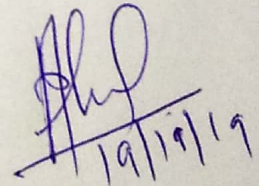


प्रसिद्धी पत्रक

दि.१९/११/२०१९

एम.पी.एच.न्युट्रीशन शैक्षणिक वर्ष २०१९-२०२० या २ वर्ष पूर्ण वेळ कालावधीचा पदव्युत्तरपदवी अभ्यसक्रमाची प्रवेशप्रक्रिया संस्थास्तरावरराबिण्याबाबत येत असून, या अभ्यासक्रमाच्या १५ जागा ह्या रिक्त असून त्या संबंधित विद्यार्थ्यांचे अर्ज पाठविण्यात यावे. सदर विद्यार्थ्यांचे अर्ज हे दिनांक २६/११/२०१९ दुपारी १.३० वाजे पर्यंत स्वीकारण्यात येतील.

शैक्षणिक अहर्ता : MBBS/BDS/BAMS/BUMS/BHMS/BPTH/B.Sc PMT, B.Sc& P.B.B.Sc
Nursing



प्राध्यापक, विभाग प्रमुख
तथा नोडल ऑफिसर एमपीएच(एन)
जनऔषध वैद्यकशास्त्र विभाग
श्री वसंतराव नाईक शासकीय वैद्यकीय
महाविद्यालय, यवतमाळ
PROFESSOR & HEAD OF DEPART.
Department of Community Medicine
Shri. V. N. Govt. Medical College,
Yavatmal

Application for admission

Recent
Passport size
Photograph

Name: _____

Address (In Capital): _____

Phone No. (Res.) with code _____

Mobile No. Student _____

Mobile No. Parent _____

Date: / /2019

To,
The Dean,
Shri V.N. Govt. Medical College,
Yavatmal.

Sub: - Joining in M.P.H.(N) Course at Shri V.N. Govt. Medical College, Yavatmal.

Ref:- Selection letter/List: (printout attached)

R/Sir,

I the undersigned Shri./Kum. (Full Name in Capital)
_____ has been selected for M.P.H. (N) (Master of
Public Health (Nutrition) Course in Shri V. N. Govt. Medical College, Yavatmal as per the
Selection letter of All India / State list.

Kindly enroll me in your college M.P.H.(N) student for the Academic Year 2019-20.

Thanking you.

Yours faithfully,

(Name _____)



महाराष्ट्र शासन
श्री वसंतराव नाईक शासकीय वैद्यकीय महाविद्यालय, यवतमाळ
Shri Vasant Rao Naik Govt. Medical College, Yavatmal

Phone No. 07232-242456, 241125

Fax No. 07232-244148

E-mail:- deanvngmcstudentsection@rediffmail.com

Website :- www.vngmcytl.org

No.SVNGMCYTL/ACAD/MPH(N)-Admn./

/2019

Date:-

Admission Letter

Sub: - Shri V.N. Govt. Medical College, Yavatmal
Admission to M.P.H.(N) Course for the year 2019-20

Ref: - Letter No. _____ Date:-

NAME: Sh./Ku.

SML No.

Quota:

With reference to above cited subject, you are provisionally admitted to M.P.H.(N) course on / /2019 at Shri V. N. Govt. Medical College, Yavatmal for the year 2019-20 subject to the following conditions.

1. You will have to pay prescribed fees (Demands Draft only) as per rules before joining the course.
2. You will have to obtain Eligibility Certificate from the **Maharashtra University of Health Sciences, Nashik.**
3. Your admission is provisionally & subject to final confirmation from **Maharashtra University of Health Sciences, Nashik.**
4. You should report to this College on / /2019 without fail.

DEAN,
Shri V. N. Govt. Medical College,
Yavatmal.



महाराष्ट्र शासन
श्री वसंतराव नाईक शासकीय वैद्यकीय महाविद्यालय, यवतमाळ
Shri Vasantrao Naik Govt. Medical College, Yavatmal
Phone No. 07232-242456, 241125 Fax No. 07232-244148
E-mail:- deanvngmcstudentsection@rediffmail.com
Website:- www.vngmcytl.org

No.SVNGMCYTL/ACAD/UG-Admn./

/2018

Date:-

HOLDING CERTIFICATE

This is to certify that Dr/Shri/Miss. _____
is admitted in this college on / /2019 to M.P.H.(N) course for the Academic
Year 2019-20. His/her following **ORIGINAL CERTIFICATES** are retained in this
College. (Sets to be prepared in the following sequence)

Sr.No.	Original Documents Required	Available YES/No
1	Nationality Certificate OR Valid Passport	
2	Domicile Certificate	
3	Aadhaar Card (Photocopy)	
4	Voter ID	
5	SSC (10th) Passing Certificate	
6	HSC (10+2) Passing Certificate	
7	First to Final Year Marksheet of Degree	
8	Passing Certificate	
9	Degree Certificate	
10	Online Admit card	
11	Selection letter (College Allotment Printout)	
12	Caste Certificate	
13	Caste Validity Certificate / For outside Maharashtra students (OMS) Letter from magistrate that your state does not issue caste validity certificate... COMPULSARY	
14	Non Creamy Layer Certificate...Valid upto 31/03/2019	
15	School Leaving OR Transfer Certificate	
16	Attempt Certificate of Degree from Principal/Dean	
17	Physically Handicapped Certificate.... If applicable	
18	MKB Certificate for State quota students only)	
19	Medical Fitness Certificate in prescribed Proforma	
20	Migration Certificatefor OMS candidates only	
21	Self Education Gap Certificate (Affidavit on Rs.100/- Bond)	
22	Other <u>रजिस्ट्रेशन सर्टिफिकेट</u>	
Demand Drafts of Fees as applicable.		
Tuition Fees (For Open Category and all India OMS students irrespective of category i.e.UR or R)		
D.D. No:	Rs.	Dt. / /2019
Other Fees: D.D. No:	Rs.	Dt. / /2019
(Please write-down YES/No carefully)		

