## **Instruction for Students**

All the selected students of **MUHS PET Exam-2022** who have been allotted seat at DVVPF's College of Physiotherapy, Ahmednagar. Should follow following instructions and accordingly report with all details required for admission process. Kindly Download admission brochure from institute website www.vimscopt.edu.in

- 1. Download & Print this PDF file. READ CAREFULLY ALL DETAILS
- Student should report personally for admission / admission cancellation in case of up gradation. PROXY will not be allowed for admission process/ Cancellation of admission.
- 3. Print and fill 1 copies of Application Form.
- 4. Print and fill 1 copies Original Document Holding Certificate.
- 5. Print and fill 1 copy of Candidate Information
- 6. Print and fill 1 copies of Admission Office Order.
- 7. Print and fill 1 copy of Medical Fitness in the prescribed format ONLY By Authorized Medical Practitioner.
- 8. Print and fill 1 copies of Declaration for hostel accommodation. (If Applicable)
- 9. All Original documents enlisted in the holding certificate will be compulsorily required for admission. Additionally, student should submit 2 set of **SELF ATTESTED** Xerox / photocopies of all original documents.
- 10.All original Documents **INDIVIDUALLY SCANED** in **PDF** format only will be compulsory required at the time of admission. Students should scan documents properly through computer scanner (Size 400 kb only). Please don't use mobile Scanner for scanning documents. Individual Original Documents should be scanned and renamed appropriately.

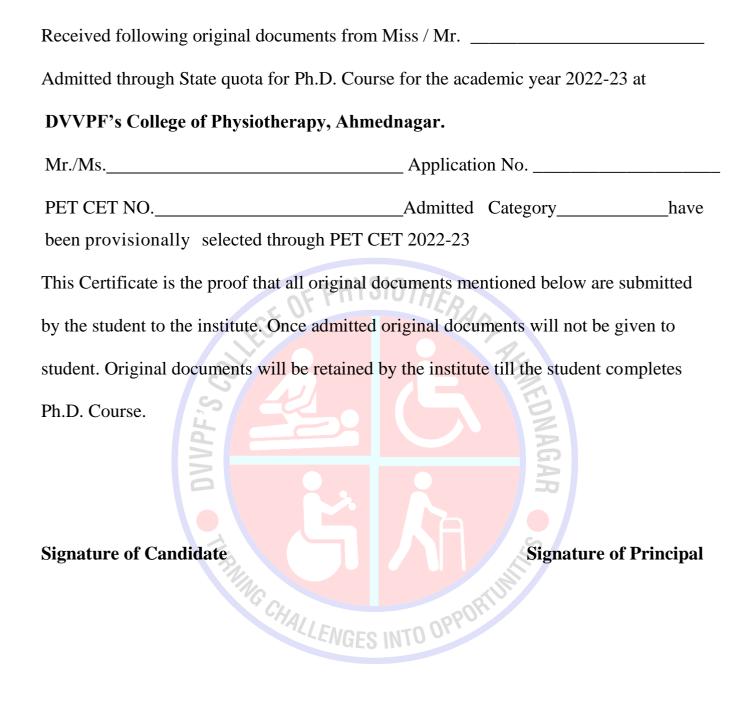
**e.g.** Nationality certificate after scanning should renamed as Name of Student ( As mentioned in allotment letter ) Space Nationality Certificate.

Prepare folder and rename it with Name of the student, keep all scan documents in this prepare Folder for Submission during admission. Scanned documents will be accepted in Pen-Drive. Send all scanned documents together in **one mail only** on admission@vimscopt.edu.in

- 11.Fees: Demand draft (DD) of complete fees will be required during admission process.
  Kindly note that DD should NOT have any errors/ spelling mistakes in the name of DD as desired. Error/ spelling will not be acceptable, such DD will be rejected.
  No cash / online transactions will be acceptable.
- 12.Other Letters/ undertaking if required will be taken at the time of admission if permissible within the rules thereof.
- 13.Submit all documents in a simple button file Transparent folder as below:On folder Write your Name, Category, admission Quota & Mobile Number with thick permanent marker.



