



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

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

Accredited (3rd 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/12th))

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)

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

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

Signature of the Applicant

Place :

Date :