

12. Domicile of Maharashtra : Yes No Domicile State _____

13. Whether admitted to and pursuing a post graduate course elsewhere? Yes No

	Year of Passing	Percentage of Marks	Attempt
14. First MBBS :	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>

15. Second MBBS :	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
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16. Third MBBS Part I :	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
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17. Third MBBS Part II :	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
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18. Internship Completion Date

D	D	M	M	Y	Y	Y	Y
<input type="text"/>							

19. Name of the University : _____

20. Subject Preferences for PG Degree Course : 1) _____
2) _____
3) _____

21. Declaration - I

(a) I hereby declare that the above information is true and complete to the best of my knowledge. I am aware that, if any, information herein is found to be incorrect or incomplete, my application form will be rejected / admission will be cancelled.
(b) If admitted to Dr. D. Y. Patil Medical College, Hospital and Research Centre, Pimpri, Pune of Dr. D. Y. Patil Vidyapeeth, Pune, I shall abide by its Rules and Regulations.
(c) I have read and understood all the provisions contained in the brochure and hereby agree to abide by those provisions.

Signature of the Candidate

22. Declaration - II

(a) I, the parent/guardian, of the applicant hereby declare that, I am aware of the financial obligations of admitting my child/ward to Dr. D. Y. Patil Medical College, Hospital and Research Centre, Pimpri, Pune. I agree to pay the tuition and other fees payable to the institution as fixed from time to time as per the Rules of Dr. D. Y. Patil Vidyapeeth, Pune. I also affirm and endorse the declaration made above by my child/ward.

Place : _____
Date : _____
Father's / Guardian's Name : _____

Signature of the Parent/Guardian