DR. G. D. POL FOUNDATION
Y.M.T. HOMOEOPATHIC MEDICAL COLLEGE - HOSPITAL
(POST-GRADUATE INSTITUTE)

Institutional Area, Sector-4, Kharghar, Navi Mumbai - 410 210.

Off Tel. NO. 022-27745439
Principal Tel No. : 022-27744407

E-mail: ymthmc@gmail.com
Website: www.gdpfymthmc.org

Ref. No. YHMC/ / /

Date: 30 / 01 /2026

6	Utilization of student welfare schemes • Earn and Learn Scheme-00 • Book bank scheme-00 • Savitribai phule vidyadhan scheme-02 • Dhanvantari vidyadhan scheme-07 • ~~Sanjivani student safety scheme~~ • ~~Bahishal Shikshan Mandal scheme~~	Yes/~~No~~

Y.M.T. HOMOEOPATHIC MEDICAL COLLEGE ★ KHARGHAR

Dr. (Mrs.) S. P. Dandge
Principal
Dr. G. D. Pol Foundation
Y.M.T. Homoeopathic Medical College
P. G. Institute Kharghar,
Navi Mumbai - 410 210.

Student welfare scheme

Maharashtra University of Health Sciences, Nashik

Dhanvantari Vidyadhan Yojna

Application Form

To, **The Director,** **Student Welfare** **Maharashtra University of Health Sciences,** **Nashik, Maharashtra.**	
First Name:- PRATIKSHA **Date of Birth:-** 25-01-2000	**Last Name:-** BIRAJDAR **PRN Number:-** DAB0120210109
Mobile No.:- 7620105987	**Email Id:-** pratikshabirajdar0@gmail.com
Category:- General / Open **Sub category:-** **If Physically Handicap:-** No	**Caste Certificate:-**
Permanent Address:- 38 chincholi kate, Makani, Makani, Osmanabad **Pincode:-** 413604 **Mobile No:-**	**State:-** MAHARASHTRA **District:-** Dharashiv **Contact No.:-** 8369344849
Father / Guardian Name:- BALAJI **State:-** **District:-** **Occupation:-** **Email Id:-** **Office Address of Father / Guardian:-** **Pincode:-** **Email Id:-** **Mother Name:-** SUREKHA **State:-** **District:-** **Mobile No.:-** **Office Address of Mother:-** **Pincode:-** **Email Id:-**	**Address:-** **Pincode:-** **Mobile No.:-** **State:-** **District:-** **Mobile No.:-** **Address:-** **Pincode:-** **Email Id:-** **State:-** **District:-** **Mobile No.:-**

Annual Income in Rs:- 55000.00	**Attach Copy of Self Attested Previous year`s Income Certificate by Tehsildar:-** registration/income_1746788522325.pdf
College Name:- Y.M.T. Homoeopathy College	
College Address:- Institutional Area, Sector-4,	**State:-** MAHARASHTRA **District:-** Raigad
Pincode:- 410210	**Mobile No.:-** 022-27745439
Email Id:- ymthmc@gmail.com	**Co-Ordinator's / Clerk`s Name:-** Rohini Katkar
Faculty:- Homoeopathy	**Stream:-** Homeopathy
Course Type:- Under Graduate	**Course Duration:-** 5 years 6 month
Course:- Bachelor of Homoeopathic Medicine and Surgery	
Present Year:- 3rd Year	**Academic Year:-** 2025 - 2026
Possible date of Course Completion:- 22-02-2025	**Date of Admission to course:-** 22-02-2021
Studied in Previous Class:- 2nd Year	**Grade in Previous Class:-**
Upload Self Attested Photocopy of Previous Year Mark sheet:- registration/GAP certificate_0001_1759821146618.pdf	**Fees that charged for the academic year by the college in Rupees:-**
If Subsidy on Interest under Education Loan Subsidy Scheme Received?:- No	**Details to be mentioned of Subsidy on Interest under Education Loan Subsidy Scheme.:-**
Attach Bank Statement of Loan account for complete financial year (From 1st April to 31st March):- registration/Bank_1746788650476.pdf	
Student Name as per Bank Records:- BIRAJDAR PRATIKSHA BALAJI	**Bank Name:-** STATE BANK OF INDIA
IFSC Code:- SBIN0014161	**Bank Address:-** LOHARA
Loan Account Number:- 40612841204	
Aadhaar Card No.:- 0	**Upload Copy of Self Attested Aadhaar Card Only:-** registration/Aadhar Pratiksha_0001_1759821265750.pdf
I am willing and request to receive the subsidy on Interest on Education Loan under the University`s Dhanvantari Vidyadhan Yojana. I have not received the subsidy in year 2023-24. The information mentioned above is accurate and true and at any level in it If any untruth or difference is found, I will be solely responsible for it. I will abide by the rules to receive this subsidy. University reserves the rights to change the rules regarding this Subsidy. I am aware that this subsidy is disbursed from University Fund is not my right. I hereby declare that the information furnished above is true, complete and correct to the best of my knowledge and belief. I understand that I subject myself to disciplinary action in the event that the above facts are found to be falsified.:- 1	
Attach Undertaking by Parent:- registration/undertaking by parent_0001_1746788784865.pdf	
Attach Self Declaration by Student:- registration/Self Declaration_0001_1746788792864.pdf	
Undertaking by College:- registration/undertaking by college_0001_1746788797309.pdf	
Application by Bank (on Bank Letter Head):- registration/Bank letter_1746788820398.pdf	

