

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:

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Date:

		/			/	2	0		
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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

1. 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)
5. **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:

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Date:

		/			/	2	0		
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Signature & Seal of the Dean/Principal



CERTIFICATE OF COMPLETION OF SYLLABUS

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

I hereby certify that in respect _____ (Course) of our college has completed the syllabus as (Name) student of _____ well as teaching hours as mentioned in the Central Council Regulation / University rules in all respects and therefore the student is eligible to appear for Winter -2023 Examinations.

Place:-

Date:-

Principal



Year _____
Number _____

Date

Per Number weeks

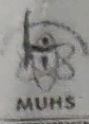
Average

Uptil

3.3
Aver
prof
teac

(Continuing development programmes, Professional skill programmes for administrative staff development)

Total



महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक
MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK
UNDER-GRADUATE / POST GRADUATE EXAMINATION FORM

Appendix-I

To,
The Controller of Examinations,
MUHS, Nashik.

Examination Form No. :

College Code :

Sir,

University Eligibility Status		
Admitted Acad. Year	Eligibility Status (specify only one: Granted, Not Granted, Provisionally Granted)	Eligibility Department Letter Date

UG PG
 FRESH REPEATER
 (Please / Mark)

I request permission to present myself at the ensuing 4th R.M.M.S. 2015 Examination to be held in Winter/Summer half of 2015. I furnish my details as stated below:-
 (Class & Course)

1. CANDIDATE'S NAME In Capital Letters (Strictly as per Class XII or GAZETTE Notification): English

AGALE SANTOSH BARASAHAR
 (Surname) (First Name) (Middle Name)

CANDIDATE'S NAME In Marathi:

आगळे संतोष बाबासाहेब

2. MOTHER'S FIRST NAME in Capital Letters: HANGALBAI

3. FATHER'S/HUSBAND FIRST NAME in Capital Letters: BARASAHAR

4. Candidate's mailing address in CAPITAL Letters only:

AT. POST. SOMTHANA
TEL. BADNAPUR
DIST. JALNA Pincode: 431202

5. State: MAHARASHTRA

6. College Name: SHARADCHANDRAJI PAWAR

7. Email Address: santoshagale854@gmail.com

8. Adhar No. 3109 2785 0066

9. Mobile (Adhar Linked): 9403036631

10. Mobile (Whats App): 9403036631

11. Gender : MALE: FEMALE:

12. Date of Birth : 11 05 1989
 Date Month Year

13. Date of Admission :
 Date Month Year

14. Admitted in Academic Year:

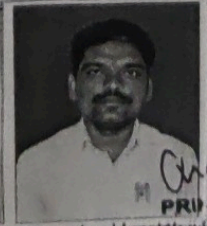
15. Total Maximum Attempts Permissible as per Centre Council / University Norms

16. Date of Fee Payment by Student to College:
 Date Month Year

17. Current Exam Attempt



Left Hand Thumb Impression



Gale
 Signature of Candidate in running hand, within the box

NOTE: It is to be ensured that this Photograph and Signature should match with the Photograph and Signature of Hall Ticket.

Stud Type	Candidate Name	Fees Application No.	Headwise Fee Details

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:-41238 PRN No:- 1516136805

HEADS		THEORY	PRACTICAL + ORAL	TOTAL
SUBJECTS	MAX	200	200	400
	MIN	100	100	200
PRACTICE OF MEDICINE		116	143	259
HOMOEOPATHIC MATERIA MEDICA		097	122	FFF
	MAX	200	100	300
	MIN	100	50	--
ORGANON OF MEDICINE WITH HOMOEOPATHIC PHILOSOPHY		105	066	171
	MAX	100	100	200
	MIN	50	50	--
CASE TAKING & REPERTORY		054	055	109
COMMUNITY MEDICINE		041	066	FFF
GRAND TOTAL		-- / 1500 NSS AND SPORTS/CULTURAL AND NCC : - GRAND-TOTAL : --		
RESULT		FAIL Result is declared provisionally as per WP.NO.3561/2016, subject to grant of final eligibility by the University		

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.


PRINCIPAL

Sharadchandraji Pawar Homoeopathic
Medical College & Hospital
At Wadala Mahadev Tq. Shrirampur

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK
COUNSELING FORM
 (TO BE SUBMITTED BY THE REPEATER STUDENT)

Appendix-'H'

01. Name of College : S.P.M.C & H. Dhurampur
 02. Name of Student : Asale Santosh Babalal
 03. Name of Course : B.H.M.S.
 04. Date of Admission to 1st year : 2015/2016
 05. Category of payment : Free / Payment / NRI
 06. Percentage of Marks : SSC : 67, HSC : 58, 107. Marks at CET :
 08. State Merit Number :
 09. Regiona Merit Number :

First Attempt:

	Hmm	Community medicine	Subject
Theory	097	041	
Oral	122	066	
Practical			
Internal Assessment			

Second Attempt:

	Subject
Theory	
Oral	
Practical	
Internal Assessment	

Third Attempt:

	Subject
Theory	
Oral	
Practical	
Internal Assessment	

11. Were parents informed about poor performance of the candidate in the last examinations? : Yes
12. Efforts taken by the college to improve performance of the candidate. : Yes
13. Hade the college organized interaction with the parents about poor performance of student? : Yes
14. Whether extra classes / revision classes were conducted for student who had failed in the last examination. : Yes
15. Whether the student is made aware of the fact of maximum no. of attempts permitted by Central Council / MUHS / College administration. : No

16. Please furnish the following information about the student

A) Educational background of family:

	Illiterate	Non-graduate	Graduate	Post-graduate
a) Father	<u>✓</u>			
b) Mother			<u>✓</u>	
c) Brother			<u>✓</u>	
d) Sister				

B) Whether the student was getting any financial assistance / scholarship etc., please specify:

17. Any health problem with the candidate? :
18. Whether Counseling of student & parent has been done before sending the application form? If yes,
 a) Signature of the student:
 b) Signature of parents:
19. Counseling of student done by:
20. The above information is correct to the best of my knowledge.

[Signature]
PRINCIPAL
 Sharadchandraji Pawar Homoeopathic
 Medical College & Hospital
 At Wadala, Nashik, Ms.

CERTIFICATE OF COMPLETION OF SYLLABUS

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

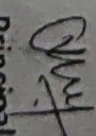
I Hereby Certify that in

respect Agar e Santosh Babajohel (Name)

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

Place:- Shrirampur

Date: 18/06/2022


Principal

Sriharichandrajii Pawar Homoeopathic
Medical College & Hospital
At Wadala Mahadev, Tq. Shirampur



**MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES,
NASHIK CONVOCATION FEE DETAILS**

Appendix-'G'

Name of the College:
Sharadchandrajii Pawar Homoeopathic Medical College and Hospital, Shrirampur

Sr. No	PRN No.	Name of the student (In English & Marathi)	Permanent Address For communication	Year / Batch	Fees paid	Demand Draft details				Signature of Student
						Bank Name	Date	DD No.	Amt.	
	151613 6805	Eng. Agale Sushil Pawar Mar. शिव राव	A/p. Domkharna Tal. Badrapur Dist. Jalga	2015/16						
		Eng.								
		Mar.								
		Eng.								
		Mar.								
		Eng.								
		Mar.								
		Eng.								
		Mar.								
		Eng.								
		Mar.								

* 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 Dean/Principal
PRINCIPAL
Sharadchandrajii Pawar Homoeopathic
Medical College & Hospital
At. Wadala Mahadev, Tq. Shrirampur

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

