



महाराष्ट्र आरोग्य विज्ञान विद्यापीठ

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES

वणी रोड, म्हसळ, नाशिक-४२२००४ Vani Road, Mhasrul, Nashik-422004

Latest Passport Size
Photo

Attested by Dean/
Principal

APPLICATION FORM FOR REGISTRATION AND ELIGIBILITY OF POSTGRADUATE COURSE

Academic Year: Course: Subject:

1	Full Name of the candidate in BLOCK LETTER (As per qualifying Degree)	SHRI / SMT / DR:																
	Devnagari (Marathi)																	
	Mother's Name (First)																	
2	Name of the College																	
3	Date of Admission																	
4	Address for Correspondence	PIN:																
	Permanent Address	PIN:																
	E-mail ID																	
	Residential Telephone No																	
	Mobile No.																	
5	Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>																
6	Date of Birth (Date/Month/Year)	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>									D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y											
7	Nationality	Indian <input type="checkbox"/> Foreigner <input type="checkbox"/> If foreigner, specify name of the country:																
8	Details of Entrance Examination	a) Name of Entrance Examination: b) Month & Year of Passing: c) Marks obtained: d) Percentage of Marks:%																
9	Qualification																	
	Sr. No	Qualifying Examination Passed	Subject / Course	Internship Completion Date	Name of University	Month & Year of passing												
	i)	Diploma																
	ii)	Bachelor's Degree																
iii)	Postgraduate Degree																	

10	Central / State Council Registration No.& Date																			
11	Constitutional Category of Admission	<table border="1"> <tr> <td>SC</td> <td>ST</td> <td>VJ</td> <td>NT-1</td> <td>NT-2</td> <td>NT-3</td> <td>SBC</td> <td>OBC</td> <td>OPEN</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>	SC	ST	VJ	NT-1	NT-2	NT-3	SBC	OBC	OPEN									
SC	ST	VJ	NT-1	NT-2	NT-3	SBC	OBC	OPEN												
12	Special Reservation, if any	<table border="1"> <tr> <td>PH</td> <td>HA</td> </tr> <tr> <td></td> <td></td> </tr> </table>	PH	HA																
PH	HA																			
13	In-Service Quota, if any	<table border="1"> <tr> <td>Dental Officer (DHS)</td> <td>In-Service Dental Personnel</td> <td>In-Service Teacher</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>	Dental Officer (DHS)	In-Service Dental Personnel	In-Service Teacher															
Dental Officer (DHS)	In-Service Dental Personnel	In-Service Teacher																		

Checklist of documents to be submitted by the candidate
(Put ✓ whichever applicable)

Sr. No	Particulars of documents	Original	Attested Photocopy
1	a) Nationality Certificate issued by District Magistrate/ Additional District Magistrate / Chief Metropolitan Magistrate or b) Photocopy of Valid Passport duly attested by Dean /Principal / Director or c) Domicile Certificate or d) Birth Certificate endorsed with Nationality as 'Indian' on it.	Yes / No	Yes / No
2	Entrance Examination Mark-sheet / Selection Letter	Yes / No	Yes / No
3	Passing / Degree Certificate of qualifying examination.	Yes / No	Yes / No
4	Internship Completion Certificate	Yes / No	Yes / No
5	Valid Registration certificate from the Central/State Council (Provisional Registration Certificate will not be considered)	Yes / No	Yes / No
6	Caste Certificate (If applicable)	Yes / No	Yes / No
7	Caste Validity Certificate (If applicable) (It is mandatory to the candidate belonging to reserved category to submit Caste Certificate duly supported by Caste Validity Certificate & Non-Creamy Layer Certificate(if any), failing which proposal will not be accepted)	Yes / No	Yes / No
8	Non-Creamy Layer Certificate for DT/ VJ NT, OBC, SBC (If applicable)	Yes / No	Yes / No
9	College Leaving Certificate (LC / TC)	Yes / No	Yes / No
10	Attempt Certificate duly signed by Head of the Institute (If applicable)	Yes / No	Yes / No
11	Copy of Gazette for change in name (If applicable)	Yes / No	Yes / No
12	Migration Certificate issued by the respective University (Applicable to Non-MUHS students only)	Yes / No	N.A
13	Affidavit Gap Certificate <i>(made by the student duly certified by Executive Magistrate)</i> (If applicable)	Yes / No	N.A
14	Medical Fitness Certificate duly quoted with Registration number <i>(as per the format prescribed in the Information Brochure by respective Competent Authority)</i>	Yes / No	N.A
15	Physically Handicapped Certificate <i>(as per the format prescribed in the Information Brochure by respective Competent Authority)</i> (If applicable)	Yes / No	Yes / No
16	Documentation for In-Service personnel (If applicable) a) Deputation Certificate b) No objection Certificate c) University approval Certificate for teacher in the concerned subject d) Experience Certificate	Yes / No Yes /No Yes / No Yes / No	Yes / No Yes / No Yes / No Yes / No
Applicable to M.Sc Nursing students only			
17	Final Year Mark sheet of qualifying examination	Yes / No	Yes / No
18	Experience Certificate duly signed by the Head of the Institute	Yes / No	Yes / No

Note: It is mandatory to submit above documents in chronological order with one set of Original and one set of attested Photocopies. However, documents specified at Sr. No.12, 13 & 14 to be attached with set of photocopies, which will be retained by the University.

UNDERTAKING

I hereby declare that above information furnished by me is correct. If any information furnished by me is found fraudulent /incorrect/ untrue at a later date, I am aware that my admission is liable to be cancelled and Civil/Criminal action can be prosecuted against me. I am fully aware that the University shall return my application of enrolment towards non-compliance of documents within a period of 90 days from the date of admission. I have perused eligibility rules for admission and thereby declare that I am eligible to be enrolled with the University.

I am also aware that late fees shall be attracted towards late submission of eligibility documents as prescribed by the University.

Date:

Signature of candidate

We certify that entries made by the candidate in the application form are correct and have been verified from the original documents. On perusal of documents, it is found that the candidate is eligible for the admission of the course as per prescribed norms. It is apprised to the candidate to comply-with requisite documents within a period of 90 days, failing which his/her admission shall be cancelled by the College.

Signature of Guide/
University recognised teacher

Signature of the HOD/Professor

Name:

Name:

Date:

Date:



**Signature of the Dean/Principal
of the College / Institution**