

## MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

## **Application Form for Admission to Fellowship /Certificate Course(s)** at Affiliated Training Centre Level Round



Academic Year: 2022-23

Name of Training Center/Institute/College

Application	No.
2022/FCC/	

Sr. No.

## **Course Preference**

Please Affix				
your				
Passport				
size				
photograph				

Name of Course

	1.						
I confirm my intention to attend the study course in Fellowship / Certificate Course. I accept the							
Univ	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	Full Name of the Applicant						
2	Address for Correspondence						
2	E: LID						

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			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 C	If Yes, Name of College:					
18	Registered Practitioner details with respective State/Central Registrations Council Completed?						
	Experience Detai	Experience Detail :					
19	Name of Post Held	Б. (11.11	Period		Day Data!!-		Reason for
		From		То	Pay Details		Leaving
20	Application Form Fee Rs. 3000/- Detail (Attach Payment Receipt) : <b>(Non-Refundable)</b> Visit: <a href="https://muhs.unisuite.in/">https://muhs.unisuite.in/</a> for online Payment						
	Receipt No.			Date of Payment		Amount	

## **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: /07/2023 Signature of Applicant