



# MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

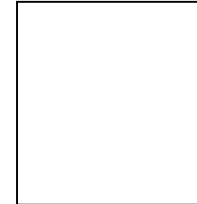


THE UNIVERSITY OF  
SYDNEY

International Postgraduate Paediatric Course  
(Distant Education Programme)

the  
children's  
hospital at Westmead

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



## Application Form For certificate course in INTERNATIONAL POSTGRADUATE PAEDIATRICS

(International Postgraduate Paediatric Certificate, known in Austrelia as Diploma in Child Health,  
The Children's Hospital at Westmead and University of Sydney, Austrelia)

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/ 08/2011) : \_\_\_\_\_

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**)

