



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 IN HEALTH ADMINISTRATION (MHA) UNDER ONLINE & DISTANCE LEARNING MODE , 2018-19**

Covering letter

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

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

Sir/Madam,

I am submitting herewith my application for the course of **Master of Health Administration', Online & Distance Learning Mode (2018-19)** run by, J. N Medical College, DMIMS(DU), Wardha.

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

Thanking you,

Yours sincerely,

(Name and signature of the candidate)

Place:-

Date:-

**Application for the admission to the course of 'Masters of Health Administration'
(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 (10th Board certificate)
5. College leaving certificate
6. Nationality certificate
7. Migration certificate
8. Experience certificate of the post held (if any).

.....
(For office use only)

I certify that, there is no objection for the application of Mr./Mrs/Ms/ _____
_____ for the course of 'Master of Health Administration'
(Online & Distance Learning Mode), 2018-19, run by, Jawaharlal Nehru Medical College, DMIMS
(DU), Sawangi (Meghe), Wardha

Date: -----

Place: -----

(Signature & Seal)

Dean,

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