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 weight age 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.

Dr. J. S. Bhawalkar
D E A N

Admission: Procedure

a) Last date of submission application is 25th June 2021 without late fee & Procedure with late fee of Rs.1000/- up to 30th June 2021.

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

c) Commencement of Course 1st July 2021.

Interested candidates should mail the application form along with scanned copies of their mark sheets, Passing certificate and Photo ID Proofs to the 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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