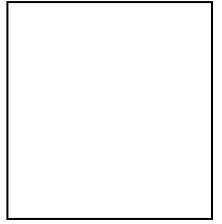




**DATTA MEGHE INSTITUTE OF MEDICAL SCIENCES
(DEEMED TO BE UNIVERSITY)
SAWANGI (M), WARDHA, MAHARASHTRA, INDIA**
(Declared as deemed to be University under section 3 of the UGC act 1956)
NAAC accredited 'A+'



**APPLICATION FORM FOR THE ADMISSION TO THE POSTGRADUATE COURSE OF
MASTER IN HEALTH PROFESSIONS EDUCATION (MHPE)**

To,
Dr. (Mrs.) Sunita Vagha
Director, SHPER,
DMIMS (Deemed to be University),
Sawangi (Meghe), Wardha

**Subject:- Application for the admission of the course of Masters in Health
Professions Education.**

Respected Sir / Madam,

I am submitting herewith my application for the course of Master in Health
Professions Education at your University.

I request you to kindly consider my application for the same.

Thanking you,

Yours sincerely,

(Name and signature of the candidate)

Place:-

Date:-

1. Name in full in Block letters: -----

2. Sex: Male Female 3. Age in Years : Years 4. Date of Birth : / /

5. Religion: ----- 6. Nationality: -----

6. Post held: -----

7. Address for correspondence: -----

8. Permanent postal address: -----

9. Phone Number: a) Landline: ----- b) Cell No. : -----

10. E-Mail ID: -----

11. Educational Qualification

S/No	Degree	Year of Passing	Name of College	Name of University	Subjects passed

12. Teaching Experience

s/No	Post Held	Institution where worked	Period From	Period To	Total Experience

Total Teaching Experience in years: - -----

13. Eligibility

S/No	Eligibility	Year of getting the eligibility	Place where worked and duration of work
	MCI recognized Basic course or workshop		
	Certified association with MET activities.		
	Any other		

14. Any other special training of MET taken? If so specify. -----

15. Faculty in which working: - Medical/Dental/Ayurvedic/Nursing / Physiotherapy

Signature with date

(Name and Designation)

CERTIFICATE BY THE CANDIDATE

I hereby solemnly declare that the information furnished by me in this application is true to the best of my knowledge. I am aware that if any of the information furnished is found to be wrong, my admission to the course will be cancelled.

Address for correspondence

----- (Signature of the candidate)
----- Name: -----
----- Date: -----

CERTIFICATE OF DEAN/PRINCIPAL

I certify that the applicant Dr. -----is working as-----
-----at -----. I further certify that I have no
objection for the application of
Dr.-----for the course of M. Phil in Health Professionals Education at
the School for Health Professionals Education n& Research, Sawangi (Meghe), Wardha

Date: ----- (Signature & Seal)
Place: ----- Dean/ Principal of the college

Enclosures to be submitted with the application form

1. Xerox copies of all degree certificates.
2. Xerox copy of Basic course from MCI/DMIMS.
Recognized Nodal or regional center/Association with MET activity.
3. Xerox copies of all the posts held.