Checklist

Sr. No.	Documents description	Write page numbers in the bracket of Page No.		
		Yes/No.	Page No.	For office use
1	Caste Certificate	No		
2	Copy of Handicap Certificate	No		
3	Attach Copy of Previous year`s Income Certificate by Tehsildar	Yes		
4	Attested Photocopy of Previous Year Marks sheet	Yes		
5	Attach Bank Statement of Loan account for complete financial year (From 1st April to 31st March)	Yes		
6	Upload Aadhaar Card Copy	Yes		
7	Attach Undertaking by Parent	Yes		
8	Attach Self Declaration by Student	Yes		
9	Undertaking by College	Yes		
10	Application by Bank (on Bank Letter Head)	Yes		

CERTIFICATE

I hereby certify that papers are attached as per the check list. (N.B. Please note that all documents are mandatory. The application will be rejected if one or more documents in the check list are not attached).

Signature of Scrutiny Officer of College, Dean / Principal

Place:
Date:

Maharashtra University of Health Sciences, Nashik

Dhanvantari Vidyadhan Yojna

Application Form

To, **The Director,** **Student Welfare** **Maharashtra University of Health Sciences,** **Nashik, Maharashtra.**	
First Name:- RANJANA **Date of Birth:-** 12-12-2000	**Last Name:-** MISHRA **PRN Number:-** DAB0120220318
Mobile No.:- 8369535484	**Email Id:-** rxyz@gmail.com
Category:- General / Open **Sub category:-** **If Physically Handicap:-** No	**Caste Certificate:-**
Permanent Address:- **Pincode:-** **Mobile No:-**	**State:-** **District:-** **Contact No.:-**
Father / Guardian Name:- BISHESHWAR **State:-** **District:-** **Occupation:-** **Email Id:-** **Office Address of Father / Guardian:-** **Pincode:-** **Email Id:-** **Mother Name:-** SIMPI **State:-** **District:-** **Mobile No.:-** **Office Address of Mother:-** **Pincode:-** **Email Id:-**	**Address:-** **Pincode:-** **Mobile No.:-** **State:-** **District:-** **Mobile No.:-** **Address:-** **Pincode:-** **Email Id:-** **State:-** **District:-** **Mobile No.:-**

Annual Income in Rs:- 110000.00	**Attach Copy of Self Attested Previous year`s Income Certificate by Tehsildar:-** registration/Income Ranjana_0001_1752640844520.pdf
College Name:- Y.M.T. Homoeopathy College	
College Address:- Institutional Area, Sector-4,	**State:-** MAHARASHTRA
	District:- Raigad
Pincode:- 410210	**Mobile No.:-** 022-27745439
Email Id:- ymthmc@gmail.com	**Co-Ordinator's / Clerk`s Name:-** Sushil Mulik
Faculty:- Homoeopathy	**Stream:-** Homeopathy
Course Type:- Under Graduate	**Course Duration:-** 5 years 6 month
Course:- Bachelor of Homoeopathic Medicine and Surgery	
Present Year:- 4th Year	**Academic Year:-**
Possible date of Course Completion:- 04-05-2026	**Date of Admission to course:-** 04-05-2022
Studied in Previous Class:- 3rd Year	**Grade in Previous Class:-** pass
Upload Self Attested Photocopy of Previous Year Mark sheet:- registration/marksheet Ranjana_0001_1752641152219.pdf	**Fees that charged for the academic year by the college in Rupees:-**
If Subsidy on Interest under Education Loan Subsidy Scheme Received?:- No	**Details to be mentioned of Subsidy on Interest under Education Loan Subsidy Scheme.:-**
Attach Bank Statement of Loan account for complete financial year (From 1st April to 31st March):- registration/statement Ranjana_0001_1752641389841.pdf	
Student Name as per Bank Records:- Ranjana Mishra	**Bank Name:-** Central Bank of India
IFSC Code:- CBIN0280602	**Bank Address:-** Borivali (w)
Loan Account Number:-	
Aadhaar Card No.:- 348815277345	**Upload Copy of Self Attested Aadhaar Card Only:-** registration/Aadhar Ranjana_0001_1752641914639.pdf

I am willing and request to receive the subsidy on Interest on Education Loan under the University`s Dhanvantari Vidyadhan Yojana. I have not received the subsidy in year 2023-24.
The information mentioned above is accurate and true and at any level in it If any untruth or difference is found, I will be solely responsible for it.
I will abide by the rules to receive this subsidy. University reserves the rights to change the rules regarding this Subsidy. I am aware that this subsidy is disbursed from University Fund is not my right. I hereby declare that the information furnished above is true, complete and correct to the best of my knowledge and belief. I understand that I subject myself to disciplinary action in the event that the above facts are found to be falsified.:- 1

Attach Undertaking by Parent:- registration/undertaking by parent Ranjana_1752642103674.pdf

Attach Self Declaration by Student:- registration/self declaration Ranjana_0001_1752642139728.pdf

Undertaking by College:- registration/Ranjana_0001_1752642411103.pdf

Application by Bank (on Bank Letter Head):- registration/Bank Letterhead Ranjana_0001_1752642493563.pdf

Checklist

Sr. No.	Documents description	Write page numbers in the bracket of Page No.		
		Yes/No.	Page No.	For office use
1	Caste Certificate	No		
2	Copy of Handicap Certificate	No		
3	Attach Copy of Previous year`s Income Certificate by Tehsildar	Yes		
4	Attested Photocopy of Previous Year Marks sheet	Yes		
5	Attach Bank Statement of Loan account for complete financial year (From 1st April to 31st March)	Yes		
6	Upload Aadhaar Card Copy	Yes		
7	Attach Undertaking by Parent	Yes		
8	Attach Self Declaration by Student	Yes		
9	Undertaking by College	Yes		
10	Application by Bank (on Bank Letter Head)	Yes		

CERTIFICATE

I hereby certify that papers are attached as per the check list. (N.B. Please note that all documents are mandatory. The application will be rejected if one or more documents in the check list are not attached).