#### **ORIGINAL DOCUMENTS HOLDING CERTIFICATE**



#### Note: (Read Every Point Carefully) (ONE ORIGINAL SET OF ALL DOCUMENTS AND THREE XEROX COPIES) SOFT COPY OF EVERY DOCUMENTS IS COMPULSORY IN PENDRIVE & E-mail to admission@vimscopt.edu.in List of Documents Required

#### All the documents to be colors scanned less than 400kb in PDF format

| Sr. No. | Document (Colored scan copy)  | Student Use<br>(Tick) | Office<br>Use |
|---------|---|-----------------------|---------------|
| 1.      | Nationality certificate or valid passport   |                       |               |
| 2.      | Domicile certificate  |                       |               |
| 3.      | Aadhar card (photocopy)   |                       |               |
| 4.      | SSC (10 <sup>th</sup> ) passing certificate   |                       |               |
| 5.      | HSC (10+2) mark sheet   |                       |               |
| 6.      | Admit card & Registration form of PET CET-2022  |                       |               |
| 7.      | Result PET CET PG-2022  |                       |               |
| 8.      | B.P.Th. First to Final Year Marksheet   |                       |               |
| 9.      | B.P.Th. Internship Complication Certificate   |                       |               |
| 10.     | B.P.Th. Attempt Certificate   |                       |               |
| 11.     | B.P.Th. Degree & Passing Certificate  | 3                     |               |
| 12.     | M.P.Th. All Year Marksheet  | 3                     |               |
| 13.     | M.P.Th. Degree & Passing Certificate  | G                     |               |
| 14.     | MS OTPT Council Valid Registration Certificate  | R                     |               |
| 15.     | Proof of identity (pan / driving license / passport )-<br>Photocopy                             |                       |               |
| 16.     | Caste Certificate (If Applicable)   | 2                     |               |
| 17.     | Caste Validity Certificate (If Applicable)  |                       |               |
| 18.     | Non- Creamy Layer Certificate Valid Up To 31/03/2023 (If Applicable)                            |                       |               |
| 19.     | EWS Certificate (Annexure –A) By Competent Authority<br>Issued After 31/03/2022 (If Applicable) |                       |               |
| 20.     | Leaving or Transfer Certificate   |                       |               |
| 21.     | Physically Handicapped Certificate (If Applicable )   |                       |               |
| 22.     | Medical Fitness Certificate In Prescribed Performa  |                       |               |
| 23.     | Self-Education Gap Certificate (Affidavit On Rs.100/- Bond)<br>If Applicable                    |                       |               |
| 24.     | Migration Certificate (If Applicable)   |                       |               |

Shyam D. Ganvir

Dr. Saqib T. Syed

Dr. Deepti Thokal

# **STUDENTS PROFILE**

## (KINDLY FILL THE FORM IN THE CAPITAL LETTERS ONLY)

| Sex: Male / Female | Date of Admission: / /2022 |
|--------------------|----------------------------|
| Merit No.:         | Application No.:           |
| Student Category:  | Admitted under Category:   |

