



Shri. Shivaji Education Society, Amravati's
डॉ. पंजाबराव उपाख्य भाऊसाहेब देशमुख स्मृति वैद्यकीय महाविद्यालय, अमरावती.
Dr. Panjabrao alias Bhausaheb Deshmukh Memorial
Medical College, Shivaji Nagar, Amravati.



Dr. A. T. Deshmukh
Dean

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PDMC/SS/ 4562 /2022



Fax No: 0721 – 2552353
Web ID: <https://pdmcc.edu.in>

Date : 13/6/22

Wanted

Applications are invited for the following Maharashtra University of Health Sciences, Nashik Fellowship Courses.

Fellowship Course	Vacant Intake
Fellowship Course in Basic Phototherapy & Lasers in Clinical Dermatology	2
Fellowship Course in Basic Dialysis Medicine	3
Fellowship Course in Palliative Care	3
Fellowship Course in Phacoemulsification	3
Fellowship Course in Minimal Access Surgery	3
Fellowship Course in High Risk Obstetrics	2
Fellowship Course in Deaddiction	3
Fellowship Course in Cytopathology	2
Fellowship Course in Non Invasive Cardiology	2
Fellowship Course in Ultra Sonography & Color Doppler	3
Fellowship Course in Orthopedic Trauma	3

Applicants can apply & Pay Rs. 3000 by clicking on this link <https://muhs.unisuite.in/> receipt & hard copy with self attested photo copy of necessary documents be submitted to Dr. Panjabrao alias Bhausaheb Deshmukh Memorial Medical College, Amravati till 17.6.2022.



Dean

Dr. Panjabrao alias Bhausaheb Deshmukh
Memorial Medical College, Amravati.

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK
Application Form for Admission to Fellowship /Certificate Course(s)
at Affiliated Training Centre Level Round

Academic Year : 2021-22

Application No.
2021/FCCC/.....

Please Affix
your
Passport
size
photograph

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's 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	Educational Qualification :	
	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 :					
	Name of Institute	Post Held	Period		Pay Details	Reason for Leaving
			From	To		
20	Application Form Fee Rs. 3000/- Detail (Attach Payment Receipt) : (Non-Refundable) Visit: https://muhs.unisuite.in/ for online Payment					
	Receipt No.		Date of Payment		Amount	

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 : /06/2022

Signature of Applicant