

The CCMP students who are allotted our college in the rounds of MUHS 2023 are advised to fill and bring the filled form at the time of admission, to fasten the process.

If need more information contact this number 9764048083

**Candidates selected in Certificate Course for Modern Pharmacology Course for the A.Y. 2023-24 selection round should report for admission along with all Original documents, and DD's of requisite fees (as applicable) & Three (3) sets of self attested photocopies of EACH document.**

## Checklist

Sr.No	Original Documents
1	College Allotment Letter
2	Nationality Certificate / Domicile Certificate / Photocopy of Valid Passport duly attested / Birth Certificate endorsed with Nationality mention " <b>Indian</b> " on it. <b>(Required any one)</b>
3	Passing Certificate / Degree Certificate / PG Degree Certificate issued by concern University for qualifying examination.
4	MCH Registration Certificate with Renewal
5	Caste Certificate <b>(if applicable)</b>
6	Caste Validity Certificate <b>(if applicable)</b>
7	Non-Creamy Layer Certificate ( <b>VJ/DT (A), NT-1, NT-2, NT-3 OBC, SBC</b> ) valid upto 31/03/2024. <b>(If applicable)</b>
8	Original Medical Fitness Certificate
9	Physically Handicap documents proof (Person with Disability) <b>(If applicable)</b>
10	College Leaving Certificate (LC)/ Transfer Certificate (TC)
11	No Objection Certificate of Maharashtra Council of Homeopathic Mumbai (Photocopy)
12	Change of Name (if applicable) required following documents:- <b>Marriage Registration Certificate, Gazette Copy and Original Affidavit 100 Stamp Paper</b>
13	Eligibility Certificate for EWS category issued by appropriate authority, for the year 2023-24. <b>(If applicable)</b>
14	Undertaking Certificate duly signed by the student - Original Copy <b>(Format attached)</b>
15	Xerox Copy of Aadhar Card
16	Xerox Copy of PAN
17	Recent Passport Sized Color Photographs - <b>(05)</b>

**2023 - 24 MODERN PHARMACOLOGY ADMISSION FORM**

All entries in this form must be in **CAPITAL** letters only.

1. Name of the candidate in FULL: (as given in your Homeopathic Degree Cert.)  
\_\_\_\_\_
2. Name of Candidate in FULL Devnagari (Marathi) \_\_\_\_\_
3. Date of Birth: \_\_\_\_\_ Mobile No.: \_\_\_\_\_
4. E-mail ID: \_\_\_\_\_ Aadhar No.: \_\_\_\_\_
5. Pan Card No.: \_\_\_\_\_ Gender: Male / Female
6. Voter ID: \_\_\_\_\_ Place of Birth: \_\_\_\_\_
7. Category: Open / OBC / SC / ST / NT- 1, NT- 2, NT- 3 / VJ/DT(A) / EWS / SEBC Quota :
8. Admitted Quota: \_\_\_\_\_
9. Permanent Registration Number(MCH): \_\_\_\_\_
10. Permanent Address:  
  
Pin Code: \_\_\_\_\_
11. Address for correspondence: (tick if same as above)   
  
Pin Code: \_\_\_\_\_

**Signature of Candidate & Date**

**Sign**  
**Verifying Officer**

**Sign**  
**I/C Admission Cell**

**Sign**  
**Verifying Officer**

# Undertaking for pending fees/ documents

I \_\_\_\_\_ resident of \_\_\_\_\_ do solemnly affirm & state as I have not submitted following documents/Fees which are required documents /fees for admission for the academic year 2023-24. I, hereby undertake to submit these documents / fees to ARMCHRC college office on or before / /2023 failing which my admission is liable to be cancelled.

Solemnly affirm at ARMCHRC, Solapur.