| 1) | Full Name of the applica<br>(As per Qualifying Degree) | nt            |       |               |            |                            |
|----|--|---------------|-------|---------------|------------|----------------------------|
|    | Name in Marathi (Devna                                 | igari)        |       |               |            |                            |
| 2) | Gender (Male/Female)                                   |               |       |               |            |                            |
| 3) | •                |               | DOB:  | A             | Age :      |                            |
| 4) | ·  |               |       |               |            |                            |
| 5) | ) Name of the Institution/College                      |               |       |               |            |                            |
| 6) | 6) Address for Correspondence                          |               |       |               |            |                            |
|    |  |               |       |               |            |                            |
|    |  |               |       |               | PIN:       |                            |
|    | Permanent Residential A                                | Address       |       |               |            |                            |
|    |  |               |       |               |            |                            |
|    |  |               |       |               | PIN:       |                            |
|    | Email id   |               |       |               |            |                            |
|    | Mobile No  |               | 1) 2) |               |            |                            |
|    | Residential Landline No                                | with STD Code |       |               |            |                            |
| 7) | Nationality  |               |       |               |            |                            |
| 8) | Educational Qualification                              |               |       |               |            |                            |
|    | Name of<br>Diploma/Degree                              | Cou           | rse   | Name of the U | Jniversity | Month & Year<br>of passing |
|    | Diploma  |               |       |               |            |                            |
|    | Bachelor's Degree                                      |               |       |               |            |                            |
|    | Post Graduate Degree                                   |               |       |               |            |                            |
|    | Additional<br>Qualification (if any)                   |               |       |               |            |                            |

| 9)  | Central / State Council Permanent Registration number & its date                       |  |
|-----|--|--|
| 10) | Category under which admitted  |  |
|     | SC/ST/VJ/NT1/NT2/NT3/OBC/SBC/Open  |  |
| 11) | Category of Student  |  |
| 450 | SC/ST/VJ/NT1/NT2/NT3/OBC/SBC/Open  |  |
| 12) | Whether willing for organ donation after accidental death for transplantation (Yes/No) |  |

13) Check list of documents to be submitted in original along with an attested photocopy:

| Sr.<br>No. | Name of Documents to be attached  | Original<br>Yes/No | Attested<br>Photocopy<br>Yes/No |
|------------|---|--------------------|---------------------------------|
| 1          | Nationality/Domicile Certificate issued by District Magistrate/Additional District<br>Magistrate / Chief Metropolitan Magistrate/ Pass Port (Adhar Card/ Pan card<br>Not allowed) |                    |                                 |
| 2          | Joining letter issued by Centre   |                    |                                 |
| 3          | Diploma Degree Certificate UG & PG Both   |                    |                                 |
| 4          | Certificate of P.G. Degree in the concerned /prescribed allied subject <b>OR</b>  |                    |                                 |
|            | Certificate of P.G. Diploma (registered in the concerned schedule of respective Central Council) <b>OR</b>  |                    |                                 |
|            | Certificate of D.N.B. (with two research papers published in National or international Journals)  |                    |                                 |
| 5          | Central/State Council Registration Certificate (UG & PG) with Additional<br>Qualifications Registrations  |                    |                                 |
| 6          | Caste Certificate (If applicable)   |                    |                                 |
| 7          | Caste Validity Certificate  |                    |                                 |
| 8          | Valid Non-Creamy Layer Certificate for (VJ,NT,OBC,SBC etc.) (If applicable)   |                    |                                 |
| 9          | In case change in name Gazette copy/Marriage Certificate in   |                    |                                 |
| 10         | NOC From Servicing Institute (Part Time/ Full Time)   |                    |                                 |
| 11         | Education Gap Certificate (Format attached) (If applicable)   |                    |                                 |

- Note: 1) It is mandatory to the candidate belonging to reserved category to submit Caste Certificate duly supported by Caste Validity Certificate & valid Non-creamy Layer Certificate (where ever applicable), failing which proposal will not be accepted.
  - Kindly submit the above said documents in above sequence with one set of Original and one set of attested photocopies.

#### <u>Annexure – A</u>

#### Self – Declaration

Applicant's Photo

| Ι   | Sc                                      | on Daughter |
|---|---|-------------|
| of  | aged                                    | ,           |
| occupation  | .with UID No.                           |             |
| Hereby declare there is a gap from                  | to                                      | after       |
| my last academic qualification and I have not taken | admission to any course during the said | gad period. |

The information provide above is true and correct to the best of my personal knowledge, information and belief. I fully understand the consequences of giving false information. If the information is 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:      |

#### **UNDERTAKING**

#### **APPLICANT**

\_\_\_\_\_

\_\_\_\_\_

To,

#### The Principal,

Dr. Vithalrao Vikhe Patil Foundation's

College Of Physiotherapy, Ahmednagar.

