

**MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK**  
**COUNSELING FORM**

(TO BE SUBMITTED BY THE REPEATER STUDENT)

01. Name of College : .....
02. Name of Student : .....
03. Name of Course : .....
04. Date of Admission to 1<sup>st</sup> year : .....
05. Category of payment : Free / Payment / NRI
06. Percentage of Marks : SSC : .....HSC : .....07. Marks at CET : .....
08. State Merit Number : .....09. Regional Merit Number : .....
10. Marks obtained by the student at : .....

**First Attempt:**

|                     | Subject |  |  |  |  |  |
|---------------------|---------|--|--|--|--|--|
| Theory              |         |  |  |  |  |  |
| Oral                |         |  |  |  |  |  |
| Practical           |         |  |  |  |  |  |
| Internal Assessment |         |  |  |  |  |  |

**Second Attempt:**

|                     | Subject |  |  |  |  |  |
|---------------------|---------|--|--|--|--|--|
| Theory              |         |  |  |  |  |  |
| Oral                |         |  |  |  |  |  |
| Practical           |         |  |  |  |  |  |
| Internal Assessment |         |  |  |  |  |  |

**Third Attempt:**

|                     | Subject |  |  |  |  |  |
|---------------------|---------|--|--|--|--|--|
| Theory              |         |  |  |  |  |  |
| Oral                |         |  |  |  |  |  |
| Practical           |         |  |  |  |  |  |
| Internal Assessment |         |  |  |  |  |  |

11. Were parents informed about poor performance of the candidate in the last examinations? : .....
12. Efforts taken by the college to improve performance of the candidate. : .....
13. Had the college organized interaction with the parents about poor performance of student? : .....
14. Whether extra classes / revision classes were conducted for student who had failed in the last examination. : .....
15. Whether the student is made aware of the fact of maximum no. of attempts permitted by Central Council / MUHS / College administration. : .....
16. Please furnish the following information about the student :

A) Educational background of family:

|    |         | Illiterate | Non-graduate | Graduate | Post-graduate |
|----|---------|------------|--------------|----------|---------------|
| a) | Father  |            |              |          |               |
| b) | Mother  |            |              |          |               |
| c) | Brother |            |              |          |               |
| d) | Sister  |            |              |          |               |

B) Whether the student was getting any financial assistance / scholarship etc., please specify:

17. Any health problem with the candidate? :
18. Whether Counseling of student & parent has been done before sending the application form? If yes,  
a) Signature of the student:  
b) Signature of parents:
19. Counseling of student done by:
20. The above information is correct to the best of my knowledge.

Signature of the Dean / Principal