



MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

Department of AYUSH

R. A. Podar Medical College (Ayu), Worli, Mumbai 400018

Registration
No.
(For office
use only)

Category	SC	ST	VJ	NT1	NT2	NT3	OBC	SBC	Open	PH
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Please affix
your
recent
Photograph

**Application From
Certificate in Ayurvedic Dietetics**

I confirm my intention attend the **Certificate Course in Ayurvedic dietetics**. I accept the University’s admission procedures and understand that processing of personal information and document is subject to the requirements of the data protection act.

01) Name: -----

In Capital letters Surname First name Father’s/ Husband’s Name

02) Name in Devnagari script:-----

03) Address For Correspondence: -----

Pin code:-----

04) Contact: Tel. No With STD: ----- Mobile: ----- Email: -----

05) Date Of Birth: / / (in Words):-----

06) Age (as on 15/05/2016) Year/s: -----Month/s-----Day/s-----

07) Nationality: -----

08) Religion: -----

09) Whether Belong to SC/ST/VJ/NT/OBC/SBC/Open: ----- 10)Caste: -----

11) Sex:

Male	Female
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12) Marital Status:

Male	Female
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(Please strike)

(Please strike)

13) Educational Qualification: (Mandatory to attach all necessary copies of attested mark sheets)

No.	Exam. Passed	Year of Passing	Name Of Board/University	Name Of Institute/College	Attempts	Total Marks	Percentage

14) Presently Secured admission for any PG/Diploma Course (Write Yes/No)

15) Discontinued any PG admission in past: (Write Yes/No)

16) Passport No. (If Non Indian):-----

17) Language Known:

	Read	Write	Speak
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18) Any other information, which you would like to provide: (please attach separate sheet if necessary) -----

DECLARATION

I hereby declare that I have not taken admission in any other Post Graduate Degree /Diploma Course during this year & 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 PG course presently and /or discontinued admission in past, MUHS has full right to cancel my current year's admission without refund.

The information furnished by me is correct and true. 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: -----

Signature of Applicant

Note:

- 1) **Last date of receiving fully completed applications is 28 Dec 2016**
- 2) Please attach all **Attested Photocopies** of the documents along with the application form.
- 3) Application forms which are Incomplete will be rejected immediately and no correspondence will be entertained on this behalf.