SIOTHERAPY ALLIA Subject: Regarding Non submission of original certificates.

#### Respected Sir,

I will submit the following certificates within SEVEN days, failing which I shall be liable for the action taken by the college.

| 1  |           |           |         |  |
|----|-----------|-----------|---------|--|
| 1. | "Phil     |           |         |  |
| 2. | <i>14</i> |           |         |  |
| 3  |           | Cu        | ORIC    |  |
| 5. |           | ALIENOTON | TO OPPO |  |
| 4. |           | CENGES IN | 100     |  |

Signature of the Student

#### FEES: To be submitted as Demand Draft Details (DD)

For Ph.D. Admission in the year 2022-23 Selected students are instructed to submit the DD as follows Demand drafts to be drawn from Nationalized bank in favor of **Principal-DVVPF's College of Physiotherapy, Ahmednagar.** (Errors or spelling mistakes in the DD will NOT be accepted)

Candidate should pay amount as per the NOTIFICATION NO. 14/2019 (Fees for Ph.D. Course)

Ref. No. MUHS/UDC/Ph.D./113/2019 dated: 20/03/2019

| MUHS   | <b>महाराष्ट्र आरोग्य विज्ञान</b><br>MAHARASHTRA UNIVERSITY OF HEA<br>दिडोरी रोड, म्हसरुळ, नाशिक – ४२२००४, Dindori Ro<br>Tel : (0253) 2539206 / 190<br>Website : www.muhs.ac.in, E-mail : udd   | LTH SCIENCES, NASHIK<br>bad, Mhasrul, Nashik - 422004<br>5<br>c@muhs.ac.in  |
|--|--|---|
|  | उदास द. चव्हाण C   | Dr. Kalidas D. Chavan<br>M.B.B.S., M.D. (Forensic Medicine)   |
| क्लसचि   |  | Registrar   |
| 9  | IHS/UDC/Ph.D./113/2019   | Date: - 20/03/2019  |
|  | NOTIFICATION NO.: - 14/2   | 010   |
|  | (FEES FOR Ph.D. COURSE   |   |
| per Man  | 55 (qq) and section 27 (v) of MUHS Act 1998, ha<br>agement Council Resolution No. 35/2019, dated<br>cerned Student at Ph.D. Research Centre's / Ins  | 1 21/02/2019 to be remitted by  |
| Course 1) Fe<br>A)   | with effect from 01/04/2019 for academic year 20<br>es for First year<br>Fees to be paid by Ph.D. Scholars to the Univ   | versity: -  |
| Course<br>1) Fe<br>A)<br>Sr. No  | es for First year<br>Fees to be paid by Ph.D. Scholars to the Univ<br>Particulars  | versity: -  |
| Course<br>1) Fe<br>A)  | es for First year<br>Fees to be paid by Ph.D. Scholars to the Univ   | versity: -  |
| Course<br>1) Fe<br>A)<br>Sr. No  | es for First year<br>Fees to be paid by Ph.D. Scholars to the Univ<br>Particulars  | versity: -  |
| Course (<br>1) Fe<br>A)<br>Sr. No<br>1   | es for First year<br>Fees to be paid by Ph.D. Scholars to the Univ<br>Particulars<br>Registration fee  | versity: -<br>Revised rates of fees (Rs.<br>11,000/-  |
| Course (<br>1) Fe<br>A)<br>Sr. No<br>1<br>2  | es for First year<br>Fees to be paid by Ph.D. Scholars to the Univ<br>Particulars<br>Registration fee<br>Student Welfare Fund  | versity: -<br>Revised rates of fees (Rs.<br>11,000/-<br>2,200/-   |
| Course 1) Fe<br>A)<br>Sr. No<br>1<br>2<br>3  | es for First year<br>Fees to be paid by Ph.D. Scholars to the Univ<br>Particulars<br>Registration fee<br>Student Welfare Fund<br>Development fee   | versity: -<br>Revised rates of fees (Rs.<br>11,000/-<br>2,200/-<br>2,200/-<br>5,500/-   |
| Course 4<br>1) Fe<br>A)<br>Sr. No<br>1<br>2<br>3<br>4  | es for First year<br>Fees to be paid by Ph.D. Scholars to the Univ<br>Particulars<br>Registration fee<br>Student Welfare Fund<br>Development fee<br>Plagiarism Checking fee<br>Total   | versity: -<br>Revised rates of fees (Rs.<br>11,000/-<br>2,200/-<br>2,200/-<br>5,500/-<br>20,900/-<br>-*   |