Signature of Scrutiny Officer of College, Dean / Principal

Place:
Date:

Maharashtra University of Health Sciences, Nashik

Dhanvantari Vidyadhan Yojna

Application Form

To, **The Director,** **Student Welfare** **Maharashtra University of Health Sciences,** **Nashik, Maharashtra.**	
First Name:- PRATAP	**Last Name:-** GHUMARE
Date of Birth:- 06-12-2000	**PRN Number:-** DAB0120210127
Mobile No.:- 7020311534	**Email Id:-** ghumarepratap29@gmail.com
Category:- Economically Weaker Section **Sub category:-** **If Physically Handicap:-** No	**Caste Certificate:-**
Permanent Address:- At Pimpaldevi Post- Pimpalner **Pincode:-** 431122 **Mobile No:-** 7020311534	**State:-** MAHARASHTRA **District:-** Beed **Contact No.:-** 7020311534
Father / Guardian Name:- PARAJI **State:-** MAHARASHTRA **District:-** Beed **Occupation:-** Farmer **Email Id:-** **Office Address of Father / Guardian:-** **Pincode:-** **Email Id:-** **Mother Name:-** SANJIVANI **State:-** **District:-** **Mobile No.:-** **Office Address of Mother:-** **Pincode:-** **Email Id:-**	**Address:-** At Pimpaldevi Post- Pimpalner **Pincode:-** 431122 **Mobile No.:-** **State:-** **District:-** **Mobile No.:-** **Address:-** **Pincode:-** **Email Id:-** **State:-** **District:-** **Mobile No.:-**

Annual Income in Rs:- 90000.00	**Attach Copy of Self Attested Previous year`s Income Certificate by Tehsildar:-** registration/Pratap Income certificate_1759222505253.pdf
College Name:- Y.M.T. Homoeopathy College	
College Address:- Institutional Area, Sector-4,	**State:-** MAHARASHTRA
	District:- Raigad
Pincode:- 410210	**Mobile No.:-** 022-27745439
Email Id:- ymthmc@gmail.com	**Co-Ordinator's / Clerk`s Name:-** Mr. Sushil Mulik
Faculty:- Homoeopathy	**Stream:-** Homeopathy
Course Type:- Under Graduate	**Course Duration:-** 5 years 6 month
Course:- Bachelor of Homoeopathic Medicine and Surgery	
Present Year:- 4th Year	**Academic Year:-** 2025 - 2026
Possible date of Course Completion:- 06-03-2025	**Date of Admission to course:-** 06-03-2021
Studied in Previous Class:- 3rd Year	**Grade in Previous Class:-**
Upload Self Attested Photocopy of Previous Year Mark sheet:- registration/Marksheet Pratap_1759222762421.pdf	**Fees that charged for the academic year by the college in Rupees:-** 60232
If Subsidy on Interest under Education Loan Subsidy Scheme Received?:- No	**Details to be mentioned of Subsidy on Interest under Education Loan Subsidy Scheme.:-**
Attach Bank Statement of Loan account for complete financial year (From 1st April to 31st March):- registration/pratap Ghumare BANK ST_1746258169675.pdf	
Student Name as per Bank Records:- Mr. PRATAP PARAJI GHUMARE	**Bank Name:-** STATE BANK OF INDIA
IFSC Code:- SBIN0003668	**Bank Address:-** JALNA ROAD BEED
Loan Account Number:- 42310847442	
Aadhaar Card No.:- 259496850336	**Upload Copy of Self Attested Aadhaar Card Only:-** registration/pratap Ghumare AADHAR_1746258179849.pdf

I am willing and request to receive the subsidy on Interest on Education Loan under the University`s Dhanvantari Vidyadhan Yojana. I have not received the subsidy in year 2023-24.
The information mentioned above is accurate and true and at any level in it If any untruth or difference is found, I will be solely responsible for it.
I will abide by the rules to receive this subsidy. University reserves the rights to change the rules regarding this Subsidy. I am aware that this subsidy is disbursed from University Fund is not my right. I hereby declare that the information furnished above is true, complete and correct to the best of my knowledge and belief. I understand that I subject myself to disciplinary action in the event that the above facts are found to be falsified.:- 1

Attach Undertaking by Parent:- registration/pratap Ghumare undertaking by parents_1746430084138.pdf

Attach Self Declaration by Student:- registration/Self Declaration by student_1746430089617.pdf

Undertaking by College:- registration/pratap Ghumare undertaking by college_1746430101423.pdf

Application by Bank (on Bank Letter Head):- registration/bank letter_1746430294036.pdf

Checklist

Sr. No.	Documents description	Write page numbers in the bracket of Page No.		
		Yes/No.	Page No.	For office use
1	Caste Certificate	No		
2	Copy of Handicap Certificate	No		
3	Attach Copy of Previous year`s Income Certificate by Tehsildar	Yes		
4	Attested Photocopy of Previous Year Marks sheet	Yes		
5	Attach Bank Statement of Loan account for complete financial year (From 1st April to 31st March)	Yes		
6	Upload Aadhaar Card Copy	Yes		
7	Attach Undertaking by Parent	Yes		
8	Attach Self Declaration by Student	Yes		
9	Undertaking by College	Yes		
10	Application by Bank (on Bank Letter Head)	Yes		

CERTIFICATE

I hereby certify that papers are attached as per the check list. (N.B. Please note that all documents are mandatory. The application will be rejected if one or more documents in the check list are not attached).

