

Swargiya Dadasaheb Kalmegh Smruti Dental College & Hospital

Wanadongri Road, Hingna, Dist-Nagpur-441110

Date: 26.11.2021

CIRCULAR-1518

This is to inform all Ph.D students admitted in the academic year 2019-20 to submit the fee of Rs. 12,500/- and remaining original documents for the MUHS Enrollment & Eligibility procedure.

The last date of submission of fees and documents is 10.12.2021. All are directed to pay fees **RTGS/NEFT**. In case of failure in submitting the fees and documents, you will be responsible for any action taken by Maharashtra University of Health Sciences, Nashik.

The check list of documents is displayed along with this circular

RTGS / NEFT Details is as follow:

Name of Account: Registrar Maharashtra University of Health Sciences, Nashik
Saving Account No. : 00641450000649

Name of Bank: HDFC Bank, Thatte Nagar, Gangapur Road, Branch, Nashik
IFSC Code: HDFC0000064

Note :-

- 1) The application for eligibility form is attached along with this Circular. Kindly fill it and submit in hard copy to the Student Section or before 10.12.2021
- 2) Payment receipt should be submitted to student section.
- 3) Remaining original documents should be submitted to Student Section.

For Swargiya Dadasaheb Kalmegh Smruti Dental College & Hospital

Dean

Deepak
26/11/2021
DEAN

Swargiya Dadasaheb Kalmegh Smruti
Dental College & Hospital
Hingna, Dist. Nagpur.

Copy to: Hon'ble President Sir



Annexure - I

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

दिंडोरी रोड, म्हसळ, नाशिक-४२२००४ Dindori Road, Mhasrul, Nashik-422004

**APPLICATION TO GRANT ELIGIBILITY FOR
DOCTOR OF PHILOSOPHY COURSE****(Incomplete Applications will be rejected)**Passport size
Photograph
attested by the
Dean/Principal
with Stamp

Speciality:	
Academic Year :	2019-20

1)	Full Name of the applicant (As per Qualifying Degree)			
	Name in Marathi (Devnagari)			
2)	Gender (Male/Female)			
3)	Date of Birth and Age (dd/mm/yyyy)	DOB:	Age :	
4)	Date of joining this course			
5)	Name of the Institution/College			
6)	Address for Correspondence			
		PIN:		
	Permanent Residential Address			
		PIN:		
	Email id			
	Mobile No	1)	2)	
	Residential Landline No with STD Code			
7)	Nationality			
8)	Educational Qualification :			
	Name of Diploma/Degree	Course	Name of the University	Month & Year of passing
	Diploma			
	Bachelor's Degree			
	Post Graduate Degree			
	Additional Qualification (if any)			

9)	Central / State Council Permanent Registration number & its date	
10)	Category under which admitted SC/ST/VJ/NT1/NT2/NT3/OBC/SBC/Open	
11)	Category of Student SC/ST/VJ/NT1/NT2/NT3/OBC/SBC/Open	
12)	Whether willing for organ donation after accidental death for transplantation (Yes/No)	

13) Check list of documents to be submitted in original along with an attested photocopy:

Sr. No.	Name of Documents to be attached	Original Yes/No	Attested Photocopy Yes/No
1	Nationality/Domicile Certificate issued by District Magistrate/Additional District Magistrate / Chief Metropolitan Magistrate/ Pass Port (Adhar Card/ Pan card Not allowed)		
2	Joining letter issued by Centre		
3	Diploma Degree Certificate UG & PG Both		
4	Certificate of P.G. Degree in the concerned /prescribed allied subject OR		
	Certificate of P.G. Diploma (registered in the concerned schedule of respective Central Council) OR		
	Certificate of D.N.B. (with two research papers published in National or international Journals)		
5	Central/State Council Registration Certificate (UG & PG) with Additional Qualifications Registrations		
6	Caste Certificate (If applicable)		
7	Caste Validity Certificate		
8	Valid Non-Creamy Layer Certificate for (VJ,NT,OBC,SBC etc.) (If applicable)		
9	In case change in name Gazette copy/Marriage Certificate in		
10	NOC From Servicing Institute (Part Time/ Full Time)		
11	Education Gap Certificate (Format attached) (If applicable)		

Note: 1) It is mandatory to the candidate belonging to reserved category to submit Caste Certificate duly supported by Caste Validity Certificate & valid Non-creamy Layer Certificate (where ever applicable), failing which proposal will not be accepted.

2) Kindly submit the above said documents in above sequence with one set of Original and one set of attested photocopies.

DECLARATION BY THE CANDIDATE

I hereby declare that the 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 30 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

CERTIFICATE BY THE HEAD OF THE INSTITUTION/COLLEGE

We 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 of the course as per prescribed norms. It is apprised to the candidate to comply-with requisite documents within a period of 30 days, failing which his/her admission shall be cancelled by the College.

Place :

Date :



Signature of the Head of the Institution/College

Annexure –A
Self – Declaration

Applicant's
Photo

ISon Daughter
of aged
occupationwith UID No.
Hereby declare there is a gap fromtoafter
my last academic qualification and I have not taken admission to any course during the said gap period.

The information provide above is true and correct to the best of my personal knowledge,
information and belief. I fully understand the consequences of giving false information. If the information
is 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: