



Maharashtra University of Health Sciences

Mhasrul, Dindori Road,

Nashik -422 004

APPLICATION FORM FOR TRANSFER OF INTERNSHIP

Application for transfer for doing Internship Training Programme of Health Sciences courses, from one approved / recognised Health Sciences College affiliated to other University in the State or outside the State to Health Sciences College affiliated to the Maharashtra University of Health Sciences, Nashik.

(Please use capital letters to fill -up the form)

- 1 Name of the Applicant : _____
Surname First Name Middle Name
- 2 Address for correspondence : _____

- 3 Date of Birth :

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(As entered in the register of the college) Date Month Year
- 4 Name of Parent / Guardian : _____
Surname First Name Middle Name
- 5 Tel: _____ E-mail: _____
- 6 Name & Address of approved / recognised College in which I studying with e-mail : _____

- 7 Name of the University to which the relieving college is affiliated : _____
- 8 Name & Address of approved / recognised College to which transfer is desired with e-mail : _____

- 9 Details of Demand Draft : DD No.: _____
Amount: _____ Date: _____
Name of Drawee Bank: _____
- 10 Give the following information :

SN	Name of Exam	Date & Year of	Marks Obtained	No. of	Corrected Marks
1	I Year	Passing	Out Of	Attempts	(For Office Use)
2	II Year				
3	III Year				
4	IV Year				

Contd.....

11 Please enclose the following certificates with your application:

- i) First / Second / Third / Final year Health Sciences Degree Course Mark sheets and Attempt Certificate (Attested True Copies)
- ii) No Objection Certificate from Relieving College (Original)
- iii) No Objection Certificate from the University to which Relieving College is affiliated (Original)
- iv) No Objection Certificate from Receiving College (Original)
- v) Certificate from the respective Dean / Principal stating that the Relieving & Receiving Colleges / Institutions are approved / recognised by concerned Council (Original)
- vi) Demand Draft for Rs. 6,000/- towards transfer fee drawn in favour of the Registrar, MUHS, Nashik from Nationalised Bank payable at Nashik

12 Grounds For Transfer (if any):

13 Declaration:

I, hereby declare that the information given above is true to the best of my knowledge and belief.

Place:

Date:

Signature of Applicant

N.B.: Please write Name & Address on the backside of Demand Draft

Annexure

Prescribed Form for No Objection Certificate of Receiving College Affiliated to MUHS

Name of the Receiving College: _____

Subject: Issue of No Objection Certificate to _____

Reference: His/Her Application dated _____

With reference to the above, I have to state that this college has no objection to allow Shri / Kum
_____ for doing Internship Training
Programme in this college against the 3% limit of the intake capacity. The intake capacity of the college is
_____.

Signature _____

Name _____

DEAN / PRINCIPAL

Date:

Place:

Seal of the College

(For Office Use)

RECEIPT

Received application bearing no. _____ dated _____ from Shri / Kum
_____ for transfer for doing Internship

Training Programme with copies of the following documents and fee:

- i) First / Second / Third / Final year Health Sciences Degree Course Marksheets
and
Attempt Certificate (Attested True Copies)
- ii) No Objection Certificate from Relieving College (Original)
- ii) No Objection Certificate from the University to which Relieving College is affiliated
(Original)
- iv) No Objection Certificate from Receiving College (Original)
- v) Certificate from the respective Dean / Principal stating that the Relieving & Receiving
Colleges / Institutions are approved / recognised by concerned Council (Original)
- vi) Demand Draft for Rs. 6,000/- towards transfer fee
- vii) Medical Certificate (if applied on medical ground)

Signature of Receiving Officer

Date:

Place: