



- Teaching schedule will be shared once admission process is completed



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## CERTIFICATE COURSE IN MODERN PHARMACOLOGY, CSMGMCH, SATARA

### List of documents

1.	MUHS application form for registration and eligibility	01
2.	Institutional Application Form	01
3.	Demand draft for Rs. 50000/- in the name of <b>'Dean, CSMGMCH, Satara- CCMP'</b>	01 Original & 02 Xerox
4.	Student Information form with recent passport size photograph	01
5.	University Selection Letter / Allotment letter	3 Xerox
6.	Date of Birth Proof ( )	01 Original & 02 Xerox
7.	Homeopathy Passing/Degree Certificate from University	01 Original & 02 Xerox
8.	Valid Registration Certificate of Maharashtra Homeopathy Council, Mumbai with Renewal	01 Original & 02 Xerox
9.	Domicile/Nationality Certificate	01 Original & 02 Xerox
10.	Transfer Certificate /Leaving Certificate	01 Original & 02 Xerox
11.	Gazette Copy/ Affidavit in Case of Change in Name Certificate (If Applicable)	01 Original & 02 Xerox
12.	Caste Certificate (For Candidates Selected Under Category )	01 Original & 02 Xerox
13.	Caste Validity certificate (For Candidates Selected Under Category )	01 Original & 02 Xerox
14.	Non-Creamy layer certificate (OBC,NT,SBC Candidate )	01 Original & 02 Xerox
15.	Adhaar card Xerox	03 Xerox
16.	Medical Fitness Certificate /Physically handicap documents proof ( If Applicable )	01 Original & 02 Xerox
17.	No Objection Certificate From Maharashtra Council of Homeopathy	01 Original & 02 Xerox
18.	Migration (If Applicable)	01 Original & 02 Xerox
19.	Marriage Certificate (If Applicable)	01 Original & 02 Xerox
20.	EWS Certificate ( If Applicable)	01 Original & 02 Xerox
21.	Undertaking as per Annexure - D	01 Original & 02 Xerox



**महाराष्ट्र आरोग्य विज्ञान विद्यापीठ**  
**MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES**

दिंडोरी रोड, म्हसळ, नाशिक-४२२००४ Dindori Road, Mhasrul, Nashik-422004

Latest Passport  
Size Photo

Attested by  
Dean/Principal

**APPLICATION FORM FOR REGISTRATION AND ELIGIBILITY**

**Academic Year : 2023-2024**

**CERTIFICATE COURSE IN MODERN PHARMACOLOGY**

1	Full Name of the candidate in BLOCK LETTER (As per UG Degree Certificate)	..... (Surname) (First Name) (Father's/Husband's Name)																
	Mother's Name (First)	.....																
	Full Name of the candidate in Devnagari (Marathi)	..... (आडनाव) (प्रथम नाव) (वडिलांचे/पतीचे नाव)																
2	<b>a) Category of Candidate</b>	Caste :- ..... Sub Caste ..... <table border="1"> <tr> <td>Open</td> <td>SC</td> <td>ST</td> <td>VJ</td> <td>NT1</td> <td>NT2</td> <td>NT3</td> <td>OBC</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>	Open	SC	ST	VJ	NT1	NT2	NT3	OBC								
	Open	SC	ST	VJ	NT1	NT2	NT3	OBC										
<b>b) Admitted Category</b>	<table border="1"> <tr> <td>Open</td> <td>SC</td> <td>ST</td> <td>VJ</td> <td>NT1</td> <td>NT2</td> <td>NT3</td> <td>OBC</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>	Open	SC	ST	VJ	NT1	NT2	NT3	OBC									
Open	SC	ST	VJ	NT1	NT2	NT3	OBC											
3	Date of Admission	<table border="1"> <tr> <td>D</td> <td>D</td> <td>M</td> <td>M</td> <td>Yy</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>	D	D	M	M	Yy											
D	D	M	M	Yy														
4	Details of MCH Registration	a) Registration Number : <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> b) Date of Registration : ..... c) Latest Renewal of Registration: Date From ----- to -----																
5	Whether the registration is valid on the cut off date for filling up this application	Yes/ No																
6	Address for Correspondence	..... ..... ..... ..... PIN:.....																
	Permanent Address	..... ..... ..... ..... PIN:.....																
	E-mail ID	.....																
	Residential Telephone No (with STD code )	.....																
	Mobile No.	.....																

7	Gender	Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/>																				
8	Marital Status	Married <input type="checkbox"/> Unmarried <input type="checkbox"/>																				
9	Date of Birth (Date/Month/Year)	<table border="1"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y												
D	D	M	M	Y	Y	Y	Y															
10	Nationality	Indian <input type="checkbox"/> Foreigner <input type="checkbox"/> If foreigner, specify name of the country: .....																				
11	Details of Qualification acquired	<table border="1"> <thead> <tr> <th>Level of Course</th> <th>Name of Course</th> <th>Name of Board/University</th> <th>Year of Passing</th> </tr> </thead> <tbody> <tr> <td>Diploma</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Degree</td> <td></td> <td></td> <td></td> </tr> <tr> <td>P. G.</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Ph D</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Level of Course	Name of Course	Name of Board/University	Year of Passing	Diploma				Degree				P. G.				Ph D			
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12	Willingness about Organ Donation after accidental Death for transplantation/ donar card will be issued	<table border="1"> <tr> <td>Yes</td> <td>No</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table> <p>(Tick whichever applicable)</p>	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>																
Yes	No																					
<input type="checkbox"/>	<input type="checkbox"/>																					