Signature of Scrutiny Officer of College, Dean / Principal

Place:
Date:

Maharashtra University of Health Sciences, Nashik

Dhanvantari Vidyadhan Yojna

Application Form

To, **The Director,** **Student Welfare** **Maharashtra University of Health Sciences,** **Nashik, Maharashtra.**	
First Name:- KAJAL	**Last Name:-** KESARI
Date of Birth:- 19-09-2001	**PRN Number:-** DAB0120210137
Mobile No.:- 9702948217	**Email Id:-** kajalkesari908@gmail.com
Category:- General / Open	**Caste Certificate:-**
Sub category:-	
If Physically Handicap:- No	
Permanent Address:-	**State:-**
	District:-
Pincode:-	**Contact No.:-**
Mobile No:-	
Father / Guardian Name:- SANJAY	**Address:-**
State:-	**Pincode:-**
District:-	
Occupation:-	**Mobile No.:-**
Email Id:-	
Office Address of Father / Guardian:-	**State:-**
	District:-
Pincode:-	**Mobile No.:-**
Email Id:-	
Mother Name:- ASHA	**Address:-**
State:-	**Pincode:-**
District:-	
Mobile No.:-	**Email Id:-**
Office Address of Mother:-	**State:-**
	District:-
Pincode:-	**Mobile No.:-**
Email Id:-	

Annual Income in Rs:- 98000.00	**Attach Copy of Self Attested Previous year`s Income Certificate by Tehsildar:-** registration/Income Certificate Kajal 1753959441151.pdf
College Name:- Y.M.T. Homoeopathy College	
College Address:- Institutional Area, Sector-4,	**State:-** MAHARASHTRA
	District:- Raigad
Pincode:- 410210	**Mobile No.:-** 022-27745439
Email Id:- ymthmc@gmail.com	**Co-Ordinator's / Clerk`s Name:-** Sushil Mulik
Faculty:- Homoeopathy	**Stream:-** Homeopathy
Course Type:- Under Graduate	**Course Duration:-** 5 years 6 month
Course:- Bachelor of Homoeopathic Medicine and Surgery	
Present Year:- 4th Year	**Academic Year:-** 2024 - 2025
Possible date of Course Completion:- 15-03-2025	**Date of Admission to course:-** 16-03-2021
Studied in Previous Class:- 3rd Year	**Grade in Previous Class:-** pass
Upload Self Attested Photocopy of Previous Year Mark sheet:- registration/marksheet kajal 1753959604345.pdf	**Fees that charged for the academic year by the college in Rupees:-**
If Subsidy on Interest under Education Loan Subsidy Scheme Received?:- No	**Details to be mentioned of Subsidy on Interest under Education Loan Subsidy Scheme.:-**
Attach Bank Statement of Loan account for complete financial year (From 1st April to 31st March):- registration/Bank statement Kajal 1753959662483.pdf	
Student Name as per Bank Records:- KAJAL SANJAY KESARI	**Bank Name:-** CENTRAL BANK OF INDIA
IFSC Code:- CBIN0280614	**Bank Address:-** Khar(west),Mumbai
Loan Account Number:-	
Aadhaar Card No.:- 504923574292	**Upload Copy of Self Attested Aadhaar Card Only:-** registration/Aadhar kajal 1753959725617.pdf
I am willing and request to receive the subsidy on Interest on Education Loan under the University`s Dhanvantari Vidyadhan Yojana. I have not received the subsidy in year 2023-24. The information mentioned above is accurate and true and at any level in it If any untruth or difference is found, I will be solely responsible for it. I will abide by the rules to receive this subsidy. University reserves the rights to change the rules regarding this Subsidy. I am aware that this subsidy is disbursed from University Fund is not my right. I hereby declare that the information furnished above is true, complete and correct to the best of my knowledge and belief. I understand that I subject myself to disciplinary action in the event that the above facts are found to be falsified.:- 1	
Attach Undertaking by Parent:- registration/under taking by parents kajal 1753959776810.pdf	
Attach Self Declaration by Student:- registration/self declaration kajal 1753959798667.pdf	
Undertaking by College:- registration/under taking by college kajal 1753959817793.pdf	
Application by Bank (on Bank Letter Head):- registration/bank letter head kajal 1753959832898.pdf	

Checklist

Sr. No.	Documents description	Write page numbers in the bracket of Page No.		
		Yes/No.	Page No.	For office use
1	Caste Certificate	No		
2	Copy of Handicap Certificate	No		
3	Attach Copy of Previous year`s Income Certificate by Tehsildar	Yes		
4	Attested Photocopy of Previous Year Marks sheet	Yes		
5	Attach Bank Statement of Loan account for complete financial year (From 1st April to 31st March)	Yes		
6	Upload Aadhaar Card Copy	Yes		
7	Attach Undertaking by Parent	Yes		
8	Attach Self Declaration by Student	Yes		
9	Undertaking by College	Yes		
10	Application by Bank (on Bank Letter Head)	Yes		

CERTIFICATE

I hereby certify that papers are attached as per the check list. (N.B. Please note that all documents are mandatory. The application will be rejected if one or more documents in the check list are not attached).

