



**APPLICATION FOR ADMISSION TO  
POST GRADUATE DEGREE/ DIPLOMA EXAMINATION**

**(Please fill-up information in capital letters)**

**Examination Month & Year** : - Winter / Summer.....

**Branch** :- Medicine / Dentistry / Ayurveda / Pharmacy / PT / OT / Nursing / Bio-teach

**Programme / Course** :- (MD / MS / DIPLOMA / DM / M.Ch / M.Sc / MDS / MPT / MD-MS AYURVEDA)

**Subject / Department** :- .....

1. **Full Name of the Candidate:** .....  
(write as per UG / PG Degree)

**Father's / Husband's Name** : -.....

**Mother's Name** : -.....

**Date of Birth** : - .....

Paste your recent  
Photo here.  
Also Submit one  
Additional photo

2. **University Enrollment (PRN) no.** :- .....

3. **Aadhar Card No.** :-..... **Pan Card No.:-** .....

4. **Passport no.:-** ..... **Election ID no.:-** .....

5. **Council Registration no.:-** ..... /..... /..... **Registration date:-** ..... /..... /.....

6. **Permanent Address** : .....

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.....

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**State & Country** : ..... **Pin Code** : -.....

7. **PG's Contact & Mobile No** :-..... **PG's Email ID** .....

8. **Parent Mobile No**.....**Parent Email ID** .....

9. **Month and Year of Admission** ..... / ..... **Date of Joining** : ..... /..... /.....

10. **Title of the Dissertation** : - .....

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11. **Date of Submission** of Dissertation : - .....

12. **Name of the P.G. Teacher / Guide** :- .....

(PTO)

**To,**

**Controller of Examinations,**

**Sir / Madam,**

I request permission to present myself for the ensuing.....examination. I have paid the requisite examination fees. The information given above is correct to the best of my knowledge and belief.

Examination fee Rs :.....

Receipt No : .....

Receipt Date:.....

**Place :** Navi Mumbai.

**Date :** .....

**Signature of Candidate**

**Place :** Navi Mumbai.

**Date :** .....

**Signature of P.G. Teacher / Guide**

**Signature & Stamp of Head of the Department**

### **Certificate**

Certified that the candidate has kept attendance and has satisfactorily completed the requisite term work as per rules of the University and he/she is eligible to appear for the examination.

**Place:** Navi Mumbai.

**Date:** .....

**Signature of the Dean / Director**

**Seal of the School**

**For Office Use**

Date :

**Controller of Examinations**

**Note :**

- **Admission to final MD / MS / DM / M.Ch / M.Sc / MDS / MPT / MD-MS AYURVEDA examination is subject to acceptance of Dissertation.**
- **Photocopy of the Aadhar Card should be attached with this form.**



**REGISTRAR**

**D. Y. PATIL DEEMED TO BE UNIVERSITY  
NERUL, NAVI MUMBAI - 400706**