



NOTIFICATION

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

(FACULTY OF ALLIED HEALTH SCIENCES)

ADMISSION COUNSELLING NOTIFICATION (2nd 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 themselves for counseling as per following schedule.

The admission counselling schedule as given below:

Sl. No.	Merit No.	Date	Time of Counselling
1	DMIHER CET-1 1 TO 53	21 st June 2024	Original document & Payment of Fee: 10:00 AM to 5:00 PM
2	DMIHER CET-2 1 TO 22	22 nd , 24 th June 2024	Original document & Payment of Fee: 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:

1. 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
8. Migration certificate
9. Certificate of Domicile/Nationality 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

- Formerly 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)

Office: DMIHER (DU), Sawangi (Meghe), Wardha 442107 Maharashtra, India
P: 07152-287701-06 | E: info@dmher.edu.in
Office (Off Campus): Datta Meghe Medical College, Wanadongri,
Hingna Road, Nagpur 440010 Maharashtra, India
E: meghehealth@gmail.com




16. Certificate of Medical Fitness from a Registered Medical Practitioner as per format
17. An affidavit of Rs. 100/- on Judicial Stamp Paper in the Model format

Annual tuition fees shall be paid to

1	BANK NAME	HDFC BANK LTD.
2	NAME OF BANK ACCOUNT	School of Allied Health Sciences
3	BRANCH NAME WITH COMPLETE ADDRESS, TELEPHONE NUMBER AND EMAIL	Nirmal Bakery Square, Opp. Bank of Maharashtra, Wardha 442001
4	TYPE OF BANK ACCOUNT	Current Account
5	COMPLETE BANK ACCOUNT NUMBER (LATEST)	50200063986870
6	MICR CODE OF BANK	442240002
7	IFSC Code	HDFC0000965
8	Swift Code	HDFCINBB

Note: Kindly bring parent PAN card.


Competent Authority
DMIHER (DU)