



Dnyanpath Bahu-Uddeshiya Shikshan Prasarak Mandal's

Regd.No. Mah.F-11020 (NAGPUR)

**SURETECH COLLEGE OF NURSING**



B.B.Sc. (N) (Affiliated to MUHS) College Code No. : 6515003

Address : 120/2k, Ashokvan, National Highway No. 7, Wardha Road, Pist Rui. Nagpur - 441 108.

Phone No.: 8411911778, 8411911770 E-mail : suretechcon1@yahoo.in Website : suretechcon.edu.in

SCON/B.Sc. (N)/ 559/2024

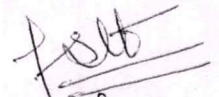
Date:07/08/2024

प्रति,  
संचालक,  
विद्यार्थी कल्याण विभाग,  
महाराष्ट्र आरोग्य विज्ञान विद्यापीठ,  
नाशिक

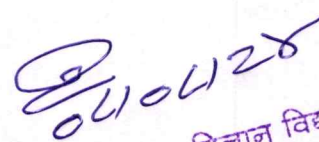
विषय:- संजीवनी विद्यार्थी सुरक्षा योजनेअंतर्गत विद्यार्थीनीचे अर्ज सादर करण्याबाबत.  
मा. महोदय,

उपरोक्त सदर्भाकित विषयान्वये शुअरटेक कॉलेज ऑफ नर्सिंग, नागपूर महाविद्यालयात शिकत असलेली विद्यार्थीनी कुमारी अनुपमा मोरेश्वर चोपकर बेसीक बी.एस.सी नर्सिंग अभ्यासक्रमात चतुर्थ वर्षाची असून संजीवनी योजना अंतर्गत भरण्यात आलेले अर्ज ऑनलाईन व्दारे सबमीट करण्यात आलेले आहे व त्याची हार्ड कॉपी व आवश्यक कागदपत्रे अर्जासोबत आपणास सादर करण्यात येत आहे.

धन्यवाद.

  
प्रचार्य

सहपत्र :- १. संजीवनी योजनेचा अर्ज  
२. कागदपत्राची छायांकित प्रत

  
महाराष्ट्र आरोग्य विज्ञान विद्यापीठ  
म्हसरुळ, वणी-दिंडोरी रोड, नाशिक - ४२२ ००८

# Maharashtra University of Health Sciences, Nashik

## Sanjeevani Student Security Scheme

This claim form should be submitted with proposal if the student has died in accident / natural /by serious disease.

### Application Form

To,

The Director,  
Student Welfare  
Maharashtra University of Health Sciences,  
Nashik, Maharashtra.

First Name:- ANUPAMA

Last Name:- CHOPKAR

Upload Photograph:- [registration/Anupama Chopkar 1720588575303.jpg](#)

