



MGM UNIVERSITY OF HEALTH SCIENCES

(Established u/s 3 of UGC Act, 1956 & vide HRD Notification No. F.9-21/2005-U.3 (A) dt. 30.8.2006)
MGM Educational Complex, Sector 18, Kamothe Navi Mumbai 410 209
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Website : www.mgmuhs.com E-mail : mgmuniversity@yahoo.co.in / mgmuniversity@mgmuhs.com

Photograph of the Candidate (2.5 cm X 3.5 cm)

Application No.

Candidate Signature

APPLICATION FOR M.Sc / MBA COURSES

1. Surname/ Last Name :

2. First Name

3. Father's / Husband's / Middle Name :

4. Address for correspondence :

 Pin

6. Telephone No. 0

Email Address (Capital) :

Mobile

7. Date of Birth :

8. Nationality : Indian FN / PIO/ NRI

9.. Sex : Male Female

10. Preference for M.Sc./MBA Courses :

Preference	Course Code
<input type="checkbox"/> 0 <input type="checkbox"/> 1	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> 0 <input type="checkbox"/> 2	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> 0 <input type="checkbox"/> 3	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> 0 <input type="checkbox"/> 4	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> 0 <input type="checkbox"/> 5	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> 0 <input type="checkbox"/> 6	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> 0 <input type="checkbox"/> 7	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> 0 <input type="checkbox"/> 8	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> 0 <input type="checkbox"/> 9	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> 1 <input type="checkbox"/> 0	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> 1 <input type="checkbox"/> 1	<input type="checkbox"/> <input type="checkbox"/>

Course Code	Name of Course
<input type="checkbox"/> 0 <input type="checkbox"/> 1	M.Sc. Medical Anatomy
<input type="checkbox"/> 0 <input type="checkbox"/> 2	M.Sc. Medical Physiology
<input type="checkbox"/> 0 <input type="checkbox"/> 3	M.Sc. Medical Biochemistry
<input type="checkbox"/> 0 <input type="checkbox"/> 4	M.Sc. Medical Pharmacology
<input type="checkbox"/> 0 <input type="checkbox"/> 5	M.Sc. Medical Microbiology
<input type="checkbox"/> 0 <input type="checkbox"/> 6	M.Sc. Medical Genetics
<input type="checkbox"/> 0 <input type="checkbox"/> 7	M.Sc. Medical Biotechnology
<input type="checkbox"/> 0 <input type="checkbox"/> 8	MBA Hospital Management
<input type="checkbox"/> 0 <input type="checkbox"/> 9	MBA Pharmaceutical Management
<input type="checkbox"/> 1 <input type="checkbox"/> 0	PG Diploma in Hospital Management
<input type="checkbox"/> 1 <input type="checkbox"/> 1	M.Sc. Clinical Research

11. Preference for College of Admission :

Preference	College Code
<input type="checkbox"/> 1	<input type="checkbox"/>
<input type="checkbox"/> 2	<input type="checkbox"/>

CODE

COLLEGE

<input type="checkbox"/> 1	MGM SCHOOL OF BIOMEDICAL SCIENCES, NAVI MUMBAI
<input type="checkbox"/> 2	MGM SCHOOL OF BIOMEDICAL SCIENCES, AURANGABAD

12. Qualifications : Attach attested copies of marklist in support of qualification.

Certificates	Qualification	Board/ University	Year of Passing	% marks obtained
1. S.S.C. or equivalent	X th Std.			
2. H.S.C. (10+2) or equivalent	Science			
3. Degree Course				
4. PG Course				

Declaration by the Candidate

1. I hereby solemnly and sincerely affirm that the statement made and information given by me in the application form is true and correct.
2. I have not concealed any material information, however if any information submitted herein is fraudulent, incorrect or untrue, I understand that I am liable to criminal prosecution and I also agree to forgo my seat in the medical college. I understand that the selection and admission to the course is also liable to be cancelled.
3. I agree to abide by the Rules & Regulation as contained in the information brochure.
4. I undertake to submit all the required certificates at the time of my selection during admission process as per the rules, failing which my claim for selection shall not be granted.

Date :

Place :

Signature of the Candidate

I have fully read the information furnished by my son/ daughter/ ward and affirm that it is true, I understand that if it is proved that the information is fraudulent, I am liable to criminal prosecution.

Date :

Place :

Signature of Father/Mother/* Guardian
(* If Father & Mother are not alive)

LIST OF DOCUMENTS REQUIRED TO BE SUBMITTED

- a) Marksheet, Passing Certificate and Attempt Certificate of school Leaving Certificate or any other authorized document clearly showing your date of birth.
- b) Marksheet, Passing Certificate and Attempt Certificate of Secondary School Certificate Examination or its equivalent examination from State Board of Secondary & Higher Secondary.
- c) Marksheet, Passing Certificate and Attempt Certificate of Higher Secondary Certificate Examination or its equivalent examination from State Board of Secondary & Higher Secondary.
- d) Marksheet, Passing Certificate and Attempt Certificate of graduate degree examination or its equivalent from State University.
- e) Nationality Certificate
- f) Conduct & Character Certificate
- g) Transfer Certificate
- h) Migration Certificate
- i) Certificate of completion of Intership