



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

Dr. D.Y. PATIL VIDYAPEETH, PUNE

(Deemed 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:-info.medical@dpu.edu.in

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 HSC:- _____ (Attach degree/ passing certificate)

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

Year of Passing MD/DNB _____ :- _____ (Attach degree/ passing certificate)

Details of Registration with Medical Council & applicable: -

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

- **MD/ DNB (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

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