डॉ. कालिदास द. चव्हाण
एम.बी.बी.एस.,एम.डी.(न्यायवैद्यकशास्त्र),पीएच.डी.,डी.एससी.
कुलसचिव

Dr. Kalidas D. Chavan
M.B.B.S.,M.D.(Forensic Medicine),Ph.D.,D.Sc.
Registrar

MUHS/SW/KK-U/864/2022   Dt.12/07/2022

Circular No. 21 /2022

To,
Ukraine Returned Medical
Students.

Subject : To organize "Kulguru Katta for Ukraine Students"

Dear Students,

Maharashtra Univesity of Health Sciences has been supporting voluntarily, Ukraine returned students from February 2022. It has provided online teaching learning material and also classes focused on your University syllabus. A huge number of students have registered, and been using online learning material such as Anatomy tutor, Students clinical key and Osmosis provided by Elsevier Ltd. The efforts of the University are appreciated by environment.

We understand, you have problems, we are willing to help in your studies to the extend possible. We are organizing an intractive platform to address your Querries and refocus our efforts.

Please send the Question/ Suggestion/ Feedback on the format attached before 27th July, 2022.

Please send us email on sw@muhs.ac.in.

After getting questions we will contact you and time your engagement. We will be sending you link to join on Zoom AV platform and youtube live.

Registrar

Encl. : As above

Copy to :

1) Hon'ble Vice-Chancellor Office, MUHS, Nashik
2) Hon'ble Pro Vice-Chancellor Office, MUHS, Nashik
3) Hon'ble Registrar Office, MUHS, Nashik
4) Contorller of Examination Office, MUHS, Nashik
5) Academic (UG & PG), MUHS, Nashik
6) Eligibility Dept., MUHS, Nashik
7) MPGI., MUHS, Nashik

महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक
MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

Student Welfare Department

"Kulguru Katta for Ukraine Returned Medical Students"

Format for Questions/Complaints/Suggestions

(Please provide information in Capital letters)

1. **Name of the Student:** --

2. **Name of University & College :** ---

3. **Year of Study :** ---

2. **Mobile No. :** --

3. **E-mail ID :** --

4. **Questions/Problems/Suggestions:**

Date: **Sign**