

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



Academic Year : 2021-22

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

Course Preference

Sr. No.	Name of Training Center/Institute/College	Name of Course
1.	SMF's DDKGM Shri Siddhivinayak Ganapati Cancer Hospital, Miraj, Dist Sangli 416410.	Fellowship Course in 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	ROHAN MANJUNATH DIXITH
2	Address for Correspondence	c/o Shri Siddhivinayak Ganapati Cancer Hospital, Miraj 416410.
3	E-mail ID	mrohandixith@gmail.com
4	Mobile No.	7760668489
5	Gender	MALE
6	Date of Birth	24-12-1993
7	Nationality	INDIAN
8	Domicile	KARNATAKA
9	Caste & Sub-Caste	BRAMHIN
10	Category	GENERAL
11	Marital Status	UNMARRIED
12	Physically Handicapped?	NO
13	Educational Qualification :	
	Whether Post-Graduate Diploma / Degree Qualification?	YES
	If Yes, no. of Attempt(s)	1
	Under-Graduate Percentage	60.91%
	XII Percentage	88.5%

Exam Pass	Year of Passing	Name of Board / University	Name of Institute / College	Result / Attempt(s)	Total Marks / Percentage	Grade
PG DEGREE	2021	DR. D.Y. PATIL UNIVERSITY	DR. D.Y. PATIL MEDICAL COLLEGE	PASS 1 ATTEMPT	59%	2 nd class

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?	NO				
	If Yes, Name of College :	-				
18	Registered Practitioner details with respective State/Central Registrations Council Completed?	NO				
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	
	UPI Transaction ID		13-07-2022		3000/-	

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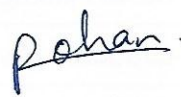
Karnataka Bank

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 : 13/07/2022


Signature of Applicant



To MUHS

₹3,000

Completed • July 13, 2022 at 12:21 PM



Karnataka Bank
451XXXXX008038XX



UPI transaction ID

219432332647

To

.... 0649

From: ROHAN M DIXITH (Karnataka Bank)

mrohandixith-1@okicici

Google transaction ID

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POWERED BY UPI

Having issues?

Split with friends