



DATTA MEGHE INSTITUTE OF MEDICAL SCIENCES
[Declared as Deemed to be University Under Section 3 of UGC Act, 1956]
Conferred 'A' grade Status by HRD Ministry, Govt. of India
Re-accredited by NAAC (3rd Cycle) with 'A+' Grade (Score 3.53 on 7 Point Scale)
Placed under Category-I (Graded Autonomy) by UGC

Office: Sawangi (Meghe), Wardha - 442 004, Maharashtra, India

Ph.No. : 07152 - 304000, 287701-06 Fax: 07152 - 287714, 287719, Email: medical.wda@sancharnet.in

Office: Atrey Layout, Pratap Nagar, Nagpur - 440 022, Maharashtra, India

Ph. No.: 0712 - 3256552, 3253764 Fax: 0712 - 2245318 Email: info@dmims.edu.in Website: dmimsu.edu.in

Ref. No. DMIMS (DU)/2021-22/1098

Date: 7th March, 2022

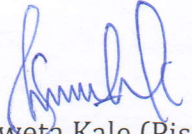
Circular

Applications are invited from the Under Graduate & Post Graduate students of all constituent colleges for Late APJ Abdul Kalam Scholarship Examination for the academic year 2021-22 to be held on **28th March, 2022 at 1.00 PM on Online Proctored Mode.**

Interested students are requested to download the application forms from website www.dmimsu.edu.in and submit the duly filled hard copy of application forms to their respective Heads of Institutions or scanned signed copy by email to scholarship@dmimsu.edu.in

The last date for submission of application forms is 21.3.2022 till 5.00 PM.

For further details please contact to Dr. Sudhakar Shinde, Joint Registrar.


Dr. Sweta Kale (Pisulkar)
Officiating Registrar
DMIMS(DU)

Encl: Application form.

Copy to:

1. All the Heads of Institutions, DMIMS(DU)
 2. All the Deans of Faculties, DMIMS(DU)
 3. Director, Students Welfare
 4. Joint Registrar, DMIMS(DU)
 5. Website incharge
 6. CAO/AOs/AAOs
- >>>to circulate to all students of your concerned colleges

Copy for information:

1. Hon'ble Vice Chancellor, DMIMS(DU)
2. Hon'ble Pro Vice Chacellor, DMIMS(DU)
3. The Chief Coordinator, DMIMS(DU)



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Application Form for Late Dr. APJ Abdul Kalam Scholarship Examination -2021-22

Name of Candidate (IN CAPITAL LETTERS):

Residential Address: _____

Email ID: _____ Mob: _____

Blood Group _____ Adhar Card No. _____

Date of Birth (dd/mm/yyyy) ____ / ____ / ____ Sex: [] Male [] Female

Name of Constituent college _____

Total Marks obtained in HSSC (XII Std.) in English _____ out of _____

Awards / Achievements:

(To be filled in by the Heads of the Institute)

Certify that Dr. /Mr. /Ms. _____ is the student of Constituent Unit
of _____ and the information mentioned herein in
verified as per record available at the institute.

Signature
Candidate

Signature
Head of Institute

Note: Please attach HSSC Mark Sheet with this application form.