| Course 4<br>1) Fe<br>A)<br>Sr. No<br>1<br>2<br>3<br>4<br>4<br>B)   | es for First year<br>Fees to be paid by Ph.D. Scholars to the Univ<br>Particulars<br>Registration fee<br>Student Welfare Fund<br>Development fee<br>Plagiarism Checking fee<br>Total<br>Fees to be paid by Ph.D. Scholars at the Place                   | 19-20 to 2020-21.         versity: -         Revised rates of fees (Rs.         11,000/-         2,200/-         2,200/-         5,500/-         20,900/-         -**         ce of Research: -   |
| Course 4<br>1) Fe<br>A)<br>Sr. No<br>1<br>2<br>3<br>4  | es for First year<br>Fees to be paid by Ph.D. Scholars to the Univ<br>Particulars<br>Registration fee<br>Student Welfare Fund<br>Development fee<br>Plagiarism Checking fee<br>Total   | 19-20 to 2020-21.         versity: -         Revised rates of fees (Rs.         11,000/-         2,200/-         2,200/-         5,500/-         20,900/-         -**         ce of Research: -   |
| Course (<br>1) Fe<br>A)<br>Sr. No<br>1<br>2<br>3<br>4<br>(<br>B)<br>Sr.  | es for First year Fees to be paid by Ph.D. Scholars to the Univ Particulars Registration fee Student Welfare Fund Development fee Plagiarism Checking fee Total Fees to be paid by Ph.D. Scholars at the Plac Particulars Lab / Hospital fee             | 19-20 to 2020-21.         versity: -         Revised rates of fees (Rs.         11,000/-         2,200/-         2,200/-         5,500/-         20,900/-         -**         ce of Research: -   |
| Course (<br>1) Fe<br>A)<br>Sr. No<br>1<br>2<br>3<br>4<br>(<br>B)<br>Sr.<br>No.   | es for First year Fees to be paid by Ph.D. Scholars to the Univ Particulars Registration fee Student Welfare Fund Development fee Plagiarism Checking fee Total Fees to be paid by Ph.D. Scholars at the Place Particulars                               | versity: -<br>Revised rates of fees (Rs.<br>11,000/-<br>2,200/-<br>2,200/-<br>5,500/-<br>20,900/-<br><br>ce of Research: -<br>Revised rates of fees (Rs.)   |
| Course (<br>1) Fe<br>A)<br>Sr. No<br>1<br>2<br>3<br>4<br>(<br>B)<br>Sr.<br>No.<br>1<br>1<br>2<br>3<br>4<br>1<br>2<br>3<br>4<br>1<br>2<br>3<br>4<br>1<br>1<br>2<br>3<br>4<br>1<br>1<br>2<br>3<br>4<br>1<br>1<br>1<br>2<br>3<br>4<br>1<br>1<br>1<br>2<br>3<br>4<br>1<br>1<br>1<br>1<br>1<br>2<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1 | es for First year Fees to be paid by Ph.D. Scholars to the Univ Particulars Registration fee Student Welfare Fund Development fee Plagiarism Checking fee Total Fees to be paid by Ph.D. Scholars at the Plac Particulars Lab / Hospital fee             | versity: -<br>Revised rates of fees (Rs.<br>11,000/-<br>2,200/-<br>2,200/-<br>5,500/-<br>20,900/-<br>-*<br>ce of Research: -<br>Revised rates of fees (Rs.)<br>11,000/-   |
| Course 1) Fe<br>A)<br>Sr. No<br>1<br>2<br>3<br>4<br>4<br>B)<br>Sr.<br>No.<br>1<br>2<br>1<br>2  | es for First year Fees to be paid by Ph.D. Scholars to the Univ Particulars Registration fee Student Welfare Fund Development fee Plagiarism Checking fee Total Fees to be paid by Ph.D. Scholars at the Plac Particulars Lab / Hospital fee Library fee | versity: -         Revised rates of fees (Rs.         11,000/-         2,200/-         2,200/-         5,500/-         20,900/-         -**         ce of Research: -         Revised rates of fees (Rs.)         11,000/-         5,500/-         25,500/- |

