



MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

APPLICATION FORM

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

ADVERTISEMENT 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 :.....