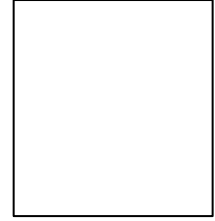




**MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK
UNIVERSITY DEPARTMENT CELL**

(Ph nos.- (0253) 2539196, 2539197 email – udc@muhsnashik.com)

Registration No.-----
(For Office use only)



Application Form
For certificate course in
INTERNATIONAL POSTGRADUATE PAEDIATRIC

I confirm my intention to attend the one year distant education Certificate Course in "International Post graduate Paediatric". I accept the University's admission procedures and understand that the processing of personal information and documents is subject to the requirements of the data protection act.

- 1) Name : _____
(In Capital letters) Surname First Name Father's /Husband's Name
- 2) Address for Correspondence : _____

_____ Pin Code _____
- 3) Contact Tel. Nos. STD code _____ (Res.) _____ (Off.) _____
E-mail ID _____ Mobile No. _____
- 4) Date of Birth : _____ (in words) _____
- 5) Age (as on 31/08/2009) : _____
- 6) Nationality : _____ 7) Religion : _____
- 8) Whether belong to SC/ST/VJ/NT/OBC/SB Category: _____ 10) Caste: _____
(Please attach documentary proof)

- 9) Sex : Male Female 10) Marital Status : Married/Unmarried
(Please strike \ / mark)

- 11) Application form fees : Rs. 500/- D.D.No. _____ Date : _____
Name of the bank : _____

(DD should be drawn on any Nationalised Bank in favour of "Registrar, MUHS, Nashik" and should be payable at Nashik only. **Kindly write your name and address at the back side of DD**)