Signature of Scrutiny Officer of College, Dean / Principal

Place:
Date:

Maharashtra University of Health Sciences, Nashik

Dhanvantari Vidyadhan Yojna

Application Form

To, **The Director,** **Student Welfare** **Maharashtra University of Health Sciences,** **Nashik, Maharashtra.**	
First Name:- SACHIN	**Last Name:-** CHAVAN
Date of Birth:- 22-11-1999	**PRN Number:-** TEMP-306917
Mobile No.:- 9552625923	**Email Id:-** sc8932107@gmail.com
Category:- VJ/DT-A Vimukt Jati/ Denotified Tribes-A **Sub category:-** **If Physically Handicap:-** No	**Caste Certificate:-**
Permanent Address:- **Pincode:-** **Mobile No:-**	**State:-** **District:-** **Contact No.:-**
Father / Guardian Name:- DEVIDAS **State:-** **District:-** **Occupation:-** **Email Id:-** **Office Address of Father / Guardian:-** **Pincode:-** **Email Id:-** **Mother Name:-** KALPANA **State:-** **District:-** **Mobile No.:-** **Office Address of Mother:-** **Pincode:-**	**Address:-** **Pincode:-** **Mobile No.:-** **State:-** **District:-** **Mobile No.:-** **Address:-** **Pincode:-** **Email Id:-** **State:-** **District:-** **Mobile No.:-**

Email Id:-	
Annual Income in Rs:- 95000.00	**Attach Copy of Self Attested Previous year`s Income Certificate by Tehsildar:-** registration/Sachin Income 1752052116495.pdf
College Name:- Y.M.T. Homoeopathy College	
College Address:- Institutional Area, Sector-4,	**State:-** MAHARASHTRA
	District:- Raigad
Pincode:- 410210	**Mobile No.:-** 022-27745439
Email Id:- ymthmc@gmail.com	**Co-Ordinator's / Clerk`s Name:-** Sushil Mulik
Faculty:- Homoeopathy	**Stream:-** Homeopathy
Course Type:- Post Graduate	**Course Duration:-** 3 years 0 month
Course:- Doctor of Medicine in Homoeopathic Repertory	
Present Year:- 2nd Year	**Academic Year:-**
Possible date of Course Completion:- 15-12-2025	**Date of Admission to course:-** 15-12-2023
Studied in Previous Class:-	**Grade in Previous Class:-**
Upload Self Attested Photocopy of Previous Year Mark sheet:- registration/Sachin marksheet 1752051024113.pdf	**Fees that charged for the academic year by the college in Rupees:-**
If Subsidy on Interest under Education Loan Subsidy Scheme Received?:- No	**Details to be mentioned of Subsidy on Interest under Education Loan Subsidy Scheme.:-**
Attach Bank Statement of Loan account for complete financial year (From 1st April to 31st March):- registration/Bank statement sachin 1752051409173.pdf	
Student Name as per Bank Records:- Sachin Devidas Chavan	**Bank Name:-** Bank of India
IFSC Code:- BKID0000601	**Bank Address:-** Chakan,Pune
Loan Account Number:-	
Aadhaar Card No.:- 468431128721	**Upload Copy of Self Attested Aadhaar Card Only:-** registration/Aadhar sachin 1752046273053.pdf

I am willing and request to receive the subsidy on Interest on Education Loan under the University`s Dhanvantari Vidyadhan Yojana. I have not received the subsidy in year 2023-24.
The information mentioned above is accurate and true and at any level in it If any untruth or difference is found, I will be solely responsible for it.
I will abide by the rules to receive this subsidy. University reserves the rights to change the rules regarding this Subsidy. I am aware that this subsidy is disbursed from University Fund is not my right. I hereby declare that the information furnished above is true, complete and correct to the best of my knowledge and belief. I understand that I subject myself to disciplinary action in the event that the above facts are found to be falsified.:- 1

Attach Undertaking by Parent:- registration/Undertaking by parent Sachin 1752052305131.pdf

Attach Self Declaration by Student:- registration/Self Declaration Form Sachin 1752052344946.pdf

Undertaking by College:- registration/Undertaking by College Sachin 1752052375435.pdf

Application by Bank (on Bank Letter Head):- registration/Bank Letterhead Sachin 1752052412118.pdf

Checklist

Sr. No.	Documents description	Write page numbers in the bracket of Page No.		
		Yes/No.	Page No.	For office use
1	Caste Certificate	No		
2	Copy of Handicap Certificate	No		
3	Attach Copy of Previous year`s Income Certificate by Tehsildar	Yes		
4	Attested Photocopy of Previous Year Marks sheet	Yes		
5	Attach Bank Statement of Loan account for complete financial year (From 1st April to 31st March)	Yes		
6	Upload Aadhaar Card Copy	Yes		
7	Attach Undertaking by Parent	Yes		
8	Attach Self Declaration by Student	Yes		
9	Undertaking by College	Yes		
10	Application by Bank (on Bank Letter Head)	Yes		

CERTIFICATE

I hereby certify that papers are attached as per the check list. (N.B. Please note that all documents are mandatory. The application will be rejected if one or more documents in the check list are not attached).	Signature of Scrutiny Officer of College, Dean / Principal

Place:
Date:

