



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

Examination Form No.

To,
The Controller of Examinations,
MUHS, Nashik.

College Code

Sir,

University Eligibility Status		
Admitted Acad. Year	Eligibility (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 _____ Examination to be held in
 Winter/Summer half of **20.....** 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

(Surname)	(First Name)	(Middle Name)
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CANDIDATE'S NAME in Marathi:

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2. MOTHER'S FIRST NAME in Capital Letters:

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

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

	Pin code:
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5. State:

6. College Name:

7. Email Address:

8. Adhar No.

9. Mobile (Adhar Linked):

10. Mobile (Whats App):

11. Gender : MALE: FEMALE: 12. Date of Birth:
Date Month Year13. Date of Admission:
Date Month Year14. 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 Year17. Current Exam Attempt

Left Hand Thumb Impression

<div style="border: 1px solid black; width: 80%; height: 80%; margin: auto;"></div>	<div style="border: 1px solid black; width: 80%; height: 80%; margin: auto;"></div>
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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.

DECLARATION BY THE CANDIDATE

- 1) I am aware that, I have to fulfill criteria of attendance prescribed by the University upto 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 the do 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:

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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 fulfilled 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:

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Signature & Seal of the Dean/Principal