

Ref. : DMIHER (DU)/2025

Date: 10/06/2025

#### NOTIFICATION

Constituent College: School of Allied Health Sciences, off Campus, Nagpur

## (FACULTY OF ALLIED HEALTH SCIENCES)

## ADMISSION COUNSELLING NOTIFICATION (2nd Round)

## Academic Session 2025-2026

It is notified for general information of all the concerned that the schedule for counselling and admission to 1st Year Post Graduate Courses in the FACULTY OF ALLIED HEALTH SCIENCES shall be as under.

The candidates whose names are included in the Merit List prepared on the basis of marks obtained in **DMIHER** (**DU**)-**CET-2025** and who fulfills the eligibility criteria shall present themself for counseling as per following schedule.

The admission counseling schedule as given below:

Sr. No.	Merit No.	Date	Time of Counselling
1	DMIHER CET-1 1 To Onwards	17.06.2025 18.06.2025	Original document & Payment of Fee: 10:00 AM to 5:00 PM

<u>Venue: -</u> School of Allied Health Sciences, Near Shalinitai Meghe Hospital, YCC Campus, Wanadongri, Nagpur-441110.

Contact: 7767002154, 9028196816

# List of Documents required while report for Provisional Admission alongwith original and two sets of Xerox:

- 1. S.S.C./Xth Marks Sheets
- 2. S.S.C./Xth Board Certificate
- 3. H.S.C. or equivalent examination Mark sheet.
- 4. H.S.C. board certificate
- 5. Degree Mark sheets( I, II, II & Final year)
- 6. Degree certificate
- 7. Last School/College Leaving
- 8. Migration certificate
- 9. Certificate of Domicile/Nationalilty Certificate
- 10. Caste Certificate (If applicable)
- 11. Caste Validity Certificate (If applicable)
- 12. Gap Certificate (If applicable)
- 13. Photograph (Four)

Hingna Road, Nagpur 440010 Maharashtra, India E: meghesmshealth@gmail.com

Formerly known as Datta Meghe Institute of Medical Sciences (Deemed to be University)

<sup>·</sup> Conferred 'A' Grade status by H.R.D. Ministry Govt. of India

<sup>•</sup> Re- accredited by NAAC (4th cycle) with A++ Grade (CGPA 3.78)



- 14. Aadhar card Xerox copy
- 15. PAN card Xerox copy
- 16. Certificate of Medical Fitness from a Registered Medical Practitioner as performat
- 17. An affidavit of Rs. 100/- on Judicial Stamp Paper in the Model format

#### Annual tuition fees shall be paid to

NAME OF BENIFICIERY:	SCHOOL OF ALLIED HEALTH SCIENCE, DMIMS DU
CURRENT ACCOUNT NO.:	50200063913392
BANK NAME:	HDFC BANK
BRANCH ADDRESS:	M.I.D.C. HINGNA, NAGPUR
IESC CODE:	HDFC0003120

Competent Authority
DMIHER(DU)

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