Maharashtra University of Health Sciences, Nashik

Dhanvantari Vidyadhan Yojna

Application Form

To, **The Director,** **Student Welfare** **Maharashtra University of Health Sciences,** **Nashik, Maharashtra.**	
First Name:- RATIKA	**Last Name:-** JADHAV
Date of Birth:- 19-09-2002	**PRN Number:-** DAB0120220293
Mobile No.:- 8104969679	**Email Id:-** ratikajadhav415@gmail.com
Category:- General / Open	**Caste Certificate:-**
Sub category:-	
If Physically Handicap:- No	
Permanent Address:-	**State:-**
	District:-
Pincode:-	**Contact No.:-**
Mobile No:-	
Father / Guardian Name:- RAJU	**Address:-**
State:-	**Pincode:-**
District:-	
Occupation:-	**Mobile No.:-**
Email Id:-	
Office Address of Father / Guardian:-	**State:-**
	District:-
Pincode:-	**Mobile No.:-**
Email Id:-	
Mother Name:- PUSHPA	**Address:-**
State:-	**Pincode:-**
District:-	
Mobile No.:-	**Email Id:-**
Office Address of Mother:-	**State:-**
	District:-
Pincode:-	**Mobile No.:-**
Email Id:-	

Annual Income in Rs:- 200000.00	**Attach Copy of Self Attested Previous year`s Income Certificate by Tehsildar:-** registration/Jadhav Ratika Income certificate_1751276270230.pdf
College Name:- Y.M.T. Homoeopathy College	
College Address:- Institutional Area, Sector-4,	**State:-** MAHARASHTRA
	District:- Raigad
Pincode:- 410210	**Mobile No.:-** 022-27745439
Email Id:- ymthmc@gmail.com	**Co-Ordinator's / Clerk`s Name:-** Sushil Mulik
Faculty:- Homoeopathy	**Stream:-** Homeopathy
Course Type:- Under Graduate	**Course Duration:-** 5 years 6 month
Course:- Bachelor of Homoeopathic Medicine and Surgery	
Present Year:- 4th Year	**Academic Year:-**
Possible date of Course Completion:- 16-02-2026	**Date of Admission to course:-** 16-02-2022
Studied in Previous Class:- 1st Year	**Grade in Previous Class:-**
Upload Self Attested Photocopy of Previous Year Mark sheet:- registration/Ratika 3rd BHMS Marksheet_1751278378799.pdf	**Fees that charged for the academic year by the college in Rupees:-**
If Subsidy on Interest under Education Loan Subsidy Scheme Received?:- No	**Details to be mentioned of Subsidy on Interest under Education Loan Subsidy Scheme.:-**
Attach Bank Statement of Loan account for complete financial year (From 1st April to 31st March):- registration/Ratika Bank statement_1751276075892.pdf	
Student Name as per Bank Records:- Ratika Raju Jadhav	**Bank Name:-** State Bank of India
IFSC Code:- SBIN0005354	**Bank Address:-** gokhale Road naupada Thane - 400602
Loan Account Number:-	
Aadhaar Card No.:- 859472072416	**Upload Copy of Self Attested Aadhaar Card Only:-** registration/Aadhar Ratika_1751273236939.pdf

I am willing and request to receive the subsidy on Interest on Education Loan under the University`s Dhanvantari Vidyadhan Yojana. I have not received the subsidy in year 2023-24.
The information mentioned above is accurate and true and at any level in it If any untruth or difference is found, I will be solely responsible for it.
I will abide by the rules to receive this subsidy. University reserves the rights to change the rules regarding this Subsidy. I am aware that this subsidy is disbursed from University Fund is not my right. I hereby declare that the information furnished above is true, complete and correct to the best of my knowledge and belief. I understand that I subject myself to disciplinary action in the event that the above facts are found to be falsified.:- 1

Attach Undertaking by Parent:- registration/Ratika jadhav Undertaking by parent_1751277711232.pdf

Attach Self Declaration by Student:- registration/Ratika self declaration_1751277734482.pdf

Undertaking by College:- registration/Undertaking by College Ratika_1751277761200.pdf

Application by Bank (on Bank Letter Head):- registration/Bank Letterhead Ratika 1751277806260.pdf

Checklist

Sr. No.	Documents description	Write page numbers in the bracket of Page No.		
		Yes/No.	Page No.	For office use
1	Caste Certificate	No		
2	Copy of Handicap Certificate	No		
3	Attach Copy of Previous year`s Income Certificate by Tehsildar	Yes		
4	Attested Photocopy of Previous Year Marks sheet	Yes		
5	Attach Bank Statement of Loan account for complete financial year (From 1st April to 31st March)	Yes		
6	Upload Aadhaar Card Copy	Yes		
7	Attach Undertaking by Parent	Yes		
8	Attach Self Declaration by Student	Yes		
9	Undertaking by College	Yes		
10	Application by Bank (on Bank Letter Head)	Yes		

CERTIFICATE

I hereby certify that papers are attached as per the check list. (N.B. Please note that all documents are mandatory. The application will be rejected if one or more documents in the check list are not attached).

Signature of Scrutiny Officer of College, Dean / Principal

Place:
Date:

Maharashtra University of Health Sciences, Nashik

Dhanvantari Vidyadhan Yojna

Application Form

To,

The Director,
Student Welfare
Maharashtra University of Health Sciences,
Nashik, Maharashtra.

