



AFFILIATION REGISTRATION USER MANUAL 2025-26



MSBNPE A.Y 2025-26 Affiliation Registration Link: <u>https://affiliation.msbnpe.in/</u>

➤ Home Page :

After visiting the link, the following page will appear,

्रि सत्यमेव जयते	्रि महाराष्ट्र शासन	महाराष्ट्र राज्य शुश्रुषा व परावैद्यक शिक्षण मंडळ Maharashtra State Board of Nursing and Paramedical Education	
	Home		
	Announcement Notifications	Login Login Application Process User Manual	
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Read all the Important Instructions and fill all the details and click on Affiliation Registration,

After clicking on the Affiliation Registration, you will see the following page,

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	Home				
		Institu	ite Affiliation Registrat	ion	
		Institute Code *	999	Check	
X.;					

Enter Your Institute Code Here and Click on Check, then you will see the following page,

	Institute Code * 1	Check
Institute Informat	tion Ids	
College Name *		Your Applied Courses *
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Course-wise Intake Detai	ls *	
ANM Intake	40	
GNM Intake	40	
Postal Address as per Ins	titute GR/EC. *	Postal Address Pincode *
 Postal Address as per Institute Enter address without pincode 	GR/EC.	400001
MAHAPALIKA MARG, MU	JMBAI	
Mobile No *	GET OTP	
Email *		
	GET OTP	

Check Your Institute Information Properly then Verify with Mobile and Email OTP.

- After OTP Verifivation Completely Succesful , you will receive your Login Credentials on your registered mail id.
- ➢ Go to Home page ,click on Login and Enter Your Login Details and click on Sign In.

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	Home			
	Announcer	vert	Application Process Affiliation Registration User Manual	



- Forget Passsword facilty also given on Login page as above.
- You have to compulsory set your strong password as per the instruction given after Sign In.

		Reset Password	
	Password Requirements	New Password	
PasPasPasPasPas	sword must be between 8 and 15 characters sword must contain at least one uppercase letter sword must contain at least one number sword must contain at least one special character	Confirm Password Update Password	A

After successful login, you will navigate to the following page,



Click on Affiliation Detaiils.

MSBNPE	≡ Home	Welcome : ABHINAV SCH NSG. WALAWA SANC	LI(2025006064)			X Logout
Home Affiliation 2025-26 Affiliation Details			Maharash	tra State Board of Nursing and Paramedical Online Application for Affiliation 2025-2026	Education	
				Affiliated Courses:		
			Course Name	Action	Status	
			ANM	Go To Fill Your Form	Data Not Fill	
			GNM	Go To Fill Your Form	Data Not Fill	

≻ After click on Go To Fill Form,

Maharashtra Katar Basar di naving and Paramentica Education Constructione de Applicatione for Officiation 125 263									
			Course: GNM						
3 Rasic Details		Parent Hospital Details		Affiliated Hospitals Details		O Documents infa	0		
* indicates a required field									
Application Number* :			Applica	ion Date * :					
			10-01	2025					
Institute Name * 1									
CARLIN COLLEGE COLLEGE									
PREVIOUS YEAR AFFILIATION LETTER REFERANCE W	ITH DATE " 1	AISHE CODE " :			AISHE CERTIFICATE				
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Nagpur	♥] 4183		Amravati	v					
Mobile Number*1	Email	1	College	Land and Building *:		Hostel Building *1			
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Nursing School Website									
www.decaltrust.org									
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- Fill all the Institute Basic Details information which is mandatory.
- The fields marked with (*) are mandatory.
- Click the button "Save" after filling all the details so as to save the information.

