

**Time Schedule for Admission Process to be followed by  
Affiliated Training Centre to fill up vacant seats available for  
Fellowship and / or Certificate Course(s) for A.Y. 2018 - 19**

<b><u>Sr. No.</u></b>	<b><u>Activities to be performed by affiliated Training Center</u></b>	<b><u>Date</u></b>
01	University Circular published on MUHS website regarding time schedule for admission process to be followed by affiliated training centre to fill up vacant seats available for fellowship and / or certificate course(s) at for A.Y. 2018-19 <b>at their level.</b>	<b>18/03/2019</b>
02	Commencement date to invite Application Form and Demand Draft of Rs. 3,000/- (drawn on any Nationalized Bank in favour of Registrar MUHS, Nashik) alongwith hard copy of self-attested Photo Copy of necessary documents to the Training Center as prescribed.	<b>18/03/2019 to 03/04/2019</b>
03	Last date of submission of Application Form and Demand Draft of Rs. 3,000/- (drawn on any Nationalized Bank in favour of Registrar MUHS, Nashik) alongwith hard copy of self-attested Photo Copy of necessary documents to the concerned Training Center as prescribed.	<b>03/04/2019 Upto eve. 05:00 p.m.</b>
04	Scrutiny of the applications as per Merit Criteria prescribed by the University	<b>04/04/2019 to 09/04/2019</b>
05	Last date to convey the list applied candidate including their Merit Criteria (As per the format provided by the University) and submit the Demand Draft Rs. 3,000/- received from the candidate to the University	<b>10/04/2019</b>
06	Publications of Primary Temporary General Merit List on the Notice Board / website of affiliated Training Center	11/04/2019
07	To call for Objection/Suggestions, if any; to concerned Training Center	<b>11/04/2019 to 12/04/2019 Upto eve. 05:00 p.m.</b>
08	Publications of General Merit List on the Notice Board / website of affiliated Training Center	<b>15/04/2019</b>
09	Last date to join and submit the communication regarding Retention Seat at the concerned Training Centre.	22/04/2019
10	Admission Cut-Off date	<b>24/04/2019</b> <b><u>Training Center has to communicate the list of admitted student(s) to the University on (e-mail: fccc@muhs.ac.in)</u></b>
11	Academic Year Start (Course Commencement) Date	As notified by the University
12	Regarding Eligibility proposals	from time to time
13	Term end University Examination	Eligible candidate(s) shall be allowed to appear for final <b>University Examination</b> as per terms and conditions applied.

**Important Note :**

- 1) University reserves the right to amend the above Time Schedule.
- 2) While confirming the application for admission to Fellowship / Certificate Courses, All the concerned should note the same and act accordingly.



**MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK**  
**Application Form for Admission to Fellowship/Certificate Courses**

**MUHS**

**Academic Year : 2018-19**

Please Affix  
your Recent  
Passport  
size  
photograph

**Application No.**  
**2018/FCCC/.....**

**Course Preference**

Sr. No.	Name of Training Center/Institute/College	Name of Course
1.		

I confirm my intention to attend the study course in Fellowship / Certificate Course. I accept the University 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	
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	<b>Educational Qualification :</b>	
	Whether Post-Graduate Diploma / Degree Qualification?	
	If Yes, no. of Attempt(s)	
	Under-Graduate Percentage	
	XII Percentage	

Exam Pass	Year of Passing	Name of Board / University	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 College :															
18	Registered Practitioner details with respective State/Central Registrations Council Completed?															
19	Experience Detail :															
	<table border="1"> <thead> <tr> <th rowspan="2">Name of Institute</th> <th rowspan="2">Post Held</th> <th colspan="2">Period</th> <th rowspan="2">Pay Details</th> <th rowspan="2">Reason for Leaving</th> </tr> <tr> <th>From</th> <th>To</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		Name of Institute	Post Held	Period		Pay Details	Reason for Leaving	From	To						
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### 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 :** / / 2019