First Name:- SAURABH	**Last Name:-** GAWANDE
Date of Birth:- 20-05-1997	**PRN Number:-** DAC0100520230037
Mobile No.:- 8806453321	**Email Id:-** imritesh2720@gmail.com
Category:- Other Backward Classes **Caste** student/1022911991641d6c59090b5/1663_113_1022911991641d6c59090b5.pdf	**Certificate:-**
Sub category:-	
If Physically Handicap:- No	
Permanent Address:-	**State:-**
	District:-
Pincode:-	**Contact No.:-**
Mobile No:-	
Father / Guardian Name:- SANJAYRAO	**Address:-**
State:-	**Pincode:-**
District:-	
Occupation:-	**Mobile No.:-**
Email Id:-	
Office Address of Father / Guardian:-	**State:-**
	District:-
Pincode:-	**Mobile No.:-**
Email Id:-	
Mother Name:- NILIMA	**Address:-**
State:-	**Pincode:-**
District:-	
Mobile No.:-	**Email Id:-**
Office Address of Mother:-	**State:-**
	District:-
Pincode:-	**Mobile No.:-**

Email Id:-	
Annual Income in Rs:- 65000.00	**Attach Copy of Self Attested Previous year`s Income Certificate by Tehsildar:-** registration/Income certificate_1748854346181.pdf
College Name:- Y.M.T. Homoeopathy College	
College Address:- Institutional Area, Sector-4,	**State:-** MAHARASHTRA
	District:- Raigad
Pincode:- 410210	**Mobile No.:-** 022-27745439
Email Id:- ymthmc@gmail.com	**Co-Ordinator's / Clerk`s Name:-** SUSHIL MULIK
Faculty:- Homoeopathy	**Stream:-** Homeopathy
Course Type:- Post Graduate	**Course Duration:-** 3 years 0 month
Course:- Doctor of Medicine in Practice of Medicine	
Present Year:- 1st Year	**Academic Year:-**
Possible date of Course Completion:- 24-01-2025	**Date of Admission to course:-** 24-01-2023
Studied in Previous Class:-	**Grade in Previous Class:-**
Upload Self Attested Photocopy of Previous Year Mark sheet:- student/Income certificate_1749191299267.pdf	**Fees that charged for the academic year by the college in Rupees:-**
If Subsidy on Interest under Education Loan Subsidy Scheme Received?:- No	**Details to be mentioned of Subsidy on Interest under Education Loan Subsidy Scheme.:-**
Attach Bank Statement of Loan account for complete financial year (From 1st April to 31st March):- registration/Bank statement_1748855517886.pdf	
Student Name as per Bank Records:- Saurabh Sanjayrao Gawande	**Bank Name:-** State Bank of India
IFSC Code:- SBIN0001051	**Bank Address:-** Chandur railway
Loan Account Number:- 42226422628	
Aadhaar Card No.:- 571510411835	**Upload Copy of Self Attested Aadhaar Card Only:-** registration/Aadhar_1748855986166.pdf
I am willing and request to receive the subsidy on Interest on Education Loan under the University`s Dhanvantari Vidyadhan Yojana. I have not received the subsidy in year 2023-24. The information mentioned above is accurate and true and at any level in it If any untruth or difference is found, I will be solely responsible for it. I will abide by the rules to receive this subsidy. University reserves the rights to change the rules regarding this Subsidy. I am aware that this subsidy is disbursed from University Fund is not my right. I hereby declare that the information furnished above is true, complete and correct to the best of my knowledge and belief. I understand that I subject myself to disciplinary action in the event that the above facts are found to be falsified.:- 1	
Attach Undertaking by Parent:- registration/Saurabh_0001_1749188427578.pdf	
Attach Self Declaration by Student:- registration/Saurabh 0002_0001_1749188577490.pdf	
Undertaking by College:- registration/Saurabh Gawande_0001_1749188748005.pdf	
Application by Bank (on Bank Letter Head):- registration/SBI BANK_0001_1749189931763.pdf	

Checklist

Sr. No.	Documents description	Write page numbers in the bracket of Page No.		
		Yes/No.	Page No.	For office use
1	Caste Certificate	Yes		
2	Copy of Handicap Certificate	No		
3	Attach Copy of Previous year`s Income Certificate by Tehsildar	Yes		
4	Attested Photocopy of Previous Year Marks sheet	Yes		
5	Attach Bank Statement of Loan account for complete financial year (From 1st April to 31st March)	Yes		
6	Upload Aadhaar Card Copy	Yes		
7	Attach Undertaking by Parent	Yes		
8	Attach Self Declaration by Student	Yes		
9	Undertaking by College	Yes		
10	Application by Bank (on Bank Letter Head)	Yes		

CERTIFICATE

I hereby certify that papers are attached as per the check list. (N.B. Please note that all documents are mandatory. The application will be rejected if one or more documents in the check list are not attached).	Signature of Scrutiny Officer of College, Dean / Principal

Place:
Date:

Maharashtra University of Health Sciences, Nashik

Savitribai Phulee Girls Scholarship Yojana

Application Form

To,

The Director,
Student Welfare
Maharashtra University of Health Sciences,
Nashik, Maharashtra.

First Name:- GAURI
Last Name:- MAYEKAR
Upload Photograph:- student/photo_1693457600733.jpg
Edit Student Details:-
PRN Number:- DAB0120210149
Date of Birth:- 26-08-2001

Mobile No.:- 7028330712
Email Id:- gauri26august2001@gmail.com
Permanent Address:-
State:-
District:-
Pincode:-
Contact No.:-
Mobile No:-
Current Address:- A/P THALCHALMALA MAYEKAR DONGARI
Current State:- MAHARASHTRA
Current District:-
Current Pincode:-
Current Contact No:-
Current Mobile No:- 7028330712

Category:- Other Backward Classes
Caste Certificate:- student/1111529209604c52222db2b/3_1111529209604c52222db2b.pdf
Sub category:-
If Physically Handicap:- No