|               | and a second | ond Year: -                     |                 |   |
|---------------|--|---------------------------------|-----------------|---|
| Sr. N         | lo.  | Particulars                     | www.seheeleVV   | Revised rates of fees (Rs                     |
|               |  |                                 |                 | 27.500/                                       |
| 1             |  | ee (after approval of Title Syl |                 | 27,500/-<br>e respective Ph.D. Centre till th |
| Subm<br>Unive | ission of Draft th   | hesis and respective Ph.D.      | Centre shall se | nd 50% of above amount to th                  |
| 2             | (Per year)   | Extension of Ph.D. Cours        | se work         | 4,400/-                                       |
| - no livene   | For maxim  | um period of two years only     | the second      |   |
| Note          |  |                                 |                 |   |
|               |  | will be increased after eve     |                 |   |
| 2.            | No capitation fee  | es to be charged by the R       | esearch Centre  | the processing with                           |
| 3.            | Fees once paid   | shall not be refundable.        |                 |   |
|               |  |                                 |                 | -Sd/-   |
|               |  |                                 |                 | -sa/-<br>Registrar                            |
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#### Note:

- Please Note cash/ cheque will not be accepted.
- The demand draft will be deposit in the accounts only after cutoff date of admission process.
- If students are allotted another college in subsequent rounds of State quota. In such situation,
   DD will be refunded back to the student. All such students will be required to pay an amount of
   Rs. 1500/- as cash (admission cancellation fees ) in the cash section of accounts department.

## Application Form for Hostel Accommodation

To, **The Principal,** 

DVVPF's College of Physiotherapy, Ahmednagar.

#### Subject: Application for Hostel Accommodation in College of Physiotherapy.

#### **Respected Sir**,

| I,   |  | is                         |
|--|--|----------------------------|
| admitted for Course  | in the academic year   | at DVVPF's                 |
| College of Physiotherapy, Ahmednaga  | F PHIOIUIHER   |                            |
| I and my parents/ Legal g  | uardian have gone through the SOP  | for hostel accommodation   |
| given in the admission manual at the t   | ime of Joining. We have clearly und  | lerstood all rules and     |
| regulations mentioned in SOP.  |  |                            |
| I hereby declare that I am su  | affering from  | disease (S)                |
| and on treatment. I am receiving follow  | wing   | drugs                      |
| for my disease element since   | day/ Months  | /Year. I am not hiding any |
| information related to my health issues  | 5.   | 20                         |
| all the rules and regulation mentioned<br>I will be liable for appropriate action.<br>Signature of student with Date<br>• Name of the Student: | declare that, if hostel accommodatio<br>in the SOP. If I break any rule menti<br><i>LENGES</i> INTO OPPORT | ioned thereof in the SOP,  |
|  |  |                            |
|  |  |                            |
| • Eman Aduress:  |  |                            |
|  | Signature of Parents   | / Legal Guardian with Date |
| Name of Parents / Lega   | l Guardian:  |                            |
| • Full Address with Pin c  |  |                            |

- Mobile No. \_\_\_\_\_\_
- Email Address:\_\_\_\_\_

\_\_\_\_\_

#### JOIN UNDERTAKING

(For all newly admitted students)

Name of the Student: -----

Roll No. : -----

DVVPF's College of Physiotherapy, Ahmednagar.

