



**MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK  
(CORRIGENDUM)**

***Application are invited from the students for admission to the  
Post Graduate Certificate Course in Oral Implantology***

**Eligibility : BDS or MDS or any other equivalent degree recognized  
by the Dental Council of India**

**Duration : 01 year**

**Course Fee : Rs. 40,000/-**

The Last Date for submission of application for aforesaid course is : extended to **15<sup>th</sup> Dec., 2011.** Candidates may forward application form alongwith DD of Rs. 500/- of Nationalized Bank in favour of "Registrar, MUHS Nashik." to University Regional Centre, Mumbai.

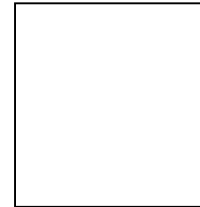
**Registrar  
MUHS , Nashik**



# MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

University Regional Centre, Govt. Dental College & Hospital Bldg.,  
4<sup>th</sup> Floor, St. Georges Hospital Compound, Mumbai – 400 001

## Post Graduate Certificate Course in Oral Implantology



### Application Form

1) Name : \_\_\_\_\_  
(In Capital letters) Surname First Name Father's /Husband's Name

2) Address for Correspondence : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ PinCode \_\_\_\_\_

3) Contact Tel. Nos. STD cod \_\_\_\_\_ (Res.) \_\_\_\_\_ (Off.) \_\_\_\_\_  
E-mail ID \_\_\_\_\_ Mobile No. \_\_\_\_\_

4) Date of Birth : \_\_\_\_\_ (in words) \_\_\_\_\_

5) Age (as on 15/ 12/2011) : \_\_\_\_\_

6) Nationality : \_\_\_\_\_ 7) Religion : \_\_\_\_\_

8) Whether belong to SC/ST/VJ/NT/OBC/SBCategory: \_\_\_\_\_ 10) Caste: \_\_\_\_\_  
(Please attach documentary proof)

9) Sex :  Male  Female  
(Please strike \ / mark)

10) Marital Status : Married/Unmarried

11) Application form fees : Rs. 500/- D.D.No. \_\_\_\_\_ Date : \_\_\_\_\_  
Name of the bank : \_\_\_\_\_

(DD should be drawn on any Nationalised Bank in favour of "Registrar, MUHS, Nashik" and should be payable at Nashik only. **Kindly write your name and address at the back side of DD**)

**12) Educational Qualifications:** (Mandatory to attach all necessary copies of attested Mark Sheets)

Sr.No.	Degree	Year of Passing	Name of Board/University	Marks Obtained	Percentage of marks

**13) Languages:**                      Read    Write    Speak

\_\_\_\_\_

\_\_\_\_\_

**14) Any other information, which you would like to provide** \_\_\_\_\_  
(Please attach separate sheet if necessary)

\_\_\_\_\_

\_\_\_\_\_

**DECLARATION**

I hereby declare that the information furnished by me is correct and true. If any information submitted here is incorrect, untrue or fraudulent, I understand that I am liable for Civil/Criminal action by the Authority.

**Place :**

**Date:**

**(Signature of the Candidate)**

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