

**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 2024, 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 ANM/GNM for the academic year 2024-25.

**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 2024-25. 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 2024,  
Mumbai.

Respected Sir/Madam,

Mr./Miss \_\_\_\_\_ (MH-Nursing CET 2024 Rank \_\_\_\_\_ ) wish to retain the

(Name of Candidate)

seat allotted in CAP Round \_\_\_\_\_ to me at \_\_\_\_\_

(Name of the College)

For in ANM/GNM for the academic year 2024-25.

**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 2024-25. 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)