



**MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK**  
**Application Form for Admission to Fellowship/Certificate Courses**  
**(at Affiliated Training Center level)**

**Academic Year : 2019-20**

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	<b>Educational Qualification :</b>	
	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
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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 :					
	Name of Institute	Post Held	Period		Pay Details	Reason for Leaving
			From	To		
20	Application Fee Detail :					
	Demand Draft No.	Date	Amount	Name of Payee Bank		

### 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 :** / / 2020

**Signature of Applicant**