



Dr. D.Y. PATIL VIDYAPEETH, PUNE
(Deemed University)

**Dr. D. Y. Patil Medical College, Hospital & Research Centre
Pimpri, Pune - 18**

Application for Certificate Course in _____

Name:- _____

Date of Birth: - __ / __ / ____

Age:- _____ (Age/Nationality/Domicile or HSC Certificate)

Present address:- _____

(AttachProof)

Permanent address:- _____

(Attach Proof)

Telephone no :- (Landline) _____

Mobile no.:- _____

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

Year of Passing X-Ray Technician :- _____ (Attach degree/ passing certificate)

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