



**DATTA MEGHE INSTITUTE OF MEDICAL SCIENCES (DU)**  
**ATREY LAY OUT, NAGPUR 440022, MAHARASHTRA, INDIA**  
(Declared as Deemed to be University under section 3 of the UGC act 1956)  
Accredited by NAAC with 'A+' Grade

**APPLICATION FORM FOR ADMISSION TO THE POSTGRADUATE COURSE OF  
MASTER OF PUBLIC HEALTH (MPH) UNDER ONLINE & DISTANCE LEARNING MODE , 2018-19**

**Covering letter**

To,  
The Dean,  
Allied Health Sciences & ODL courses,  
Datta Meghe Institute of Medical Sciences (DU),  
Sawangi (M), Wardha

**Subject :-** Application for the admission to the course of 'Masters of Public Health',  
Online & Distance Learning Mode, 2018-19

Sir/Madam,

I am submitting herewith my application for the course of **Master of Public Health, Online & Distance Learning Mode (2018-19)** run by Dept. of Community Medicine, J. N Medical College and Centre of Excellence School of Epidemiology & Public Health, DMIMS(DU), Wardha.

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

Thanking you,

Yours sincerely,

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(Name and signature of the candidate)

Place:-

Date:-

**Application for the admission to the course of 'Masters of Public Health',  
(Online & Distance Learning Mode), 2018-19**

1. Name in full (**Block letters**): -----

2. Sex: Male  Female

3. Age in Years : ..... Years      4. Date of Birth : / /

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

6. Address for correspondence: -----



7. Permanent postal address: -----

8. Contact Number: a) Landline: ----- b) Mobile Number. : -----

9. e-mail ID: -----

10. Educational Qualification

S/No	Degree	Year of Passing	Name of College	Name of University	Final score/marks

11. Payment details: DD Number \_\_\_\_\_ dated \_\_\_\_\_

**DECLARATION 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.

(Signature of the candidate)

Name: -----

Date: -----

**Enclosures to be submitted with the application form:**

Attested photocopy of

1. Degree certificate
2. Marklist (Final year)
3. Registration certificate (if required)
4. Date of birth proof (10<sup>th</sup> Board certificate)
5. College leaving certificate
6. Nationality certificate
7. Migration certificate
8. Experience certificate of the post held (if any).

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**(For office use only)**

I certify that, there is no objection for the application of Mr./Mrs/Ms/ \_\_\_\_\_  
\_\_\_\_\_ for the course of 'Master of Public Health'(Online & Distance Learning Mode), 2018-19, run by Dept of Community Medicine, Jawaharlal Nehru Medical College and CoE -School of Epidemiology & Public Health, DMIMS (DU), Sawangi (Meghe), Wardha

Date: -----

Place: -----

(Signature & Seal)

Dean,

Allied Health Sciences and ODL Courses,  
DMIMS(DU), Sawangi (M), Wardha