



**DATTA MEGHE**

INSTITUTE OF HIGHER  
EDUCATION & RESEARCH

(DEEMED TO BE UNIVERSITY)

**LEARN. LEAD.**

**APPLICATION FORM –MASTERS IN HEALTH PROFESSION  
EDUCATION (MHPE)  
Academic Session 2024-25**

Affix recent  
colour  
photographs

To,  
The Director,  
SHER,  
DMIHER (DU),  
Sawangi (Meghe), Wardha

Subject: - Application for the admission of the course in Masters in HPE (MHPE)

Respected Sir,

I am submitting herewith my application for the course in Masters in HPE (MHPE) at your University for academic year 2024-2025.

I request you to kindly consider my application for the same.

Thanking you,

Yours sincerely,

-----  
-----

(Name and signature of the candidate)

Place:-

Date:-



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1. Name in full in Block letters: \_\_\_\_\_
2. Gender : \_\_\_\_\_
3. Age in Years : \_\_\_\_\_
4. Date of Birth : \_\_\_/\_\_\_/\_\_\_
5. Religion : \_\_\_\_\_
6. Nationality : \_\_\_\_\_
7. Designation : \_\_\_\_\_
8. Faculty : Medical/Dental/Ayurveda/Nursing/Physiotherapy
9. Caste : \_\_\_\_\_
10. Category : \_\_\_\_\_
11. Address for correspondence : \_\_\_\_\_
12. Permanent postal address : \_\_\_\_\_
13. Contact Number : \_\_\_\_\_
14. E-Mail ID : \_\_\_\_\_

## **15. Educational Qualification**

S/No	Degree	Year of Passing	Name of College	Name of University



**16. Teaching Experience**

S/No	Post Held	Institution where worked	Period From	Period To	Total Experience

**Total Teaching Experience in years:** - .....

**17. Eligibility**

S/No	Eligibility	Year of attending workshop	Place where worked and duration of work
1	NMC recognized Basic course workshop		
2	Basic course in HPE recognized by any university		
3	M.Ed./PG Diploma/ACME/FAIMER		
4	Any other		

18. Any other special training related to Health Education taken? If so specify. ....  
.....

Signature with date  
(Name and Designation)



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**DECLARATION BY THE CANDIDATE**

I hereby solemnly declare that the information furnished by me in this application is true to the best of my knowledge. I am aware that if any of the information furnished is found to be wrong, my admission to the course will be cancelled.

(Signature of the candidate)

Name: -----

Date: -----

**CERTIFICATE OF DEAN/PRINCIPAL**

I certify that the applicant Dr. -----is working as-----at ----- . I further certify that I have no objection for the application of Dr. -----for the course of Masters in Health Professions Education at the School of Higher Education & Research, DMIHER (DU) Sawangi (Meghe), Wardha.

Date: -----

(Signature & Seal)

Place: -----

Dean/Principal of the college

**Enclosures to be submitted along with the application form:**

1. Xerox copies of all degree certificates.
2. Xerox copy of Basic course in HPE from NMC/ Any recognized college/university and M.Ed./PG Diploma/ACME/FAIMER.