



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

SCHOOL OF ADVANCED STUDIES
(A CONSTITUENT UNIT OF DMIHER)
Mail.id: dmimsdusoas@gmail.com

Date of Application: _____

Form No.....

To,
The Competent Authority,

RECENT
PHOTOGRAPH

Application Form for Admission
Fellowship Course- 2023-24

Datta Meghe Institute of Higher Education
and Research (Deemed to be University),
Wardha - 442107

Sir,

I wish to apply for admission to **Fellowship Course**_____

In the Faculty of **Medicine/Dentistry/Ayurveda/Physiotherapy/ Nursing/Interdisciplinary**

The information submitted below by me, is true to the best of my knowledge and belief.

1. *Name(As per SSC Marksheet)_____
2. *Current Designation _____
3. *Address for Correspondence _____
4. *Address for permanent (With state and Pin Code)_____
5. *Mobile Number_____Alternative Contact Number _____
6. *E-mail_____ *Date of Birth (DD/MM/YY)_____
7. *Sex: Male/Female/Other_____ *Marital Status: Single/Married _____
8. *Religion_____ *Cast _____ *Nationality _____
9. *Whether belongs to reserved Category: YES/NO Category _____
10. *Mother Name:_____ * Aadhaar Card No. _____
11. *Recent Qualification:_____
12. *Last School/College Name:_____



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13. *Recent Registration No.(MCI/DCI/MNC/MCIM/_____)_____

Qualification Details:

Qualification	Course Name	Marks Obtained	Out of Marks	Percentage	Attempt	Year of Passing	Collage & University Name
U.G.							
P.G.							
Any Other							

Name of the student:_____

Academic Session: 20__– 20__

I,_____D/S/O_____Resident of_____

Duly do hereby covenant that:

- I have carefully read the concepts and rules regarding my admission to Fellowship course in Datta Meghe Institute of Medical Sciences (Deemed to be University), Wardha. I fully understand that my admission is provisional and is without prejudice to the directives/ rules and regulations/orders/confirmation from the designated and competent authorities and admit that they are binding upon me legally and legitimately.
- I undertake to pay the fees fixed by the Competent Authority, Datta Meghe Institute of Medical Sciences (Deemed University), Wardha.
- I am not simultaneously enrolled for any other full time course under any other University, in the country.
- I undertake to see the daily notices exhibited on the Notice Board of the college, observe and maintain a strict discipline as a student, and otherwise, in the college premises including in the hostel and campus.

(Signature of Student)



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Required Documents:

5 Passport Photos (**Blue Background**) & 5 Set of Copies of Certificate required:
(**Self-attested Photocopies with application form & Originals at the time of admission for verification & scanned copy**)

1. Certificate for date of Birth (SSC Certificate)
2. Adhar Card
3. Degree Certificate(MBBS & MD)
4. Registration Certificate
5. Migration Certificate
6. Transfer Certificate
7. Mother name Proof (Visa/ Passport Xerox)
8. Cast certificate
9. Last School / College Mark sheet (MBBS & MD Last Semester Mark sheet)
10. Domicile Certificate

