



MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK
Application Form for Admission to Fellowship/Certificate Courses

MUHS

Academic Year : 2018-19

Application No.
2018/FCCC/.....

Please Affix
your Recent
Passport
size
photograph

Course Preference

| Sr. No. | Name of Training Center/Institute/College | Name of Course |
|---------|---|----------------|
| 1. | | |

I confirm my intention to attend the study course in Fellowship / Certificate Course. I accept the University admission procedures and understand that the processing of personal information and documents is subject to the requirements of the data protection act.

| | | |
|----|---|--|
| 1 | Full Name of the Applicant | |
| 2 | Address for Correspondence | |
| 3 | E-mail ID | |
| 4 | Mobile No. | |
| 5 | Gender | |
| 6 | Date of Birth | |
| 7 | Nationality | |
| 8 | Domicile | |
| 9 | Caste & Sub-Caste | |
| 10 | Category | |
| 11 | Marital Status | |
| 12 | Physically Handicapped? | |
| 13 | Educational Qualification : | |
| | Whether Post-Graduate Diploma / Degree Qualification? | |
| | If Yes, no. of Attempt(s) | |
| | Under-Graduate Percentage | |
| | XII Percentage | |

| Exam Pass | Year of Passing | Name of Board / University | Name of Institute / College | Result / Attempt(s) | Total Marks / Percentage | Grade |
|-----------|-----------------|----------------------------|-----------------------------|---------------------|--------------------------|-------|
| | | | | | | |

| 14 | Presently secured admission for any UG / PG / Diploma Courses ? | | | | | | | | | | | | | | | |
|-------------------|---|-------------------|--------------------|--------|--------------------|-------------|--------------------|-------------|--------------------|--|--|--|--|--|--|--|
| 15 | Discontinued any PG admission in Past ? | | | | | | | | | | | | | | | |
| 16 | Professional Work (teaching / non-teaching) Experience of being worked on the post of Resident (Senior for PG Degree / Diploma Holder and Junior for Graduate degree holder) / Tutor / Lecturer / Medical Officer | | | | | | | | | | | | | | | |
| 17 | Whether you are presently working in Govt./Aided/Corporation conducted Health Sciences Colleges affiliated to this University? If Yes, Name of College : | | | | | | | | | | | | | | | |
| 18 | Registered Practitioner details with respective State/Central Registrations Council Completed? | | | | | | | | | | | | | | | |
| 19 | Experience Detail : | | | | | | | | | | | | | | | |
| | <table border="1"> <thead> <tr> <th rowspan="2">Name of Institute</th> <th rowspan="2">Post Held</th> <th colspan="2">Period</th> <th rowspan="2">Pay Details</th> <th rowspan="2">Reason for Leaving</th> </tr> <tr> <th>From</th> <th>To</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> | Name of Institute | Post Held | Period | | Pay Details | Reason for Leaving | From | To | | | | | | | |
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| | | From | To | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| 20 | Application Fee Detail : | | | | | | | | | | | | | | | |
| | <table border="1"> <thead> <tr> <th>Demand Draft No.</th> <th>Date</th> <th>Amount</th> <th>Name of Payee Bank</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> | Demand Draft No. | Date | Amount | Name of Payee Bank | | | | | | | | | | | |
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DECLARATION

I hereby declare that I have not taken admission in any other UG / PG Degree / Diploma course during academic year and not in previous year in MUHS or in any other University. I further declare that, if it is proved that I have secured admission for any of the UG / PG course presently and / or discontinued admission in past, MUHS has full right to cancel my current year admission without any refund.

The above furnished information by me is correct and true to the best of knowledge and belief. If any information submitted here is incorrect, untrue or fraudulent, I understand that I am liable for Civil / Criminal action by the Authority.

Place :

Date : / / 2019

Signature of Applicant