**Signature of Applicant**

**List of Documents prescribed by the University to be submitted at the respective Training Center(s) :-**

- 1) Details of the Original documents to be submitted at the time of counselling at Training Centre along with two sets of self-attested photo copies by the candidate as per below:
- 2) An incomplete application form will be rejected.
- 3) Following self-attested photocopies are required to be submitted along with the application form strictly in given order:

<b>Sr. No</b>	<b>List of Documents Required for Online Centralized admission procedure for A.Y. 2018-19.</b>
1.	a) Nationality Certificate issued by District Magistrate, Additional District Magistrate, Chief Metropolitan Magistrate <b>or</b> b) Photo copy of Valid Passport duly attested by Head of. Department <b>or</b> c) Birth Certificate having endorsed with nationality as Indian on it.
2.	Maharashtra State Domicile Certificate
3.	Passing /Degree Certificate and <b>Marklist (s) of all qualifying examination</b> a) Higher Secondary Certificate (HSC) Examination Marklist, b) Under Graduate (UG) Final Year Part-I & Part-II Marklist, c) PG Diploma / Degree (as per the prescribed eligibility of the concerned course)
4.	Internship Completion Certificate (If applicable).
5	Valid Registration certificate from the Respective Council <b>or</b> attach renewal receipt.
6	College leaving Certificate (LC/TC).
7	Attempt Certificate(s) of all qualifying examinations in <b>Post Graduate / DNB / Diploma / Degree (as the case may be)</b> course from Head of the Institute (If applicable)
8	Gazette for change in name (If applicable )
9	Migration Certificate issued by the respective University (If applicable )
10	Self-Educational Gap Certificate (after qualifying Degree) Affidavit by student certified by Executive Magistrate/ Notary. (If applicable)
11	In case of in service candidate: No Objection Certificate and he or she shall submit the application through proper channel as per rules applicable to his or her case. In service teaching faculty working with MUHS affiliated college(s), willing to apply for In service teaching faculty reservation quota. Must ensure about her suitability and such in service teaching faculty of MUHS affiliated college(s) must possess valid University approval letter issued for his / her current appointment.
12	Experience Certificate of 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
13	Bond Completion Certificate as prescribed by State Govt. / DMER / MEDD (as applicable)
14	For Fellowship Course under Medical Faculty, qualification(s) awarded by College of Physician Surgeon shall be considered if the qualification is equivalent to the eligibility prescribed for concerned course by the University and as per the norms prescribed by MCI, New Delhi.
15	Medical Fitness Certificate (as per format made available by the University)
16	Self-declaration form for self-attestation (as per format made available by the University)

**CERTIFICATE OF MEDICAL FITNESS**

**This is to certify that I have conducted clinical examination of**  
**Dr./Mr./Kum.....** who is desirous of admission to Fellowship/OR Certificate Course he/she has not given any personal history of any disease in incapacitating him/her to undergo the professional course. Also, on clinical examination it has been found that he/she is medically fit to **undergo said course.**

- a) Absence of any incapacitating and /or progressive systemic disease / disorder / condition,
- b) Absence of any disability of upper limb/s,
- c) Absence of any major visual/auditory disability,
- d) Absence of psychosis/neurosis/mental retardation,
- e) Ability to maintain erect posture,
- f) Reasonable manual dexterity.

**Date:**

**Signature:**

**1. Name:**

**2. Registration No:**

**3. Address of the Registered Medical Practitioner:**

**Seal of Registered Medical Practitioner**

**Note:**

A candidate must be medically fit to undergo **Fellowship/Certificate Course** applied for. The medical fitness must be certified by a **Registered Medical Practitioner** in the prescribed Performa, as given above on a **Letter head.**

# Self- Declaration Form For Self Attestation

Paste here  
Recently  
Passport  
Size Photo

I .....Son /Daughter of  
Shri.....aged .....years  
Occupation.....resident of .....  
.....with  
UID No. (Aadhar No.) .....hereby declare that the  
copies attested by me are true copies of original documents. I am well aware of the fact that if the copies are  
found to be false, I shall be liable for prosecution and punishment under Indian Penal Code and /or any  
other law applicable there to.

**Place** :

**Applicant's Signature:**

**Date** :

**Applicant's Name:**