



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 M.Sc. Medical Courses in prescribed format provided on our website.
The details are as follows:-

M.Sc. Medical Courses

Sr. No	Course	Dept.	Duration	Eligibility	Intake	Fees
1	M.Sc. Medical Microbiology	Microbiology	3 Years	MBBS / BDS / B.Sc. (Nursing) / BPT / B.Sc. Microbiology	02	Rs.1,25,000/- Per Year
2	M.Sc. Medical Pharmacology	Pharmacology	3 Years	MBBS / BDS / B.Sc. (Nursing) / BPT / B. Pharm.	02	Rs.1,25,000/- Per Year
3	M.Sc. Medical Anatomy	Anatomy	3 Years	MBBS / BDS / B.Sc. (Nursing) / BPT / B.Sc. (Anatomy)	02	Rs.1,25,000/- Per Year
4	M.Sc. Medical Physiology	Physiology	3 Years	MBBS / BDS / B.Sc. (Nursing) / BPT / B.Sc. (Physiology/ Zoology)	02	Rs.1,25,000/- Per Year

Sr. No	Course	Dept.	Duration	Eligibility	Intake	Fees
5	M.Sc. Medical Biochemistry	Biochemistry	3 Years	MBBS / BDS / B.Sc. (Nursing) / BPT / B.Sc. (Biochemistry / Chemistry / Zoology / Botany / Allied Health Sciences)	02	Rs.1,25,000/- Per Year

Admission Procedure : a) Last date of submission application is 25th September 2020 without late fee & with late fee of Rs.1000/- up to 30th September 2020.

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

c) Commencement of Course 1st October 2020.

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.

Sd/-
Dr. J. S. Bhawalkar
DEAN



**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 M.Sc. Medical 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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