



**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 / 5100**

**Email:- fellowship.certificate@dpu.edu.in**

**Application for Admission to Fellowship Programme/Certificate Courses after: MBBS/MD/MS/DNB,  
Certificate Courses after 10+2/Graduation and Short Term Training Programmes.**

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

**APPLICATION FOR FELLOWSHIP/CERTIFICATE COURSES/STTP IN:- .....**

[ Capital Letters]

**1. Name of the Applicant** : .....  
(As per qualifying examination (Degree/12<sup>th</sup>))

**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** (Attach Proof) :

**9. PAN No** (Attach Proof) :

**10. Address for Communication:**

Affix Passport  
Size Color  
Photo

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

**11. Academic Qualification** : (Attach Proof)

<b>Academic Qualification</b>	<b>Name of the School/College</b>	<b>Specialization</b>	<b>Board / University</b>	<b>Month &amp; Year of Passing</b>	<b>Registration No</b>	<b>% of Marks</b>	<b>Class / Rank</b>

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

**Signature of the Applicant**

Place :

Date :