**Signature of the Dean/Principal  
of the College / Institution**



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**Chhatrapati Sambhaji Maharaj Government Medical College and Hospital Satara, 467, Sadar bazar, Camp, Satara 415001**

**Phone No 02162-299763 Email id :- deangmcsatara7@gmail.com**

**INSTITUTIONAL APPLICATION FORM**

Name :- \_\_\_\_\_  
 Address:- \_\_\_\_\_  
 \_\_\_\_\_  
 Date :- \_\_\_\_\_

To,  
 The Dean  
 Chhatrapati Sambhaji Maharaj Government Medical College and Hospital Satara,

Subject:- Admission to **CERTIFICATE COURSE IN MODERN PHARMACOLOGY** Course  
 During the year 2024 -2025

Respected Sir,

I have been selected for **CERTIFICATE COURSE IN MODERN PHARMACOLOGY** Course during the year 2024 -25 as per The MUHS NASHIK ,First Round/Second Round/ Mop Up Round vide allotment letter No. \_\_\_\_\_ Date:- \_\_\_\_\_ at Chhatrapati Sambhaji Maharaj Government Medical College and Hospital, Satara under- \_\_\_\_\_ Quota.

I am joining for **CERTIFICATE COURSE IN MODERN PHARMACOLOGY** at this college and submitting herewith following original certificates and 2 **Xerox** s along with the application.

Sr. No	Name of original certificate	Original Certificates	Xerox 2
1.	University Selection Letter / Allotment letter		
2.	Date of Birth Proof ( _____ )		
3.	Homeopathy Passing/Degree Certificate from University		
4.	Valid Registration Certificate of Maharashtra Homeopathy Council, Mumbai with Renewal		
5.	Domicile/Nationality Certificate		
6.	Transfer Certificate /Leaving Certificate		
7.	Gazette Copy/ Affidavit in Case of Change in Name Certificate (If Applicable)		
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9.	Caste Validity certificate (For Candidates Selected Under Category)		
10.	Non-Creamy layer certificate (OBC,NT,SBC Candidate )		
11.	Adhaar card Xerox	-----	
12.	Medical Fitness Certificate / Physically handicap documents proof (If Applicable)		
13.	No Objection Certificate From Previous Admitted College		
14.	Migration (If Applicable)		
15.	Marriage Certificate (If Applicable)		
16.	EWS Certificate ( If Applicable)		
17.	Undertaking as per Annexure - D		
	<b>Total number of certificates:-</b>		

Thanking you,

Yours faithfully,

Signature \_\_\_\_\_



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**CHHATRAPATI SAMBHAJI MAHARAJ  
GOVERNMENT MEDICAL COLLEGE AND HOSPITAL, SATARA**

**CERTIFICATE COURSE IN MODERN PHARMACOLOGY ADMISSION  
2024-25**

**Students Information**  
(Fill up the form in CAPITAL Letters only)

Recent  
passport sized  
photograph

1.	<b>Name of the Student (Full) Surname first</b>																					
2.	<b>Father's Name (Full)</b>																					
3.	<b>Date of Birth</b>																					
4.	<b>Gender</b>																					
5.	<b>Marital status</b>																					
6.	<b>Nationality</b>																					
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Degree																						
P.G.																						
Ph D																						
8.	<b>Merit No.</b>																					
9.	<b>Round No.</b>																					
10.	<b>Date of Admission</b>																					
11.	<b>Maharashtra Homeopathy Council Reg No.</b>																					
12.	<b>Student Mobile No.</b>																					
13.	<b>Student e-mail id</b>																					
14.	<b>Address for Correspondence</b>																					

15.	Permanent Address	
-----	-------------------	--

16.	Caste	
17.	Religion	
18.	Student Category	
19.	Admitted Category	
20.	DD No. & Date & Name of Bank	
21.		
22.		
23.		
24.		
25.		
26.		
	<b>Signature of Student-</b>	
	<b>For Office use only</b>	
	<b>Admission Fee (Rs.1,500/-)</b>	<b>Receipt No:-</b> <b>Dt:-</b>

*Kindly note the exact name of account for preparing Demand Draft for admission to CCMP Course at Chhatrapati Sambhaji Maharaj Government Medical College & Hospital, Satara*

**‘Dean, CSMGMCH,  
Satara- CCMP’**





# Chhatrapati Sambhaji Maharaj Government Medical College and Hospital, Satara

No.CSMGMCHS/CCMP/Admission 24-25/ /2025

Date:

## DOCUMENT HOLDING CERTIFICATE

This is to certify that Shri./Kum. - \_\_\_\_\_  
Has been provisionally admitted to Certificate Course in Modern Pharmacology at this college during the year 2024-25. The following original certificates of Shri./Kum. \_\_\_\_\_ have been retained at this college.

Sr. No	Name of original certificate	Original Certificates	Xerox 2
1.	University Selection Letter / Allotment letter		
2.	Date of Birth Proof ( )		
3.	Homeopathy Passing/Degree Certificate from University		
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	<b>Total number of certificates:-</b>		

**Dean**  
**Chhatrapati Sambhaji Maharaj Government**  
**Medical College and Hospital, Satara**

To,  
Shri./Kum. - \_\_\_\_\_  
Certificate Course in Modern Pharmacology, CSMGMCH, Satara

1) D.D. No. \_\_\_\_\_ Dt. \_\_\_ / \_\_\_ / \_\_\_ for Rs. 50,000/- ( Fifty Thousand Only)

2) Name of Bank - \_\_\_\_\_ Branch - \_\_\_\_\_

