

DATTA MEGHE EDUCATION & RESEARCH (DEEMED TO BE UNIVERSITY)

LEARN. LEAD.

Ref.: DMIHER (DU)/2025/4

### NOTIFICATION

Date: 27.06.2025

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

## (FACULTY OF ALLIED HEALTH SCIENCES)

### ADMISSION COUNSELLING NOTIFICATION (4th 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 B.Sc. Allied Health Sciences programs 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 counselling schedule as given below:

Sl. No.	Merit No.	Date	Time of Counselling
1	DMIHER CET-1 1 To Onwards	03.07.2025 04.07.2025 05.07.2025	Original document & Payment of Fee: 10:00 AM to 5:00 PM
	DMIHER CET-2 1 To Onwards		

Venue: - School of Allied Health Sciences, Near Shalinitai Meghe hospital, YCC campus, Wanadongri, Nagpur

Contact: 7767002154, 9028196816

# List of Documents required during counseling for Provisional Admission along with 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. Last School/College Leaving
- 6. Migration certificate
- 7. Certificate of Domicile/Nationalilty Certificate
- 8. Caste Certificate (If applicable)
- 9. Caste Validity Certificate (If applicable)
- 10. Gap Certificate (If applicable)
- 11. Photograph (Four)
- 12. Aadhar card Xerox copy
- 13. PAN card Xerox copy

E: meghesmshealth@gmail.com

ormerly 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. Certificate of Medical Fitness from a Registered Medical Practitioner as performat 15. An affidavit of Rs. 100/- on Judicial Stamp Paper in the Model format

Annual tuition fees shall be paid to

	•	SCHOOL OF ALLIED HEALTH SCIENCE,
1 Nar	Name of the Beneficiary	DMIMS DU
2	ACCOUNT NUMBER (LATEST)	5020063913392
3	BANK NAME	HDFC BANK
4	BRANCH ADDRESS	M.I.D.C. HINGNA, NGAPUR
5	IFSC CODE	HDFC0003120

Competent Authority DMIHER(DU)

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