



# 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.

Sd/-

**Dr. J. S. Bhawalkar**

**D E A N**

**Admission:  
Procedure** a) Last date of submission application is 25<sup>th</sup> September 2021 without late fee &  
with late fee of Rs.1000/- up to 30<sup>th</sup> September 2021.

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

c) Commencement of Course 1<sup>st</sup> October 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)**

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**Contact No. 020-27805900 / 5100**

**Email:-pgsection.medical@dpu.edu.in**

**Application for Master Degree course in: - \_\_\_\_\_**

**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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