Dr. D. Y. Patil Medical College, Hospital and Research Centre

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

Pimpri, Pune - 411 018

Contact No. 020-27805900 /100 Email:-pgsection.medical@dpu.edu.in

ADVERTISEMENT

Applications are invited for M.Sc. Medical Courses in prescribed format provided on our website. The details are as follows:-

M.Sc. Medical Courses

Sr. No	Course	Dept.	Duration	Eligibility	Intake	Fees
1	M.Sc. Medical Microbiology	Microbiology	3 Years	MBBS / BDS / B.Sc. (Nursing) / BPT / B.Sc. Microbiology	02	1,25,000/- Per Year
2	M.Sc. Medical Pharmacology	Pharmacology	3 Years	MBBS / BDS / B.Sc. (Nursing) / BPT / B. Pharm.	02	1,25,000/- Per Year
3	M.Sc. Medical Anatomy	Anatomy	3 Years	MBBS / BDS / B.Sc. (Nursing) / BPT / B.Sc. (Anatomy)	02	1,25,000/- Per Year
4	M.Sc. Medical Physiology	Physiology	3 Years	MBBS / BDS / B.Sc. (Nursing) / BPT / B.Sc. (Physiology/ Zoology)	02	1,25,000/- Per Year

5	M.Sc. Medical Biochemistry	Biochemistry	3 Years	MBBS / BDS / B.Sc. (Nursing) / BPT / B.Sc. (Biochemistry / Chemistry / Zoology / Botany / Allied Health Sciences)	02	1,25,000/- Per Year

Admission Procedure : a) Last date of submitting of application is 31th December 2018.

b) Selection shall be done on inter-se merit.

Interested candidates shall submit the scanned copies of the mark sheets, passing certificates and Photo ID Proof to above mentioned E-mail address.

(Dr. J. S. Bhawalkar)

D E A N

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: - _____

Attach Photo

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

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