



# महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

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डॉ. राजेंद्र शिवाजी बंगल

एम.बी.बी.एस., एम.डी.(न्यायवेद्यकशास्त्र), डी.एन.बी., एलएल.बी.

कुलसचिव

Dr. Rajendra Shivaji Bangal

M.B.B.S., M.D. (Forensic Medicine), D.N.B., LL.B.

Registrar

Outward. No. MUHS/IEH/20/ 2023

Date :18/04/2023

## (To invite the letter Intent for MUHS SIP- 2023)

To,

**All the Desirous Centres**

**Willing to participate in MUHS SIP**

**Summer Internship Program (SIP- 2023).**

**Subject:** To participate in **MUHS Summer Internship Program (SIP)** regarding...

Respected Sir,

It gives me immense pleasure to enlighten you about **MUHS Summer Internship Program (SIP- 2023).**

This program is designed in such a way that, the undergraduate students from all faculties of health sciences such as Allopathy, Dental, Ayurved, Homeopathy, Unani, Nursing etc. (up to 3rd year on going) will be allowed to join the esteemed organizations/Institutes like yours for the period of 01 month (2 weeks or 4 weeks during the summer vacations). Copy of MUHS Rules and other required formats are attached herewith for your ready reference.

It is pertinent to note that, MUHS is going to publish admission notification inviting online application for SIP Scheme in month of April 2023. In the first phase aspirant MUHS undergraduate students up to 3rd year ongoing will be allowed to join through online admission process to the esteemed organizations/Institutes like yours for the maximum period of 2 weeks or 4 weeks during this summer vacations. In this year students from other than health sciences and from partner institutes conducting SIP activity will be considered.

It is decided by MUHS to award a stipend of INR. 2500/- per week or as decided by the MUHS from time to time to the Allotted candidate. Also, it is decided by MUHS to award financial assistance of INR 10K once a year as a token of affability to the partner institute for the use of SIP activity.

It is a sort of experiential learning that integrates knowledge and theory learned in the classroom with practical application and skills development in a professional setting. This activity will definitely offer students the opportunity to gain valuable applied experience and make connections in professional fields they are considering for career paths and gives the opportunity to partner institutes to guide and evaluate talent. Candidate will also share his/her ideas with your students and faculty to permit cross pollination.

In order to fill the necessary details of SIP centre in the online software prepared by MUHS for SIP admission process, kindly furnish the information in the prescribed format (copy attached) by return email on [ieh@muhs.ac.in](mailto:ieh@muhs.ac.in) at the earliest.

Kindly Note the same and do the needful.

**Sd/-**  
(Dr. Rajendra Bangal)  
**Registrar**

**Enclosures:** As above



## MUHS Summer Internship Program (SIP)

### CONSENT LETTER FORMAT

(Letter should be prepared on letter head of the Concern Institute / University / Organization)

Letter No: ..... //..... Date : //2023

To ,

**Dr. Rajendra S. Bangal**  
**Registrar,**  
**Maharashtra University of Health Sciences,**  
Dindori Road, Mhasrul,  
Nashik – 422004

**Subject:** Letter of Intent to participate in MUHS Summer Internship Program (SIP) regarding...

Dear Sir,

(Name of Institute/University/organization) from ..... accepts your proposal to participation in **Summer Internship Program (SIP)** announced by Maharashtra University of Health Sciences Nashik, Maharashtra, India

We look forward to receive further communication on collaborative activities. Our consent shall be enrolled and marked in the options given below.

<b>Summer Internship Program (SIP)</b>	Four Weeks	✓ Kindly Tickmark in box		<input type="checkbox"/>		
	Two weeks	✓ Kindly Tickmark in box		<input type="checkbox"/>		
<b>Intake Capacity</b> (Number of Student(s) / Interns shall be admitted for each SIP learning Goal)	1	2	3	4	Or More (Pls.Specify)	<input type="text"/>
<b>Name of Learning Goal (s) with eligibility criteria</b>	1. _____ 2. _____					
<b>Accommodation Facility (strike out which is not relevant)</b>	Available / Not available					
<b>Food / Canteen facility (strike out which is not relevant)</b>	Available / Not available					

(.....)

Authorized Signatory of participating Institution /  
University / Organization (Name of Institute)

**Name, Designation & Signature of Authorized person:**

**Date:** .... / .... / 2023

**Place:** .....

**PS:** Contact details MUHS website [www.muhs.ac.in](http://www.muhs.ac.in) or In-case of query you may call to **Mr. Sandeep Rathod, Co-ordinator, MUHS** International Education Hub, Nashik on Mob 9922660650 OR on landline number +91 0235-2539156 for further discussion, if any;  
This completed form can be scanned and emailed to : [ieh@muhs.ac.in](mailto:ieh@muhs.ac.in)

**SAMPLE FORMAT:**

**Information to be submitted to MUHS  
For enrollment as SIP Center to conduct the SIP Activity**

<b>NO</b>	<b>Information Details</b>	<b>Information to be Filled</b>	
1	Name of Summer Internship Program (SIP) Centre :		
2	Address :		
3	Contact No. of SIP Centre :		
4	Email of SIP Centre :		
5	Website of SIP Center :		
6	Name of Nodal Officer :	.....	
7	Mobile of Nodal Officer:	.....	
8	Email of Nodal Officer :	.....	
9	SIP Centre Bank Account Detail (Note : Bank account detail is required to pay amount to SIP Centre Account No	.....	
10	Name of the Bank :	.....	
11	Branch :	.....	
12	IFSC Code :	.....	
13	<p><b>Learning Goal (s)</b> of SIP to be conducted at your Centre: (Kindly choose any board area of study such as) :</p> <p>CLINICAL RESEARCH / HEALTH EDUCATION / NATUROPATHY / YOGA / MEDICAL ONCOLOGY / GENETIC HEALTH / NUTRITION / RESEARCH METHODOLOGY / BIO STATISTICS / MEDICAL TECHNOLOGY / MEDICAL TECHNOLOGY/SOCIAL COMMITMENT/ ETHICS/ ENVIRONMENTAL HEALTH/ OCCUPATIONAL HEALTH/ENVIRONMENTAL HEALTH SCIENCES/ HEALTH BEHAVIOR AND SOCIETY HEALTH/ POLICY AND MANAGEMENT/</p> <p>( Any other than these broad area of study, please mention)</p>		
	Choose and Mentioned the Selected <b>Learning Goal(s)</b> to be conducted at your SIP	CLINICAL RESEARCH	HEALTH EDUCATION
	<b>Eligibility Criteria</b>	MBBS, BDS, BAMS BUMS, BHMS, BPTH BSC NURSING, PBBSC NURSING, B.A.S.L.P	MBBS, BDS, BAMS BUMS, BHMS, BPTH BSC NURSING, PBBSC NURSING, B.A.S.L.P
			If Any other ( Please mention)

	Name of Vertical Head (Mentor) for each learning Goal from your SIP Center :	.....	.....	.....
	Mobile of Vertical Head :	.....	.....	.....
	Email of Vertical Head	.....	.....	.....
14	Intake Capacity :			
15	Required eligibility criteria for Student			
16	Duration of SIP in Week :			
17	Accommodation Facility Available : YES / NO If Yes, For how many Candidate ? :			
18	Food Facility Available ? : YES / NO If Yes, For how many Candidate ?			
	<b>Brief Description of SIP Centre and Each Learning Goal</b> (Up to maximum of 2000 words)			