



Maharashtra University of Health Sciences

(An ISO 9001:2008 Certified University)

Mhasrul, Dindori Road,

Nashik -422 004

APPLICATION FORM FOR TRANSFER OF INTERNSHIP

Application for transfer for doing Internship Training Programme of MBBS/BDS/BAMS/BHMS/BPTH/BOTH /BASLP/BPO course.

(Please use capital letters to fill-up the form)

- 1) Name of the Applicant : _____
Surname First Name Middle Name
- 2) Name of Course : _____
- 3) Address of applicant for correspondence : _____
_____ Pin Code:-
- 4) Date of Birth : _____
(As entered in the register of the college)
Date Month Year
- 5) Name of Parent / Guardian : _____
Surname First Name Middle Name
- 6) Tel : _____ E-mail:
- 7) Name & Address of Relieving : _____
College in which applicant is studying at present _____ Pin Code:-
- 8) Name of the University to which : _____
the relieving college is affiliated. _____ Pin Code:
- 9) Name & Address of Receiving : _____
College to which transfer is desired. _____ Pin Code:
- 10) Details of Fee : DD No.: _____
Amount: _____ Date: _____
Name of Drawee Bank: _____
Branch: _____

11) Fill up the following information

Sr. No.	Name of Exam	Date & Year of Passing	Marks Obtained / Out Of	No. of Attempts
1	I st Year			
2	II nd Year			
3	III rd Year			
4	IV th Year			

- 12) Please enclose the following certificates with your application:
- First Year to Final Year Mark sheet (Attested True Copies)
 - Attempt Certificate From First Year to Final Year (Attested True Copies)
 - Certificate from the respective Dean / Principal stating that the relieving & Receiving Colleges / Institutions are approved / recognized by Medical Council of India (Original)
 - No Objection Certificate from relieving College (Original)
 - No Objection Certificate from Receiving College (Original)
 - No Objection Certificate from relieving University (Original) [For Out of State University / Deemed University Students]

13) Ground / Reason for Transfer: (if any):- _____
(Please attach supporting documents)

14) Declaration:

I, hereby declare that the information given above is true and correct to the best of my knowledge and belief.

Place:

Date : / /20

Signature of Applicant

N.B.: 1) Please write Students Name on the backside of Demand Draft.

2) The DD Should be drawn in the name of "Registrar, MUHS, Nashik" payable at Nashik and drawn from any Nationalized Bank

3) ❖

Prescribed Fees:

1) Rs. 5000/- For Students pass out from MUHS.

2) Rs. 6000/- For Students pass out from other Universities in India/ Deemed Universities Of Maharashtra

3) US \$700 for Students pass out from Foreign Universities.

❖

The above prescribed fee shall be revised from time to time and is Non Refundable.

4) Application filled with all details and enclosures (as mentioned above) shall be sent to University by **speed post** only on the following address :-

To,
The Registrar,
Maharashtra University of Health Sciences,
Dindori Road, Mhasrul, Nashik - 422004

Annexure "C"

Prescribed Form For No Objection Certificate of Releaving University in case of students from other Universities in India / Deemed Universities of Maharashtra.

Name of the Relieving University : _____

Subject : Issue of No Objection Certificate to _____

Reference : Students Application dated _____

With reference to the above, I have to state that this University has no objection to allow for the transfer of Shri / Kum _____ from this University to any other approved/recognized University for doing Internship Training Programme. This No Objection Certificate is issued on the basis of merit of the case and is within the prescribed permissible limit of transfer quota as per the University rule.

Signature _____

Name _____

Registrar

Date: / /20

Place:

Seal of the University