

DATTA MEGHE
INSTITUTE OF HIGHER
EDUCATION & RESEARCH
(DEEMED TO BE UNIVERSITY)
LEARN. LEAD.

Ref.: DMIHER (DU)/2025/ 47

Date: 27.06.2025

NOTIFICATION

Constituent College: School of Allied Health Sciences, Main Campus, Wardha

(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 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:

SI. 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		

<u>Venue: -</u> School of Allied Health Sciences, Datta Meghe Institute of Higher Education & Research, Sawangi(Meghe), Wardha

Contact: 8421887361, 7020961146, 8888040999

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. 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

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

Conferred 'A' Grade status by H.R.D. Ministry Govt. of India

[•] 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

1	BANK NAME	HDFC BANK LTD.
2	NAME OF BANK ACCOUNT	School of Allied Health Sciences
3	BRANCH NAME WITH COMPLETE	Nirmal Bakery Square, Opp. Bank of
	ADDRESS, TELEPHONE NUMBER AND	Maharashtra, Wardha 442001
	EMAIL	
4	TYPE OF BANK ACCOUNT	Current Account
_	COMPLETE BANK ACCOUNT NUMBER	50200063986870
5	COMPLETE BANK ACCOUNT NUMBER (LATEST)	
6	MICR CODE OF BANK	442240002
7	IFSC Code	HDFC0000965
8	Swift Code	HDFCINBB

Competent Authority DMIHER(DU)