



**Dr. D. Y. Patil Medical College, Hospital and
Research Centre, Pimpri, Pune – 411018**

Dr. D.Y. PATIL VIDYAPEETH, PUNE

(Deemed To Be University)

(Re-accredited by NAAC with a CGPA of 3.62 on a four point scale at 'A' grade)

Contact No. 020-27805900 / 5100

Email:-pgsection.medical@dpu.edu.in

Application for M.Sc. Medical course in: - _____

Name:- _____

Date of Birth:- _____ **Age:-** _____

E-mail ID:- _____

Mobile no.:- _____ **Residential no :-** _____

Aadhar Card no:- _____ (Attach Proof)

Pan Card no:- _____ (Attach Proof)

Residential address: _____

Year of Passing 10+2:- _____ (Attach degree/ passing certificate)

Year of Passing MBBS/BDS/any Graduation:- _____ (Attach degree/ passing certificate)

Details of Registration with Medical Council if applicable: -

- **MBBS/BDS/any** (Registration no. & Year) _____ Attach Proof)

Present working status: -

_____ (Attach Proof)

Note:- Certified that the above information is correct and I am willing to work in the Department on full time basis during the period of training.

Signature of Applicant

(-----)

Attach Photo