## Patankar Hospital Pvt. Ltd.

Swanand' 986/A/1, Shukrawar Peth,
Opp. Saras Baug, Pune – 411002
Ph. 7410040761/9822072616

E-mail :- info@patankarhospital.com, genesispune@gmail.com

You are requested to send information of (Separate information shall be submitted (as applicable), if multiple Fellowship / Certificate Course(s) conducted at your affiliated Training Centre) of all application form(s) with the Online Fee Receipt of Rs. 3000/- submitted by the applicant in the format prescribed by the University on or before 08/08/2023 by 5.pm positively to the University by email on fccc@muhs.ac.in followed by hard copy of same in due course of time.

Name of Affiliated Training Centre: Patankar Hospital Pvt. Ltd. (102176)

No. of Fellowship/Certificate Course(s) approved for A.Y. 2022-2023: 03

Approved Intake Capacity of above Fellowship/Certificate Course: 03

Vacancy Position / Seat available for Training Centre Level Round :- 01.

Please send the information of application form submitted by applicants with the Merit No in the format given below :

Sr. No.	Name of Applicant	Super Specialty Qualificatio n (Yes/No)	PG Degree Qualifi cation (Yes/N o)	PG Degree Attempts	PG Diploma Quali. (Y/N)	UG	12%	Date of Birth	Domicile Maharas htra (Yes/No)	Marks Obtained by Applicant as per Merit Criteria prescribed by the University	Merit No
1	Durgakar Shakshi Sharad	No	Yes	1	No	59.96%	80.67%	17/01/1994	Yes	300 +UG% More	1
2	Rajole Pragati Vilasrao	No	Yes	1	No	57%	53.17%	01/06/1991	Yes	300	2

Vacancy Position for Training Centre Level Round, for above Fellowship/Certificate Course is (mention the vacant seat in Number only for particular course) :- 01

> Signature Director/Dean/Principal Training Centre/College



Important: 1. Need to attach only Application Forms(s) with Rs. 3000/- Online Fee Receipt submitted by applicant. (No Need to attached documents of the Applicant)