We have read Maharashtra Provision of Anti Ragging act 1999 (Maharashtra XXI III of 1999) and relevant instructions against ragging. We are well aware of punishment under this act.

If my son / daughter / myself have been found guilty, he shall be punished for appropriate action under the act including imprisonment for a term which may extend to two years with **fine up to Rs. 10,000/-** (Rs. ten thousand ) or dismissal from the institute and suspension of student for various periods during inquiry period.

I am also aware of the fact that it will be mandatory for the institute to file Fist Information Report (FIR) to Local Police Authorities in case victim of ragging or his / her parents / Guarding is not satisfied with the action taken by the Head of the institution or where head of the institution is of the opinion that the incident ought to be reported

EBUILG CHALLENGES INTO OPPOR

| Place: |  |  |  |  |  |
|--------|--|--|--|--|--|
|--------|--|--|--|--|--|

Date: -----

Signature of Member Secretary Anti-Ragging Committee Name & Signature of Student Name & Signature of Parent

**Signature of Principal** 

Note : Student shall submit this undertaking on Rs. 100/- Stamp paper at the earliest.

| ( To be filed by candidate)  |   |
|--|---|
| PET Application No.:   | Name of Candidate :-<br>Shri / Kum                        |
| Marks :-   |   |
| DOB :-   |   |
| Category :   | Address :-  |
| Quota :  |   |
| Photo  | PH. No. ( Landline) :<br>Mobile No. :<br>Date :- / / 2022 |
|  |   |
| To,<br>The Principal   | AGAR  |
| DVVPF's College of Physiotherapy,  |   |
| Ahmednagar.  |   |
| Subject: - Joining in Ph.D. course at DVVPF's College of Year 2022-23.                                   |   |
| Ref.:- Selection Letter / List: Printout attached).  | TO OPPORT   |
| Respected Sir,   |   |
| I the Undersigned Shri/ Kum. (Full Name in Capita<br>has been selected for Ph.D. Course in DVVPF's Colle |   |

### **ADMISSION APPLICATION FORM**

selection letter of State List.

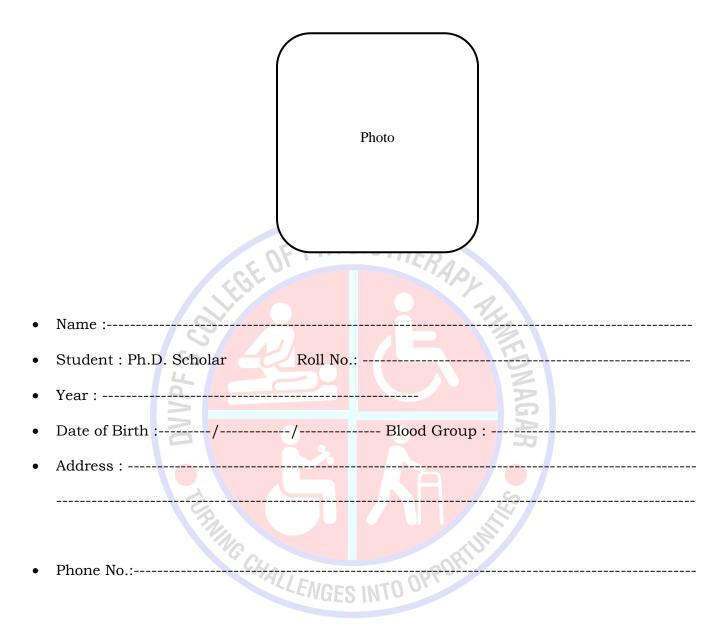
Kindly enroll me in your college as Ph.D. Student for the Academic Year 2022-23. I am submitting herewith following original Certificate & two set of attested Xerox copies.

Please allow me to join the same.

Thanking you

Yours faithfully,

## **Identity Card Information**



Principal