

Ref.: DMIHER (DU)/2024/

Date: 25/05/2024

NOTIFICATION

Constituent College: School of Allied Health Sciences, Sawangi, (Meghe)

(FACULTY OF ALLIED HEALTH SCIENCES)

ADMISSION COUNSELLING NOTIFICATION (1st Round)

It is notified for general information of all the concerned that the schedule for counselling and admission to 1st Year Post Graduate courses under the FACULTY OF ALLIED HEALTH SCIENCES shall be as under.

The candidates whose names are included in the Merit List prepared on the basis of marks obtained in DMIHER (DU)-CET-2024 and who fulfills the eligibility criteria shall present themself for counseling as per following schedule.

The admission counselling schedule as given below:

CI N.	Merit No.	Date	Time of Counselling
I. No.	Merit No.		Original document & Payment of Fee:
1	01 to 53	31st May 2024	10:00 AM to 5:00 PM

Venue: - School of Allied Health Sciences, AG House, Datta Meghe Institute of Higher Education & Research, Sawangi(Meghe), Wardha

Contact: 8600754702, 7020961146, 9511674878

List of Documents required while report for Provisional Admission alongwith original and two sets of Xerox:

- S.S.C./Xth Marks Sheets
- 2. S.S.C./Xth Board Certificate
- 3. H.S.C. or equivalent examination Mark sheet.
- 4. H.S.C. board certificate
- 5. Degree Mark sheets(I, II, II & Final year)
- 6. Degree certificate
- 7. Last School/College Leaving
- Migration certificate
- 9. Certificate of Domicile/Nationalilty Certificate
- 10. Caste Certificate (If applicable)
- 11. Caste Validity Certificate (If applicable)
- 12. Gap Certificate (If applicable)
- 13. Photograph (Four)
- 14. Aadhar card Xerox copy
- 15. PAN card Xerox copy
- 16. Certificate of Medical Fitness from a Registered Medical Practitioner as performat
- 17. An affidavit of Rs. 100/- on Judicial Stamp Paper in the Model format

ormerly known as Datta Meghe Institute of Medical Sciences (Deemed to be University)

Conferred 'A' Grade status by H.R.D. Ministry Govt. of India

Re- accredited by NAAC (4th cycle) with A++ Grade (CGPA 3.78)



	Annual tuition fees shall be paid to	HDFC BANK LTD.
1	BANK NAME	
2	NAME OF BANK ACCOUNT	School of Allied Health Sciences
3	BRANCH NAME WITH COMPLETE	Nirmal Bakery Square, Opp. Bank of
	ADDRESS, TELEPHONE NUMBER AND	Maharashtra, Wardha 442001
	EMAIL	se loder to FACESTA OF HITTI
4	TYPE OF BANK ACCOUNT	Current Account
5	COMPLETE BANK ACCOUNT NUMBER	50200063986870
	(LATEST)	the control of the co
6	MICR CODE OF BANK	442240002
	A Soling of Street Street	HDFC0000965
7	IFSC Code	
8	Swift Code	HDFCINBB

Note: Kindly bring parent PAN card.

Competent Authority DMIHER (DU)

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