

महाराष्ट्र आरोग्य विज्ञान विद्यापीठ,नाशिक

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

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DECLARATION BY THE CANDIDATE

- 1) I am aware that, I have to fulfill criteria of attendance prescribed by the University up to commencement of Examination, failing which I shall be held "NOT ELIGIBLE" and will not be allowed to appear for Examination.
- 2) I hereby declare that I have not availed of any attempt (including the present one) in excess of the maximum attempts permissible by Central Council / University for the said examination (wherever applicable).
- 3) I hereby declare that I have gone through the syllabus prescribed and relevant rules of Ordinance 1/2014 (amended) Heads of Passing which are applicable for the examination for which I am appearing and I accept the same without any challenge (wherever applicable). Reference Ordinance 01/2014 rule 59, 60 & 62 for head of passing and Grace Marks) OR as applicable from time to time.
- 4) I shall be responsible if my application form is rejected for any errors, wrong or incomplete entries made by me in the examination form.
- 5) I hereby declare that I shall not claim any concession on religious ground.
- 6) I am not defying the criteria of the admission order.
- 7) I am not admitted to the course after the cut-off date declared by the University for grant of terms.
- *8) If "Yes" option is opt for wearing Traditional/Cultural Dress during Theory Examinations, then I will remain present one hour before commencement of Examinations.

Place:					
Date:	T		2	0	

Signature of Candidate in running hand

CERTIFIED BY THE HEAD OF INSTITUTION

I certify that,

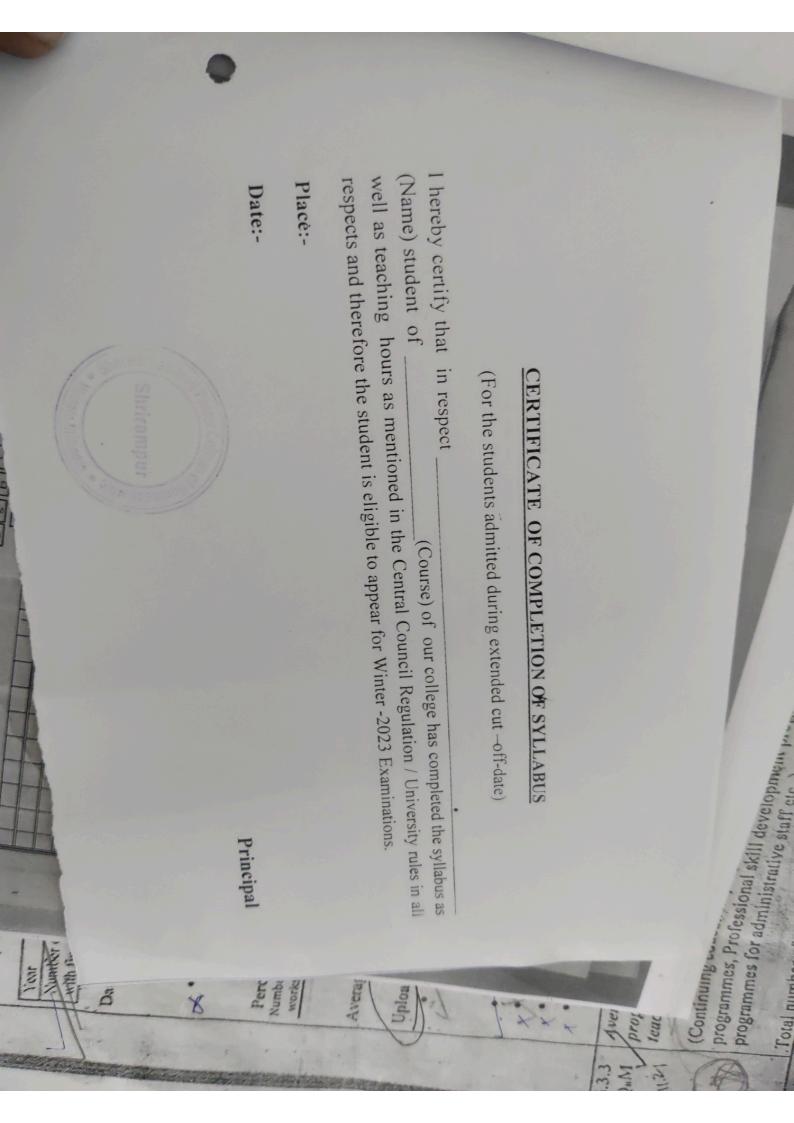
Shri/Smt/Kum. is a bonafide student of this college and has satisfactorily attended

