

MAHATMA GANDHI MISSION'S DENTAL COLLEGE & HOSPITAL

MUHS Fellowship Courses Admission 2020-21
Candidates are required to submit original certificates
with two self-attested photocopies separately
as per the order given below

Sr. No.	Certificates
1	Nationality Certificate / Valid India Passport / Birth Certificate
2	Domicile Certificate of Maharashtra if applicable
3	HSC 12 th Standard mark list
4	BDS mark lists (All I, II, III & IV)
5	PG Degree mark list (as per the prescribed eligibility of the concerned course)
6	Passing Degree Certificate UG,PG Degree (as per the prescribed eligibility of the concerned course)
7	University Internship Completion Certificate.
8	NOC from current employer in case of in-service candidate
9	Valid Registration Certificate from the Respective Council
10	College Leaving / Transfer Certificate
11	Attempt Certificate of UG, PG Degree.
12	Gazette for change in name (if applicable)
13	Migration Certificate issued by the respective University (If Applicable)
14	Self Educational Gap certificate (If Applicable)
15	Medical Fitness Certificate. (as per the format made available by the University)
16	Self-declaration form for self-attestation (as per format available by the University)
17	Attested Copy of Aadhar Card
18	5 Passport Size Photographs


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05/3/2021

CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted clinical examination of
Dr./Mr./Kum..... who is desirous of admission to Fellowship/OR Certificate Course he/she has not given any personal history of any disease incapacitating him/her to undergo the professional course. Also, on clinical examination it has been found that he/she is medically fit to **undergo said course.**

- a) Absence of any incapacitating and /or progressive systemic disease / disorder / condition,
- b) Absence of any disability of upper limb/s,
- c) Absence of any major visual/auditory disability,
- d) Absence of psychosis/neurosis/mental retardation,
- e) Ability to maintain erect posture,
- f) Reasonable manual dexterity.

Date:

Signature:

1. Name:

2. Registration No:

3. Address of the Registered Medical Practitioner:

Seal of Registered Medical Practitioner

Note:

A candidate must be medically fit to undergo **Fellowship/Certificate Course** applied for. The medical fitness must be certified by a **Registered Medical Practitioner** in the prescribed Performa, as given above on a **Letter head.**

Self- Declaration Form For Self Attestation

Paste here
Recently
Passport
Size Photo

ISon /Daughter of
Shri.....agedyears
Occupation.....resident of
.....with
UID No. (Aadhar No.)hereby declare that the
copies attested by me are true copies of original documents. I am well aware of the fact that if the copies are
found to be false, I shall be liable for prosecution and punishment under Indian Penal Code and /or any
other law applicable there to.

Place :

Applicant's Signature:

Date :

Applicant's Name: