



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 UNDERGRADUATE COURSE

Academic Year: Course Subject:

| | | |
|----|---|--|
| 1 | Full Name of the candidate in BLOCK LETTER (As per HSC Marks Statement) | |
| | Mother's Name (FIRST) | |
| | Full Name of the candidate in Devnagari (Marathi) | |
| 2 | Name of 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) | <input type="text"/> <input type="text"/> 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 | Domicile | MS (Maharashtra State) <input type="checkbox"/> OMS (Out of Maharashtra State) <input type="checkbox"/> If OMS. Specify State..... (Domicile Certificate is mandatory for OMS students) |
| 9 | Details of HSC/CBSE/ICSE Qualifying Examination | a) Name of Board : b) Month & Year of Passing: c) PCB Marks: Percentage of marks:.....% (applicable to MBBS, BDS, BAMS) d) PCBE Marks:..... Percentage of marks:.....% (Applicable to Basic B.Sc Nursing) |
| 10 | Details of Entrance Examination | a) Name of Entrance Examination: b) Marks obtained: c) Percentage of Marks:% |

| | | | | | | | | | | |
|----|--------------------------------------|-----|----|----|------|--------|------|-----|-----|------|
| 11 | Constitutional Category of Admission | SC | ST | VJ | NT-1 | NT-2 | NT-3 | SBC | OBC | OPEN |
| 12 | Special Reservation, if any | DEF | PH | HA | MKB | Others | | | | |

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. | | |
| 2 | Secondary School Certificate (SSC) | | |
| 3 | Higher Secondary School Mark sheet/ Qualifying Examination Mark sheet/ (HSC) | | |
| 4 | Entrance Examination Mark sheet | | |
| 5 | AIEE/GOI Selection letter (If applicable) | | |
| 6 | Caste Certificate (If applicable) | | |
| 7 | Caste Validity Certificate (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) | | |
| 8 | Valid Non-Creamy Layer Certificate for VJ, NT, OBC, SBC | | |
| 9 | College Leaving Certificate (LC / TC) | | |
| 10 | Copy of Gazette for change in name (If applicable) | | |
| 11 | Migration Certificate issued by the respective Board/University applicable to a) Students who have passed HSC examination from Outside Maharashtra b) After passing HSC /Qualifying examination, students who have joined any other course for period of more than Six months | | N.A |
| 12 | Affidavit Gap Certificate (<i>made by the student duly certified by Executive Magistrate/Notarised</i>) (If applicable) | | N.A |
| 13 | Medical Fitness Certificate duly quoted with Registration number (<i>as per the format prescribed in the Information Brochure by respective Competent Authority</i>) | | N.A |
| 14 | Physically Handicapped Certificate (<i>as per the format prescribed in the Information Brochure by respective Competent Authority</i>) (If applicable) | | |
| 15 | Students admitted in NRI quota required to submit a) Equivalence Certificate issued by Association of Indian University (AIU) b) Grade marks /Credit point conversion as per Indian marks issued by respective Board /University. | | |
| Applicable to Post Basic B.Sc. Nursing students only | | | |
| 16 | General Nursing Midwifery course (Final Year Mark sheet only) | | |
| 17 | Valid Registration Certificate issued by respective Council | | |
| 18 | Diploma Certificate issued by respective Council | | |
| 19 | Experience Certificate duly signed by Head of Institute (Applicable to students admitted in Govt. Colleges). | | |

Note: 1. It is mandatory to submit above documents in chronological order with one set of Original and one set of attested Photocopies. However, original documents specified at Sr. No.11, 12 & 13 to be attached with set of photocopies, which will be retained by the University.

2. Status of submission of documents shall be subject to verification by MUHS office.

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

I 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 to 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 the Dean/Principal
of the College / Institution**