Signature of Verification Officer
Shri V.N. Govt. Medical College,
Yavatmal

DEAN,
Shri V.N. Govt. Medical College,
Yavatmal

STUDENT INFORMATION**SHRI VASANTRAO NAIK GOVT.MEDICAL COLLEGE, YAVATMAL - 445001****ADMISSION FOR THE YEAR 2019-20**

1	Name of the Student as mentioned on HSC Mark sheet (in Capital)	
	Full name in Marathi language	
2	a) Date of Birth	
	b) Place of Birth	
3	Aadhaar No.	
4	e-mail Address of Student	
5	Gender ()	Male <input type="checkbox"/> / Female <input type="checkbox"/>
6	Date of Admission	/ /2019
7	a) Religion	
	b) Caste	
	c) Sub-Caste	
8	Category of Students	
	Category of Admission	
9	Domicile	
10	Previous Academic Record	
	Degree Year of Passing:	
	College Name of Degree Course	
	Marks Obtained in Degree Course	
11	SML No.	
12	Registered Medical Council Name	
	Medical Council Registration No.	
13	Blood Group	
14	Guardian/Father's Full Name	
	Name of Mother	
15	Residential Address with Pin code	
	Mobile No. of Student	
	Mobile No. of Parent	
	Guardian/Father Occupation	
16	* Willingness about organ donation after Accidental Death	Yes/No

* As per Maharashtra University of Health Sciences Eligibility form.

Date: / /2019

Signature of Candidate

ANNEXURE "J"
Status Retention Form
(To be sent to Competent Authority by the Study Centre)

Candidate's Name _____

Application No _____

Category: _____

Address: _____

Pin Code: _____ Phone No. _____

To,
The Competent Authority,
Post Graduate Courses Conducted by University
Maharashtra University of Health Sciences,
Nashik.

Sir/Madam,

I, Mr./Mrs. _____ wish to retain the seat of
M.Sc./M.B.A./M.P.H.(N) allotted to me at _____ for the academic year 2019-2020.

Declaration

I am, fully aware that after filling this Status Retention Form I will not be considered for any subsequent rounds of selection process for the year 2019-2020. I also declare that I will not ask for reconsideration of my name for further selection process.

Date: _____

Place: _____

Signature of Candidate

Signature of H.O.D. (with seal)

(Cut here) _____

Candidate's Name: _____ Application No _____

Category: _____

Address: _____

Pin Code: _____ Phone No. _____

To,
The Competent Authority,
Post Graduate Courses Conducted by University
Maharashtra University of Health Sciences,
Nashik.

Sir/Madam,

I, Mr./Mrs. _____ wish to retain the seat of
M.Sc./M.B.A./M.P.H.(N) allotted to me at _____ for the academic year 2019-2020.

Declaration

I am, fully aware that after filling this Status Retention Form I will not be considered for any subsequent rounds of selection process for the year 2019-2020. I also declare that I will not ask for reconsideration of my name for further selection process.

Date: _____

Place: _____

Signature of Candidate

Signature of H.O.D.

MEDICAL FITNESS

A candidate must be medically fit to undergo the professional course applied for. The medical fitness must be certified by a Registered Medical Practitioner in the prescribed proforma, as given below on a Letterhead :

CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted clinical examination of Mr./Ms who is desirous of admission to Health Science Courses.

He/she has not given any personal history of any disease incapacitating him/her to undergo the professional course. Also, on clinical examination it has been found that he/she is medically fit to undergo the professional course.

Certified that he/she fulfills the following criteria.

- (1) Absence of any incapacitating and /or progressive systemic disease/disorder/condition,
- (2) Absence of any disability of upper limb/s.
- (3) Absence of any major visual/ auditory disability.
- (4) Absence of psychosis/neurosis/mental retardation,
- (5) Ability to maintain erect posture,
- (6) Reasonable manual dexterity.

Though, following deviations have been revealed, in my opinion, these are not impediments to pursue a career as a Medical / Dental / Ayurved / Unani / Occupational Therapy / Physiotherapy / Audiology & Speech, Language Pathology / Prosthetics & Orthotics / BSc Nursing. (**Strike, which is not applicable**):

1.

2.

3.

Address of the Registered Medical Practitioner

Signature

Name

Registration No.

Seal of Registered Medical Practitioner

Date :

All Category

1. Rs. 40,000/- as one D.D.

In Favour of : DEAN, SHRI V. N. GOVT. MEDICAL COLLEGE, YAVATMAL
(Payable at YAVATMAL)

2. Rs. 14,150/- as one D.D.

In Favor of : DEAN, SHRI V. N. GOVT. MEDICAL COLLEGE, YAVATMAL
(Payable at YAVATMAL)

1) NOC [NON Objection Certificate] નાદરકત પ્રમાણપત્ર હે તરતેલ (ચાંની ક. 900-ચા સ્ટેમ્પ પેપર પર ઓબ્જેક્ટિવ કીંગા નોટરિ કરુન દેને

2) શીક્ષણામધ્યે ચાંડ પડલ્યાર "ગોપ સર્ટિફિકેટ" હે સુદ્ધા ક. 900-ચા સ્ટેમ્પ પેપર પર ઓબ્જેક્ટિવ કીંગા નોટરિ કરુન દેને.