MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

APPLICATION FORM

(University Circular No. MUHS/Est-01/194/2026 dated 16/01/2026)

ADVERTISEMNT NO. 01/2026

POST :DIRECTOR, STUDENTS' WELFARE

Application Fee : Rs.500/-

Name of Bank: ……..

……..…..

D. D. No. ……...

Dated: ……..

Paste recent Passport Size photo duly self-attested

1) Name :_____

(In Capital letters) Surname First Name Father's / Husband's Name

Name in Devnagari :_____

आडनाव नाव वडिलांचे / पतीचे नाव

2) Address for Correspondence : _____

_____

_____**Pin Code**_____

Permanent Address : _____

_____

_____**Pin Code**_____

3) Contact Tel. Nos. : STD code _____ **(Res.)** _____ **(Off.)** _____

E-mail ID_____ **Mobile No.** _____

4) Date of Birth : _____ (in words) _____

5) Age as on (05/02/2026): _____
(Please furnish self attested copy of S.S.C. Certificate /School leaving Certificate etc.)

6) Nationality : _____ **7) Religion :** _____

7) Whether Domicile of Maharashtra State : Yes ☐ **/ No** ☐
(if yes, attach self-attested documentary proof)

8) Sex : Male ☐ **/ Female** ☐

9) Marital Status: Married ☐ **/ Unmarried** ☐

10) Whether College/ Institution agree to sanction Lien : Yes ☐ No ☐

11) Any Departmental Enquiry pending/ proposed: Yes ☐ / No ☐

12) Educational Qualifications:
(Mandatory to attach all necessary copies of self-attested documents)

Sr. No.	Examination Passed	Name of Board / University	Year of Passing	Subjects Taken	Percentage of Marks obtained	Grade
1						
2						
3						
4						
5						

13) Computer Literacy (MS-CIT, etc.) : Yes ☐ /No ☐

14) Experience : (Mandatory to attach all necessary copies of self attested documents)
(Attach self attested copies of University approval letters)

Sr. No.	Name of the Institution	Post held	Period			Pay Band & Grade pay	Reason for leaving services (if any)
			From	To	Total Period		
1							
2							
3							
4							
5							

15) Any other information, which you would like to provide :_____
(Please attach separate sheet if necessary) _____

: Declaration:

It is hereby declared that above information is correct and complete to the best of my knowledge and belief and nothing has been concealed / distorted. If at any time I am found to have concealed / distorted any material information, my appointment shall be liable to be summarily terminated without notice / compensation. Further I have read and understood all the general conditions and instructions mentioned in the University Circular No.MUHS/Est-01/ 194/2026 dated 16/01/2026 & its annexure and I agree with those conditions and instructions.

Place :

Date : (Name & Signature of the Candidate)

NOTE: Incomplete Application will be rejected and no correspondence will be entertained on this behalf.

(Mandatory)

Declaration of Small Family

FORM "A"

(See Rule - 04)

I, Shri/Smt./ Kum. …… son/daughter/wife of Shri. ……..……..,aged…… years, resident of …… ……. ……. do hereby declare as follows :

1. That I have filled my application for the post of ……
2. I have …… (Number)living children as on today. Out of which number of children born after 28th March, 2005 is ……..……(Mention dates of birth, if any).
3. I am aware that, if any total numbers of living children are more than two due to the children born after 28th March, 2005, I am liable to be disqualified for the same post.

Place :

Date : **Signature of Applicant**

Annexure – B

(शासन निर्णय क्र. प्रसुधा १६१४/३४५/प्र.क्र.७१/१८-अ दि.०९/०३/२०१५)

Self-Declaration for Self Attestation

I ……..……. Son / Daughter of……..…… aged ……..……..., occupation…… resident of……..

with UID 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 thereto.

Place :……. Applicant's Signature…….

Date :……. Applicant's Name :…….