the classes and

- that his/her attendance is not less than as prescribed by the University & respective council norms in lecture teaching and practical work, however, in case prescribed attendance is not fulfill up to commencement of examination, Hall ticket of the Candidate will be marked as "NOT ELIGIBLE" against the respective subject.
- 2. that the candidate has completed the academic terms and appeared in mandatory number of internal assessment tests as per the university rules (wherever applicable).
- 3. that he/she is not admitted to the course after the cut-off date for grant of terms.
- 4. that the candidate has completed house job (For PG Only- wherever applicable)
- that the information furnished by the said candidate is verified from his/her documents and that the candidate is Eligible to appear for University Examination.

Place: 2 0

Signature & Seal of the Dean/Principal



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Appendix-I महाराष्ट्र आरोज्य विद्यान विद्यापीठ,नाशिक MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK UNDER-GRADUATE / POST GRADUATE EXAMINATION FORM THE MATTER AND THE STATE OF THE PROPERTY OF TH Examination Form No. The Controller of Examinations, College Code 4 MUHS, Nashik. University Eligibility Status UG D Sir, Admitted Acad. Eligibility Sattus Eligibility (specity only one: Granted, Not Granted, Provisionally Granted) Year Department FRESH REPEATER Letter Date (Please / Mark) I request permission to present myself at the ensuing 4th 8.11.17.5.25
(Class & Course)
(Class & Course) 2015 Examination to be held in Winter/Summer half of 20.1. I furnish my details as stated below:-CANDIDATE'S NAME In Capital Latters (Strictly as per Class XII or GAZETTE Notification): English

A G A L E S A N T O S H B A R A S A H BARASAHER SANTOSH (Middle Name) (Surname) (First Name) CANDIDATE'S NAME In Marathi: आगळ मतीच जानमहिंदा 2. MOTHER'S FIRST NAME in Capital Letters: MANGALS BABASAHEB FATHER'S/HUSBAND FIRST NAME in Capital Letters: Candidate's mailing address in CAPITAl Letters only: POST. SOMTHANA BAD NAPUR 431 JALNA Pincode: State: MAHARAS A TRA SHARADCHANDR AWA 2 College Name: n agale 834 (gmail. com Email Address: 006 5 0 9 Adhar No. 0 4 Mobile (Adhar Linked): 0 94 10 Mobile (Whats App): FEMALE: MALE: 11 Gender 1989 05 Date of Birth : Month 13 Date of Admission: Month Date 14 Admitted in Academic Year: Total Maximum Attempts Permissable as per 15 Centre Council / University Norms 16 Date of Fee Payment by Student to College: Date Month Left Hand Thumb Impression 17 Current Exam Attempt NOTE : It is to be ensured that this Photograph and Signature appropriate with the Photograph and Signature of Hall Ticket. Medical College & Hass 18. Fees Details of Student Fees Applicable Maisplay 2021 Candidate Name

Stud Type

9. List of Documents/Items to be attached/verified: Documents College attached Br. Yes/No Use only Photograph duly attested by the Dean/Principal Photograph duly altested by the Dearly Integral
Photocopy of marks statement of latest examination
Photocopy of Eligibility letter (For First year Students only) OR Transfer letter (If Applicable)
POR PG STUDENTS, following document is also to be submitted:
Attendance Certificate of Research Methodology workshop
Log book (for Fresh students) (Soft Copy for Medical Faculty & Hard Copy for other Students passed out from other Universities, UG Degree certificate of respective University. NOTE: Incomplete Examination form and without documents will be rejected by the University. 20. Dress Code: Particulars Yes/No* Sr. No. Whether Candidate want to wear Cultural/Traditional Dress during the University Examinations. 1. [(If Yes, it is mandatory to reamin present at Examination Centre before 01 hour of commencement of University examinations for proper frisking (checking)]. I will be appearing for the following Subjects (for Subject Name and Subject Code, please refer Theory Time-Table published by the University on the website):-For Fresh Students Only Subject Sr. No **Subject Name** Attendance % Codes **HOD Name HOD Sign** Theory Practical DAROIZOK Homoeopathic materia Repeater 402-P-1 Dr. Kadam DL Chry medica I Hemoeopothic materio medice -II DABOIL OLT 2 402-P-2 DABOLLOLS Community medicine well Repeater ros. R. petel **DECLARATION BY THE CANDIDATE** I am aware that, I have to fulfill criteria of attendance prescribed by the University up to commencement of Examination, failing which I shall be held "NOT ELIGIBLE" and will not be allowed to appear for Examination.
 I hereby declare that I have not availed of any attempt (including the present one) in excess of the maximum attempts permissible by Central Council / University for the said examination (wherever applicable). 3) I hereby declare that I have gone through the syllabus prescribed and relevant rules of Ordinance 1/2014 (amended) Heads of Passing which are applicable for the examination for which I am appearing and I accept the same without any challenge (wherever applicable). Reference Ordinance 01/2014 rule 59, 60 & 62 for head of passing and Grace Marks) OR as applicable I shall be responsible if my application form is rejected for any errors, wrong or incomplete entries made by me in the I hereby declare that I shall not claim any concession on religious ground. I am not defying the criteria of the admission order. I am not derying the criteria or the admission viola.

I am not admitted to the course after the cut-off date declared by the University for grant of terms.

If "Yes" option is opt for wearing Traditional/Cultural Dress during Theory Examinations, then I will remain H RI RAMPUR Date: Signature of Candidate in running hand 6 1 certify that,

Shri/Smt/Kum. Angole. San tosh Cota and S. is a bonafide student of this college and has satisfactorily attended the classes and however, in case prescribed attendance is not fulfill up to commencement of examination, Hall ticket of the Candidate will be marked as "NOT that the candidate has completed the academic terms and appeared in mandatory number of internal assessment tests as per the university that the candidate has completed the academic terms and appeared in mandatory number of internal assessment tests as per the university that the candidate has completed house job (For PG Only—wherever applicable).

1. That the information furnished by the said candidate is verified from his/her documents and that the candidate is Eligible to Place: CERTIFIED BY THE HEAD OF INSTITUTION 10612022 Signature and the property of the period of

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MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

STATEMENT OF MARKS FOR FOURTH BHMS (2015) - Winter-2021

Name of the Student:- AGALE SANTOSH BABASAHEB

College:- Shiva Trust Aurgangad's Sharadchandraji Pawar Homoeopathic Medical College & Hospital, Shrirampur

	Seat No:-41		:- 1516136805			
IEADS	**	THEORY	PRACTICAL + ORAL	TOTAL		
SUBJECTS	MAX	200	200	400		
SUBJECTS	MIN	100	100	200		
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	MAX	200	100	300		
	MIN	100	50	-		
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NOTE: 1) The above result is subject to change in case of any error in the processing of the results in accordance with the provisions under section-67 of Ordinance 1/2014.

2) For Verification of marks send an application with prescribed fees through the college before .12/06/2022 As per Noti.52/2019,29/07/19 And for Photostate(Xerox) copies of Answer books (If any), send an Application with requisite fee through the college before 12/06/2022 As per Circ.52/2019,29/07/19.

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Sharadchandraji Pawar Homoeopatri Medical College & Hospital At Wadala Mahades To Shriram

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CERTIFICATE OF COMPLETION OF SYLLABUS

(For the students admitted during extended cut-off date)

respect - Poole Santosh Babajahel

summer -2022 Examination. University rules in all respects and therefore the student is eligible to appear for syllabus as well as teaching hours as mentioned in the central council Regulation / Student of 4th B.H. M. (Course) of our college has completed the

Place: Shrirampur.

Snaradchandraji Pawar Homoes At Wadala Mahadev, Tq. Shirramour Medical College & Hospital PRINCHOR

Appendix-'G'



MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK CONVOCATION FEE DETAILS

College and Mespital Stricempur

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* A separate list of Repeater students should be enclosed giving the above details. A consolidated D.D. for all students should be submitted.

> Sign. & Seal of the Pean Principal Snaradchaodraji Pawar Homoeopethio Medical College & Hospital

At. Wadala Mahadev, Tq. Shrramou

Sharadchandraji Pawar Homoeopathic Medical College & Hospital A/p.Wadala Mahadev, Tal.Shrirampur

