



**Dr. D. Y. PATIL MEDICAL COLLEGE,  
HOSPITAL & RESEARCH CENTRE**

Dr. D.Y.PATIL VIDYAPEETH, PUNE  
(DEEMED TO BE UNIVERSITY)

Accredited (3<sup>rd</sup> Cycle) by NAAC with a CGPA of 3.64 on four point scale at 'A++' Grade)

Contact No. 020-27805900 / 5164

Email:- [alsoblsoskills@dpu.edu.in](mailto:alsoblsoskills@dpu.edu.in)

Application for Admission to **Basic Life Support in Obstetrics (BLSO) and Advanced Life Support in Obstetrics (ALSO)**

**Note:-** Interested candidates should mail the application form along with scanned copies of their mark sheets, passing certificate and Photo ID Proofs to [alsoblsoskills@dpu.edu.in](mailto:alsoblsoskills@dpu.edu.in)

**APPLICATION FOR:-** .....

[ Capital Letters]

**1. Name of the Applicant** : .....

**2. Gender** : Male  Female  Other

**3. Date of Birth(DD-MM-YYYY):**    /    /                      Age:.....Years

**4. Category** : General  SC  OBC  Other

**5. Nationality** :

**6. Religion** :

**7. Name of Father / Husband** :

**8. Aadhar No** :

**9. PAN No** :

**10. Present working status** :

**11. Address for Communication:**

Affix Passport  
Size Color  
Photo

Permanent Address	Current Address
Phone/Mobile No. Email:	Phone/Mobile No. Email:

**12. Academic Qualification :**

<b>Academic Qualification</b>	<b>Name of the School/College</b>	<b>Specialization</b>	<b>Board / University</b>	<b>Registration No</b>

Certified all the information provided are true to the best of my knowledge.

**Signature of the Applicant**

Place :

Date :