## ❖ List of documents not submitted

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

## ❖ Details of pending fees

Sr.	Fees	Paid	Remaining
1	Tuition Fees		
2	Eligibility Fees (MUHS)		
3	Library, Clinical Deposit		
4	Other Deposit		
5	Other		
6			
7			
8			

This \_\_\_\_\_ day of \_\_\_\_\_ 2024

Name of Student: \_\_\_\_\_

Signature:

सहपत्र - १  
(परिच्छेद क्र. २ नुसार)



**महाराष्ट्र आरोग्य विज्ञान विद्यापीठ**  
**MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES**  
दिंडोरी रोड, म्हसळ, नाशिक-४२२००४ Dindori Road, Mhasrul, Nashik-422004

Latest Passport  
Size Photo

Attested by  
Dean/Principal

**APPLICATION FORM FOR REGISTRATION AND ELIGIBILITY**

**Academic Year: 2023-2024**

**CERTIFICATE COURSE IN MODERN PHARMACOLOGY**

1	Full Name of the candidate in BLOCK LETTER (As per UG Degree Certificate)	..... (Surname) (First Name) (Father's/Husband's Name)																
	Mother's Name (First)	.....																
2	Full Name of the candidate in Devnagari (Marathi)	..... (आडनाव) (प्रथम नाव) (वडिलांचे/पतीचे नाव)																
	<b>a) Category of Candidate</b>	Caste :- ..... Sub Caste ..... <table border="1"><tr><td>Open</td><td>SC</td><td>ST</td><td>VJ</td><td>NT1</td><td>NT2</td><td>NT3</td><td>OBC</td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>	Open	SC	ST	VJ	NT1	NT2	NT3	OBC								
Open	SC	ST	VJ	NT1	NT2	NT3	OBC											
	<b>b) Admitted Category</b>	<table border="1"><tr><td>Open</td><td>SC</td><td>ST</td><td>VJ</td><td>NT1</td><td>NT2</td><td>NT3</td><td>OBC</td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>	Open	SC	ST	VJ	NT1	NT2	NT3	OBC								
Open	SC	ST	VJ	NT1	NT2	NT3	OBC											
3	Date of Admission	<table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td colspan="4">Yy</td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>	D	D	M	M	Yy											
D	D	M	M	Yy														
4	Details of MCH Registration	a) Registration Number : ..... b) Date of Registration : ..... c) Latest Renewal of Registration: Date From ----- to -----																
5	Whether the registration is valid on the cut off date for filling up this application	Yes/ No																
6	Address for Correspondence	..... ..... ..... ..... PIN:.....																
	Permanent Address	..... ..... ..... ..... PIN:.....																
	E-mail ID	.....																
	Residential Telephone No (with STD code )	.....																
	Mobile No.	.....																

7	Gender	Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/>																				
8	Marital Status	Married <input type="checkbox"/> Unmarried <input type="checkbox"/>																				
9	Date of Birth (Date/Month/Year)	<table border="1" style="display: inline-table; text-align: center;"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y												
D	D	M	M	Y	Y	Y	Y															
10	Nationality	Indian <input type="checkbox"/> Foreigner <input type="checkbox"/> If foreigner, specify name of the country: .....																				
11	Details of Qualification acquired	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Level of Course</th> <th style="width: 30%;">Name of Course</th> <th style="width: 30%;">Name of Board/University</th> <th style="width: 25%;">Year of Passing</th> </tr> </thead> <tbody> <tr> <td>Diploma</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Degree</td> <td></td> <td></td> <td></td> </tr> <tr> <td>P. G.</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Ph D</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Level of Course	Name of Course	Name of Board/University	Year of Passing	Diploma				Degree				P. G.				Ph D			
Level of Course	Name of Course	Name of Board/University	Year of Passing																			
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Degree																						
P. G.																						
Ph D																						
12	Willingness about Organ Donation after accidental Death for transplantation/ donar card will be issued	<table border="1" style="display: inline-table; text-align: center;"> <tr> <td>Yes</td> <td>No</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table> <p style="text-align: right;">(Tick whichever applicable)</p>	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>																
Yes	No																					
<input type="checkbox"/>	<input type="checkbox"/>																					



