



**MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES**  
**Application Form for Admission to Fellowship /Certificate**  
**at Affiliated Training Centre Level MOP-UP Round**



**Academic Year : 2021-22**

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

**Course Preference**

Sr. No.	Name of Training Center/Institute/College	Name of Course
1.	SMF DDKGM SHRI SIDDHIVINAYAK GANAPATI CANCER HOSPITAL MIRAJ	HEAD & NECK CANCER SURGERY

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	Dr Monika Khandelwal
2	Address for Correspondence	7, Nawcotias COLONY MAHAVIR NAGAR 1 <sup>st</sup> KOTA
3	E-mail ID	monikaakhandelwal222@gmail.com
4	Mobile No.	9764871041
5	Gender	FEMALE
6	Date of Birth	17 <sup>th</sup> NOV, 1993
7	Nationality	INDIAN
8	Domicile	
9	Caste & Sub-Caste	HINDU
10	Category	GENERAL
11	Marital Status	— SINGLE
12	Physically Handicapped?	— NO
13	<b>Educational Qualification :</b>	
	Whether Post-Graduate Diploma / Degree Qualification?	MS ENT
	If Yes, no. of Attempt(s)	SINGLE
	Under-Graduate Percentage	60.69%
	XII Percentage	76.4%

Exam Pass	Year of Passing	Name of Board / University	Name of Institute / College	Result / Attempt(s)	Total Marks / Percentage	Grade
P 4 DEGREE	APRIL/ MAY 2022	AMRITA VISHWA VIDYAPEETHAM UNIVERSITY	AMRITA INSTITUTE OF MEDICAL SCIENCES KOCHI	PASS	59%	



14	Presently secured admission for any UG / PG / Diploma Courses?	— NO —				
15	Discontinued any PG admission in Past?	— NO —				
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	— NO —				
17	Whether you are presently working in Govt./Aided/Corporation conducted Health Sciences Colleges affiliated to this University? If Yes, Name of College :	— NO —				
18	Registered Practitioner details with respective State/Central Registrations Council Completed?	YES				
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: <a href="https://muhs.unisuite.in/">https://muhs.unisuite.in/</a> for online Payment					
	Receipt No.		Date of Payment		Amount	
	1510228/2223		16-08-2022		3000/-	

### 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 : MIRAJ

Date : 16/8/2022

16-8-2022

*Miraj*  
Signature of Applicant