



## MAHATMA GANDHI MISSION'S DENTAL COLLEGE & HOSPITAL

(Accredited by NAAC with "A" Grade)

At Junction of NH-4 and Sion Panvel Expressway,

Sector-1, Kamothe, Navi Mumbai- 410 209

E-Mail: mgmdch@mgmmumbai.ac.in

Website: www.mgmdchnavimumbai.edu.in

Tel: 022- 27436604

Fax: 91-22-27433185

Date: - 07/02/2020

### Rules for Transfer of Internship

- 1) Written Application from the student with complete address and contact nos.
- 2) MUHS Application form for transfer of internship duly filled with NOC from relieving college as per "Annexure – A" sign by Dean. (Form available at MUHS website : [www.muhs.ac.in](http://www.muhs.ac.in))
- 3) NOC from relieving college as per "Annexure – C" signed by Registrar only for students from other Universities in India / Deemed University of Maharashtra.
- 4) Attested copies of I BDS, II BDS, III BDS and IV BDS mark sheets.
- 5) Designated Authorities for Approval as per Dental Council of India, New Delhi.

Sr. No.	Designated Authority	Condition
1	Registrar of affiliating University.	Where the parent dental college and transferee/receiving dental college affiliated to the same University.
2	Director Medical Education OR any other authority appointed by the respective State Government in this behalf.	Where both parent and transferee/receiving dental colleges are affiliated to two different Universities but situated in the same State/UT.
3	Director of Medical Education of transferee/receiving State or any other authority appointed by the respective State Govt. in this behalf.	Where both parent and transferee/receiving dental colleges are affiliated to two different Universities and situated in the different States / UT.

- 6) After getting approval from the designated authorities student has to pay the fees of Rs. 60,000/- through Demand Draft in favor of **Dean, MGM Dental College and Hospital, Navi Mumbai.**
- 7) Student has to undergo compulsory one year internship in this college instead of the remaining period as per Dental Council of India, New Delhi rules. You will be paid an allowance of Rs. 1,000/- per month.



Medical Director



महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक  
 MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK  
 दिंडोरी रोड, म्हसळ, नाशिक-४२२००४ Dindori Road, Mhasrul, Nashik-422004  
 Ph : 0253 - 2539152, EPABX: 0253- 2539100/300,  
 Email:- student\_cell\_academic@muhs.ac.in, Website: www.muhs.ac.in

**APPLICATION FORM FOR TRANSFER OF INTERNSHIP**

Application for transfer for doing Internship Training Programme of MBBS/BDS/BAMS /UNANI /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
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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
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5) Name of Parent / Guardian

Surname	First Name	Middle Name
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6) Cell. No:- .....

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.

9) Name & Address of Receiving College to which transfer is desired.

Pin Code:-.....

10) Details of Fee :- D.D. No :- ..... Amount :- ..... Date :- / /20

Name of Drawee Bank :- .....

11) Fill up the following information

Sl.No	Name of Exam	Date	Year of Passing	Marks obtained	out of	No. of attempts	Corrected Marks
1	I <sup>st</sup> Year						
2	II <sup>nd</sup> Year						
3	III <sup>rd</sup> Year						
4	IV <sup>th</sup> Year						

12) Please enclose the following certificates with your application:

- i) First Year to Final Year Mark sheet (Attested True Copies)
- ii) Attempt Certificate From First Year to Final Year (Attested True Copies)
- iii) Certificate from the respective Dean / Principal stating that the relieving & Receiving Colleges / Institutions are approved / recognized by Medical Council of India (Original)
- iv) No Objection Certificate from relieving College (Original)
- v) No Objection Certificate from Receiving College (Original)
- vi) No Objection Certificate from relieving University (Original) [For Out of State University / Deemed University Students]

13) Ground / Reason for Transfer: (if any);- \_\_\_\_\_

(If medical reason medical certificate issued by Civil Surgeon or Professor / Asso. Professor of concerned specialty, certifying the illness causing disability (Original) (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.:

The DD Should be drawn in the name of "Registrar, MUHS, Nashik" payable at Nashik and drawn from any Nationalized Bank (Please write Students Name / Cell. No on the backside of Demand Draft.)

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 :-

**The Registrar**

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

**Annexure "A"**  
Prescribed Form For No Objection Certificate

Name of the Relieving College: \_\_\_\_\_

Subject : Issue of No Objection Certificate to \_\_\_\_\_

Reference: Students application dated \_\_\_\_\_

With reference to the above, I have to state that this college has no objection for the transfer of Shri / Smt \_\_\_\_\_ from this college to any other approved / recognized college affiliated to the Maharashtra University of Health Sciences, Nashik (MUHS) or any other college outside the jurisdiction of MUHS for doing Internship Training Programme.

Date of birth of the Applicant (as per college record) \_\_\_\_\_

Signature \_\_\_\_\_

Name \_\_\_\_\_

DEAN / PRINCIPAL

Date: / /20

Place: Seal of the College

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**Annexure "B"**

Prescribed Form For No Objection Certificate

Name of the Receiving College : \_\_\_\_\_

Subject : Issue of No Objection Certificate to \_\_\_\_\_

Reference : Students application dated \_\_\_\_\_

With reference to the above, I have to state that this college has no objection to allow Shri / Smt \_\_\_\_\_ for doing Internship Training Programme in this college.

Signature \_\_\_\_\_

Name \_\_\_\_\_

DEAN / PRINCIPAL

Date: / /20

Place: Seal of the College

**Annexure "C"**

Prescribed Form for No Objection Certificate of Reliving 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 / Smt \_\_\_\_\_ 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