**Signature of the Dean/Principal  
of the College / Institution**

**Following Documents to be attached With Proposal****Check List**

Sr.No	Particulars of documents	Original Document	Attested copy
✓ Please tick in the appropriate column			
1	Selection Letter		
2	Nationality Certificate/Domicile Certificate/ Photocopy of Valid Passport duly attested/ Birth Certificate endorsed with Nationality mention <b>"Indian"</b> on it <b>(Required any one)</b> .		
3	Passing Certificate/ Degree Certificate issued by concern University for qualifying examination.		
4	MCH Registration certificate with Renewal Receipt (Update).		
5	Caste Certificate <b>(If applicable)</b> .		
6	Caste Validity Certificate <b>(If applicable)</b> .		
7	Non-Creamy Layer Certificate <b>(If applicable)</b> .		
8	Original Medical Fitness Certificate / Physically Handicap documents proof (Person with Disability) <b>(If applicable)</b> .		
9	Leaving Certificate/ Transfer Certificate		
10.	NOC from Maharashtra Council of Homoeopathy (Photocopy)		
11	Change of Name (If Applicable) required following documents :- <b>Marriage Certificate, Gazette and original Affidavit.</b>		
12	EWS Certificate <b>(If applicable)</b> .		
13.	Undertaking Cedrtificate duly signed by the student - Original Copy <b>(Format attached as per Annexure D )</b>		

**UNDERTAKING**

I, Dr. .... am an aspirant to undergo the training of "Modern Pharmacology" certificate course being run by the nominated Government / Private Medical Colleges affiliated to the Maharashtra University of Health Sciences, Nashik in Academic Year 2022-23 in accordance with the Maharashtra State Government G.R. No. एमएचसी २०१४७/प्र.क्र.३०८/१४/शिक्षण-२, दि.१३ ऑगस्ट, २०१४.

I am well aware that, the said impugned decision has been challenged by the Indian Medical Association, Pune by filing a Writ Petition (No. 7847/2014) and Civil Application No. 3368/2015 ins Writ Petition No, 7847/2014. The said Civil Application has been disposed of vide order dated 14/03/2016 denying to grant stay on the operation and execution on the decision of the State Government and MUHS. However, the court has made it clear that the admission to the said course as well as any further action shall be subject to final orders that shall be made in WP No. 7847/2014. The court has further made it clear that neither the State Government or the candidates shall claim any equity in case of the decision goes against the State Government and MUHS. Hence, the entire admission process to this course is subject to the decision of the Hon'ble High Court in W.P. No. 7847/2014 or any other petition which is pending for adjudication at present.

In view of the above, I am willing to undergo training of the said course at my own risk and shall not claim any relief / equity in case the decision on the said W.P. goes against the State Government and MUHS.

The above statement is true to the best of my knowledge and signed the same on .....day of.....2022.

Date : .....

Signature : .....

Place : .....

Name : .....



## MEDICAL FITNESS

A candidate must be medically fit to undergo the professional course applied for. The medical fitness must be certified by a Registered Medical Practitioner in the prescribed proforma, as given below on a **Letterhead**:

### CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted clinical examination of Mr./Ms ..... who is desirous of admission to Health Science Courses.

He/she has not given any personal history of any disease incapacitating him/her to undergo the professional course. Also, on clinical examination it has been found that he/she is medically fit to undergo the professional course.

Certified that he/she fulfills the following criteria.

- (1) Absence of any incapacitating and /or progressive systemic disease/disorder/condition,
- (2) Absence of any disability of upper limb/s.
- (3) Absence of any major visual/ auditory disability.
- (4) Absence of psychosis/neurosis/mental retardation,
- (5) Ability to maintain erect posture,
- (6) Reasonable manual dexterity.

Though, following deviations have been revealed, in my opinion, these are not impediments to pursue a career as a Medical / Dental / Ayurved / Unani / Occupational Therapy / Physiotherapy / Audiology & Speech, Language Pathology / Prosthetics & Orthotics / BSc Nursing. **(Strike, which is not applicable):**

1. ....
2. ....
3. ....

Address of the Registered Medical Practitioner	Signature
	Name
	Registration No.
	Seal of Registered Medical Practitioner
Date :	