

APPLICATION FORM

PASSPORT SIZE
PHOTO to be
Attested

To,
The Registrar,
D. Y. Patil Education Society,
(Deemed To Be University)
D.Y.Patil Education Society,
Kasaba Bavada,
Kolhapur - 416 006.

Sir,
I hereby apply for admission to the M.Sc./Ph.D. degree or Diploma course in
..... (Subject) of the D.Y.Patil Education Society,
Deemed to be University, Kolhapur.

- Mention your preference for following M.Sc. courses:

	Preference		Preference
1	a) Medical Physics <input type="checkbox"/>	2	a) Stem Cell & Regenerative Medicine <input type="checkbox"/>
	b) Applied Physics (Medical) <input type="checkbox"/>		b) Medical Biotechnology <input type="checkbox"/>

- Name in full in Block Letters: Shri./Smt.....
(Exact as per 12th/Degree Certificate)
- Date of Birth:
- Nationality: Caste & Category.....
- Address for Communication:
.....
.....
Mobile No..... E-mail ID:.....
- Permanent Address:
.....

Details of fee Payment :Rs.1000/-

- a. Cash Receipt /D.D. No. :.....
- b. Date of Issue:.....
- c. Name of Bank:.....

*(DD in the favour of "The Registrar, D. Y. Patil Education Society Deemed University, Kolhapur"
payable at Kolhapur)*

6. Up-to-date details of Academic achievements(beginning with last degree)

(Attested copies of mark lists are to be enclosed)

Name of the College / Institute	Name of the Board University	Examination	Year	Roll / Seat No.	Class and Percentage	Subject Offered

7. Details of the following Exams, if applicable :

Sr. No.	Examination Passed	Year of Passing	Grade
1	NET-JRF		
2	GATE/GPAT		
3	ICMR- JRF		
4	SLET		
5	Other		

DECLARATION

1. I,, hereby declare that all statements made in this application are true, complete and correct to the best of my knowledge and belief and in the event of any of the information being found false or incorrect or any ineligibility being detected before or after the test, my candidature is liable to be cancelled and appropriate action may be initiated against me.

2. I, further declare that I fulfill all conditions of eligibility regarding educational qualification prescribed for taking this Diploma/M.Sc./Ph.D. Entrance Examination. I have enclosed the attested copies of the Qualifying Degree Certificates & Statement of Marks.

I have noted that if my application is found to be incomplete / defective / ineligible, it will be summarily rejected and no correspondence will be entertained in this regard.

Date :

Place :

(Signature of applicant)

Please submit following details with Application form

Hall Ticket

Ph.D./M.Sc./Diploma Entrance Test-2018

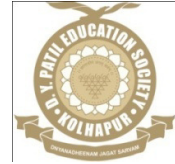
Entrance Test – 2018.

D.Y. PATIL EDUCATION SOCIETY

(DEEMED TO BE UNIVERSITY)

Reaccredited by NAAC with 'A' Grade

(Declared under Sec. 3 of the UGC Act. 1956)



Name of the Candidate	SUBJECT Ph.D./M.Sc./Diploma	Application Number
Date and Address of the Entrance Test Wednesday, 20th June 2018 <u>D.Y.PATIL MEDICAL COLLEGE</u> 869 E, D.Y. Patil Vidyanagar, Kasaba Bawada, Kolhapur		Hall Ticket Number
Candidate's Signature**	Invigilator's Signature	Passport Size Photo To Be Attested

** To be signed in the presence of the invigilator in Examination Hall