PRN Number:- EEB0120210573

Edit Student Details:-

Date of Birth:- 03-10-2001

Mobile No.:- 9545308201

Email Id:- anupamachopkar2001@gmail.com

Relationship:- Father

Mother Name:- SADHANA

Address:- SENDRI ROAD GANDHI WARD  
ASGAON BHANDARA

Pincode:- 441910

State:- MAHARASHTRA

District:-

Occupation:-

Mobile No.:- 7841072229

Email Id:-

Father / Guardian Name:- MORESHWAR

Address:- SENDRI ROAD GANDHI WARD  
ASGAON BHANDARA

Pincode:-

State:- MAHARASHTRA

District:-

Occupation:-

Mobile No.:- 9823979122

Email Id:-

College Name:- Suretech College of Nursing

College Address:- 120/2k,Ashokvan,National Highway No.07,Wardha Road,Rui

State:- MAHARASHTRA

District:- Nagpur

Pincode:- 441108

Mobile:- 8411911778

Email Id:- suretechcon1@yahoo.in

Principal Name:- MERCY ANIL ANJORE

**Faculty:-** Allied

**Course Duration:-** 4 years 0 month

**Academic Year:-** 2025 - 2026

**Stream:-** Nursing

**Present Year:-** 3rd Year

**Possible date of Course Completion:-** 27-02-2024

**Date of Admission to course:-** 27-02-2021

**Student Name as per Bank Records:-** ANUPAMA MORESHWAR CHOPKAR

**Bank Name:-** CENTRAL BANK OF INDIA

**IFSC Code:-** CBIN0282624

**Bank Address:-** AT P.O. ASGAON TAL PAUNI  
DIST BHANDARA

**Bank Account Number:-** 3998829349

**Aadhaar Card No.:-** 617718117295

**Upload Aadhaar Card Copy:-**  
registration/aadhar  
anupama\_1720589072166.pdf  
card

**Information regarding Refund of fees / Concession in fees, Scholarship / Fellowship Amount, Shikshan Sahayya Yojana Amount, Concession received from Govt. Of India / Govt. of Maharashtra or other: :-** POST MATRIC SCHOLARSHIP TO OBC STUDENT

**Amount in Rs:-** 27703

**Claimant Full Name:-** MORESHWAR CHOPKAR

**Claimant Full Address:-** SENDRI ROAD  
GANDHI WARD ASGAON BHANDARA

**Claimant Phone Number:-** 9823979122

**Claimant Occupation:-**

**Claimant Relationship with student in case of the student's death (Mother, Father, Brother, Sister, etc.):-** Father

**Claimant Occupation:-**

**Claimant's Name as per his/her Bank Account:-** CHOPKAR MORESHWAR M

**Claimant Name and Address of the Bank:-** AT  
PO ASGAON TAL PAUNI DIST BHANDARA

**Claimant Bank A/c Number:-** 11604740416

**Claimant IFS Code of Bank:-** SBIN0007359

**Details of Accident / Disease:-** FRACTURE ON BOTH LEGS

**Date When the Accident / Disease happened:-** 23/04/2024

**Time When the Accident / Disease happened:-** 10.27 AM

**Place When the Accident / Disease happened:-** PANJABRAO DESHMUKH MEDICAL COLLEGE AMRAVATI

**Reason of Accident / Disease and Injuries from accident:-** FRACTURE ON BOTH LEGS

**Injuries Details from accident:-** FRACTURE ON BOTH LEGS

**Disease Details from accident:-** FRACTURE ON BOTH LEGS

**Disease Symptom Details:-** FRACTURE ON BOTH LEGS

**Whether the accident was reported to police station? If yes then, Mention name of the Police Station and attach the attested copy of FIR:-** NO

**Name of Hospital:-** GENERAL HOSPITAL BHANDARA

**Address of Hospital:-** BHANDARA

**Contact no of Hospital:-** 071884252247

**FIR Date:-**

**Upload FIR Copy:-**

**Name of Police Station:-** NO

**Address of Police Station:-** NO

FIR No:- NO

In case of accidental death, name of the hospital where the autopsy is done (Attach attested copy of autopsy and original copy of Death Certificate):- NO

Attested Copy of Atopsy:-

Attested Copy of Death Certificate:-

Contact No of Witness:- 8378060360

Name of the Witness:- MS. MEGHA KUMBHARE

Total Amount of Treatment Expenses:-

Information about Disability:-

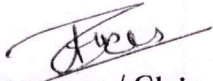
Disabled Limb (e.g. Hand, Leg, Eye, etc.):-

Form of Disability (Permanent / Temporary):-

Succession certificate: I am mother/father/parent of the student who demised by accident/serious disease and request to receive cheque/DD of financial aid under the Sanjeevani Vidyarthi Suraksha Yojana on above given address. I solemnly declare that information furnished above is true and correct to the best of my knowledge.

Place:

Date:



Sign of righteous person / Claimant / Parent

### Checklist

Sr. No.	Documents description	Write page numbers in the bracket of Page No.		
		Yes/No.	Page No.	For office use
1	Attested Copy of Adhaar Card	Yes		

### CERTIFICATE

I hereby certify that papers are attached as per the check list. (N.B. Please note that all documents are mandatory. The application will be rejected if one or more documents in the check list are not attached).

Signature of  
Scrutiny  
Officer of MUHS

Place:  
Date:

Chairman/Secretary