



Vd. SANE'S AYURVEDIC EDUCATION & AGRICULTURAL RESEARCH TRUST'S



**Madhavbaug Institute of Preventive Cardiology
(A Chair of Maharashtra University of Health Sciences, Nashik)**

APPLICATION FORM

Stick your recent
passport size
photo here.

Note – Write Applicant/Father/Mother's full name in CAPITAL LETTERS Only

Applicant's full Name: _____

Father's Name : _____

Mother's Maiden Name _____

Present /Local Address : _____

Pin code: _____ City: _____ State: _____

Permanent Address: (if different than Present /Local Address :): _____

Pin code: _____ City: _____ State: _____

Tel: _____ Nationality: _____ Sex: _____

Birth Date: _____ Email Id. :- _____

Caste: _____ Religion: _____ Registration No. - _____

(Only for Doctors)

- How did you find about the course?

Newspaper Advertisement Magazine Online E-mailer Word of mouth

If other, please specify: _____

Academic Qualification Details:

Name of the College & University	City	Country	Qualification	Year of Passing	Marks

For M.D. Doctors /Post Graduates only:

Name of the College / Institution	City	Country	Subject of Specialization	Year of Passing	Marks

Additional Qualification (If any, please mention the details):

Employment Record in Chronological order starting from the current to last assignment:

Name of the Organization	Designation	Year (From/To)	Brief on Roles & Responsibilities

Course Selected:

Course Code	Course Name

Payment Details:

Payment Mode	DD <input type="checkbox"/>	RTGS <input type="checkbox"/>	Net banking <input type="checkbox"/>	Cash transfe <input type="checkbox"/>
	Debit card <input type="checkbox"/>	Credit card <input type="checkbox"/>		
Fees Amount				
Date of Payment				
Transaction ID in case of Online Transaction				
Details if payment done by DD	Bank Name	Branch Name		
DD No				
City/State				

Attested Document Checklist:

Sr. No	Document Name	Document Attached Yes / No
1	Degree Certificate	
2	Registration Certificate (Only for doctors)	
3	Leaving Certificate	
4	Migration certificate (Compulsory for students of out of Maharashtra Universities)	
5	Physical Fitness Certificate	
6	Proof of ID (Any one of the following) PAN card, Driving License, Passport, Voter ID, Aadhar card, Please write the name of document that you are sending in the adjacent column	
7	Proof of Address (Any one of the following) Driving License, Passport, Voter ID, Aadhar card, Electricity bill, Water bill, MTNL/BSNL Landline bill, Property tax Please write the name of document that you are sending in the adjacent column	

Applicant's Declaration:

I hereby declare that I shall be disciplined and shall adhere to all the rules and regulations of VRT's MIPC. I have read and fully understood the instructions, fees structure and other charges and terms and condition mentioned on its website and as explained to me and unconditionally accept them as binding on me. I agree to pay all the charges associated with the course selected by me.

I further declare and undertake that the above information provided by me is true and correct in all aspects. If it is found to be incorrect at any time, my admission should be treated as cancelled (admission is subject to approval from Maharashtra University of Health Sciences, Nasik). I Understand that the admission taken by me is Non Transferable and fees once paid is non refundable under any circumstance. I am well informed by VRT's MIPC that no request for refund of fees in any form in any case will be considered and I shall never attempt such thing at any point of time.

I understand that any misuse of Course Content in any form i.e. Audio/Video/PPTs/PDF/Text or any other by me is illegal and shall be liable for legal actions.

Signature of Applicant

Date - _____

Place- _____

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OFFICE USE ONLY

Fees Paid: Rs. _____ Date _____

Admitted /Not Admitted: _____ Date of Admission: _____

Accountant Signature

Chief Coordinator Signature