➢ After Click on Next Button,

MSBNPE		Mal	narashtra State Board of Nur Online Application fo	sing and Paramedical Educa r Affiliation 2025-2026	ation			
Affiliation 2025-26	Course: GNM							
Affiliation Details	Basic Details indicates a required field	2 Parent Hos	Dital Details	3 Affiliated Hospitals Details	Documents Info	Print		
	Parent Hospital Name *:		Is The institute (Ve: Parent Hospital Address * :	in tribal area ? *: ⊛NO	Parent Hospital Pincode *:			
	Enter Hospital Name	Enter Hospital address			Enter Hospital pincode			
	Select District *:		Parent Hospital Reg. No * :					
	Select District	~	Enter Hospital Reg No	ial Reg No				
	Doctor Name * :		Doctor Mobile Number * :		Hospital Email Id *:			
	Enter Doctor Name		Enter Mobile Number		Enter Doctor Email ID			
	Hospital Reg. No Valid Up to Date *:			Maternity Bed *:				
	dd-mm-yyyy			Enter Bed Distribution Maternity				
	Other Bed *:			Total Bed Strength * :				
	Enter Other Strength			0				
			Previous	Save Next				
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- Fill all the Parent Hospital Details which is mandatory.
- The fields marked with (*) are mandatory.
- Click the button "Save" after filling all the details so as to save the information.

After Click on Next Button, Affiliated Hospital Details Form appears to fill and here You can add multiple hospitals.please save and add again.

After adding Hospital you will get the added hospitals list below.

		Cou	rse: GNM		
v 3 Basic Details	2 Parent Hosp	ital Details	3 Affiliated Hospitals Details	Ocuments Info	_
* indicates a required field					
		Note: If you want to ad	d multiple Affiliated Hosp	pital please save and add again	
Hospital Name *:		Hospital Address *:		Hospital Pincode * :	
Enter Hospital Name		Enter Hospital address		Enter Hospital pincode	
Select District *:		Hospital Reg. No * :			
Select District	~	Enter Hospital Reg No			
Doctor Name * :		Doctor Mobile Number * :		Hospital Email Id * :	
Enter Doctor Name		Enter Mobile Number		Enter Doctor Email ID	
Hospital Reg. No Valid Up to Date *	:		Maternity Bed * :		
dd-mm-yyyy			Enter Bed Distribution Materni	ty	
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➢ After click on Next,

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4. Parent Hospital Registration Certificate (Max Size:2MB PDF) *: 5. Parent Hospital NPCB Certificate (Max Size:2MB PDF) *: 6. Parent Hospital NOU Certificate (Sign and Stamp, INC Rule) (Max Size:2MB PDF) *:	
Description Descri	
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1. Affiliant Hospith Reporting Conflicts Name (and affiliant Hospith), the Name And affiliant Hospith), the Name And Affiliant Hospith Affiliant Hospith Affiliant Hospith), the Name Affiliant Hospith Affiliant Hospith), the Name Affiliant Hospith Affiliant Hospith Affiliant Hospith), the Name Affiliant Hospith Affili	n the institute has to prepare ze(2MB PDF) * (
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18. Teachers Information (as per INC, INSERVE norms format) (Has Sate3MB PDD) *; 11. UPH and RHV Permission Letter for current RV(Has Sate3MB PDD) *; 12. Trust Nembers Ust approved by Charling Commissioner (Has Sate3MB PDD) *;	
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- Fill all the Affiliated Hospital Details which is mandatory.
- The fields marked with (*) are mandatory
- Below you can view your uploaded documents.

After click on Next,

SBNPE 🛞					2				
Home	Maharashtra State Board of Nursing and Paramedical Education Online Application for Affiliation 2025-2026								
Affiliation 2025-26			6						
Affiliation Details			Course: GNM						
	Basic Details	2 Parent Hospital Details	3 Affiliated Hospitals Details	Documents Info	5 Print				
			Previous						
		Note: Please verify	all the information before clicking Lock.						
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- Here you need to Lock (final submit) your application by clicking on Lock Button.
- After that your application goes for verification to the board(MSBNPE), whenever verification completed, you will be show affiliation fees payment link at your login.

END

