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 Master Degree Course in prescribed format provided on our website. The details are as follows:-

MASTER OF PUBLIC HEALTH COURSE

Sr. No	Course	Dept.	Duration	Intake	Fees
1	Master of Public Health Course	Community Medicine	2 Years	10	Rs 1,00,000/- Per Year

Eligibility : Graduate in Health Science (MBBS, BAMS, BHMS, BUMS) Dentistry, Physiotherapy, Nursing, Pharmacy, B.Sc. in Bio - statistics, Botany, Zoology, Public Health, Biotechnology, Dairy Science, Veterinary Sciences, Home Science and Health Science.

Selection Criteria : The admission shall be done through Entrance Test and candidates should obtain 50% marks to pass the entrance test. For the admission weightage should be given as 80% for Entrance Test and 20% for marks in graduation examination of above subjects form any Indian University or their equivalent.

How to apply – interested candidate may apply with complete biodata and relevant certificates on the mail :-pgsection.medical@dpu.edu.in
Copy to: - med.psm@dpu.edu.in
Contact: 020-27805152, Ext: 5117 & 5126

(Dr. J. S. Bhawalkar)

DEAN

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

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

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 Master Degree 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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