year Of Passing	2014	
Previous Qualification	12th pass	Stream	Arts	•
	Maharashtra	- CACLER	and a	
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Seated Date	30/09/2014			
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1 0 8 0	1 1 2014-15/36/ 67/228 2014-15	deepali pandhrinath sapale	REVISED AUXILLARY NURSE MIDWIFERV (FHW)	Fensale 62
- relieve firms firms	2014-15/36/	sonali siddharth	REVISED AUXILLARY NURSE MIDWIFERY	transmin anno

Internal Marks Entry:

Exam Center : YASH INSTITUTE OF NURSING, ATHORI BAZAR, YAVATMAL Seat No from : 5429 Seat No To : 5446 Student name : SHILPA BHIMRAO PAIKRAO Selected Seat No : 5429 Pri No. : 2013/517/67/20 Name Of Tutar / Principle : Kumar goudo patil • Date of birth : 13/11/1989 If students absent for all subject then check absent checkbox Sr. Subject Name Marks INTERNAL MARKS Subject Absent 1 COMMUNITY HEALTH NURSING 12 25 Enter Internal 0 2 HEALTH PROMOTION	Exam Type June/July (REGULAR) Exam Type June/July (REGULAR) Exam Name REVISED AUXILLARY NUI Exam Center YASH INSTITUTE OF NURSING, ATHORI BAZAR, YAVATMAL. Seat No from S429 Seat No To S446 Student name SHILPA BHIMRAO PAIKRAO Selected Seat No Selected	Exam Type June/July (REGULAR) • Exam Name REVISED AUXILLARY NUI • • Exam Center : YASH INSTITUTE OF NURSING, ATHORI BAZAR, YAVATMAL Seat No from : 5429 Seat No To : 5446 Student name : SHLPA BHIMRAO PAIKRAO Selected Seat No : 5429 Prin No. : 2013/517/67/20 Name Of Tutor / Principle : Jumar goudo patil • Date of birth : 13/11/1969 If students absent for all subject then check absent checkbox Soc Subject Name Marks Subject Absent 1 COMMUNITY HEALTH NURSING 12 25 HEALTH PROMOTION I Enter Internal Marks 0 HEALTH PROMOTION I Enter Internal Marks 0 PRIMARY HEALTH CARE NURSING 13 23 COMMUNITY HEALTH NURSING AND H S0 100 0	State June/July (REGULAR) • Exam Name REVISED AUXILLARY NUL • Exam Center : YASH INSTITUTE OF NURSING, ATHORI BAZAR, YAVATMAL. : : Seat No from : 5429 Seat No To : Student name : SHLIPA BHIMRAO PAIKRAO : : Selected Seat No : S429 Pm No. : Selected Seat No : S429 Pm No. : Vame Of Tutar / Principle : ! ! Absent If students absent for all subject then checkbox : ! Soldert name : . . : 1 COMMUNITY HEALTH NURSING 13 25 . 2 HEALTH PROMOTION	Exam Type June/July (REGULAR) Exam Name REVISED AUXILLARY NUI * Exam Center : YASH INSTITUTE OF NURSING, ATHORI BAZAR, YAVATMAL Seat No from : 5429 Seat No To Student name : SHLPA BHIMRAO PAIKRAO Selected Seat No : 5429 Prin No. Selected Seat No : 5429 Prin No. Student name Of Tutor / Principle : Sumar gouda patil • Date of birth if students absent for all subject then : 09/09/2014			and distant an excelored						
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FAQ:

How to search record of particular student by seat number?

Enter the seat number of student in 'Selected Seat No' field and click any ware outside the textbox.

How to enter marks of repeater students?

Institute can enter marks of fresher student only using online enrolment system, Marks of repeater student have to send to council in the form of Hard Copy by post.