Relationship:- Father
Mother Name:- ARATI
Address:-
State:-
Pincode:-
District:-
Occupation:-
Mobile No.:-
Email Id:-
Office Address of Father / Guardian:-
State:-
District:-
Pincode:-
Mobile No.:-
Email Id:-
Father / Guardian Name:- RAJENDRA
Address:-

State:-	**Pincode:-**
District:-	
Occupation:-	**Mobile No.:-**
Email Id:-	
Annual Income in Rs:- 45000.00	**Attach Copy of Self Attested Income Certificate by Tehsildar:-** student/Income Mayekar 1754470676155.pdf
Upload Death Certificate / Divorce related Document of parent/s:-	**Note:** **1. Attach Father`s Income Certificate.** **2. Please attach Mother`s Income Certificate in case of Father`s demise. Attach Father`s Death Certificate long with it.** **3. In case of demise of both parents and divorce, attach Income Certificate of Guardian. Attach Death certificates of both parent or Divorce related documents, whichever is applicable.:-**
Studied in Previous Class:- 4th Year	**Grade in Previous Class:-** A
Upload Self Attested Photocopy of Previous Year Mark sheet:- registration/Mayekar Marksheet 1767255632860.pdf	
College Name:- Y.M.T. Homoeopathy College	
College Address:- Institutional Area, Sector-4,	**State:-** MAHARASHTRA
	District:- Raigad
Pincode:- 410210	**Mobile No.:-** 022-27745439
Email Id:- ymthmc@gmail.com	**Co-Ordinator's / Clerk`s Name:-** Sushil Mulik
Faculty:- Homoeopathy	**Stream:-** Homeopathy
Course Type:- Under Graduate	**Course Duration:-** 5 years 6 month
Course:- Bachelor of Homoeopathic Medicine and Surgery	
Present Year:- 5th Year	**Academic Year:-**
Possible date of Course Completion:- 12-03-2025	**Date of Admission to course:-** 13-03-2021
Student Name as per Bank Records:- Gauri Rajendra Mayekar	**Bank Name:-** Central Bank of India
IFSC Code:- CBIN0282554	**Bank Address:-** Alibag
Bank Account Number:- 3892550230	
Aadhaar Card No.:- 522019210175	**Upload Copy of Self Attested Aadhaar Card Only:-** registration/Aadhar Mayekar 1754480391249.pdf
Information regarding Refund of fees / Concession in fees, Scholarship / Fellowship Amount, Shikshan Sahayya Yojana Amount, Concession received from Govt. Of India / Govt. of Maharashtra or other: :- NA	**Amount in Rs:-** 0

Çhecklist

Sr. No.	Documents description	Write page numbers in the bracket of Page No.		
		Yes/No.	Page No.	For office use
1	Attested Copy of Adhaar Card	Yes		
2	Attached photocopy of previous year's mark sheet attested by student.	Yes		
3	Attached Income Certificate of previous year (Signed by Tehsildar)	Yes		
4	Attached Copy of Caste Certificate	Yes		

CERTIFICATE

I hereby certify that papers are attached as per the check list. (N.B. Please note that all documents are mandatory. The application will be rejected if one or more documents in the check list are not attached).

Signature of Scrutiny Officer of College, Dean / Principal

Place:
Date:

Maharashtra University of Health Sciences, Nashik

Savitribai Phulee Girls Scholarship Yojana

Application Form

To, **The Director,** **Student Welfare** **Maharashtra University of Health Sciences,** **Nashik, Maharashtra.**	
First Name:- KAJAL	**Last Name:-** KESARI
Upload Photograph:- student/photo_1693472994037.jpg	**Edit Student Details:-**
PRN Number:- DAB0120210137	
Date of Birth:- 19-09-2001	
Mobile No.:- 9702948217	**Email Id:-** kajalkesari908@gmail.com
Permanent Address:-	**State:-**
	District:-
Pincode:-	**Contact No.:-**
Mobile No:-	
Current Address:- KAMPATI SHARMA CHAWL JAWAHAR NAGAR KHAR - (E) MUMBAI- 400051	**Current State:-** MAHARASHTRA **Current District:-**
Current Pincode:- 400051	**Current Contact No:-**
Current Mobile No:- 9702948217	
Category:- General / Open	**Caste Certificate:-**
Sub category:-	
If Physically Handicap:- No	
Relationship:- Father	
Mother Name:- ASHA	**Address:-**
State:-	**Pincode:-**
District:-	
Occupation:-	**Mobile No.:-**
Email Id:-	
Office Address of Father / Guardian:-	**State:-**
	District:-
Pincode:-	**Mobile No.:-**
Email Id:-	
Father / Guardian Name:- SANJAY	**Address:-**

State:-	**Pincode:-**
District:-	
Occupation:-	**Mobile No.:-**
Email Id:-	
Annual Income in Rs:- 98000.00	**Attach Copy of Self Attested Income Certificate by Tehsildar:-** student/income kajal_1754556198727.pdf
Upload Death Certificate / Divorce related Document of parent/s:-	**Note:** **1. Attach Father`s Income Certificate.** **2. Please attach Mother`s Income Certificate in case of Father`s demise. Attach Father`s Death Certificate long with it.** **3. In case of demise of both parents and divorce, attach Income Certificate of Guardian. Attach Death certificates of both parent or Divorce related documents, whichever is applicable.:-**
Studied in Previous Class:- 4th Year	**Grade in Previous Class:-** pass
Upload Self Attested Photocopy of Previous Year Mark sheet:- registration/kajal kesari_0001_1769058637126.pdf	
College Name:- Y.M.T. Homoeopathy College	
College Address:- Institutional Area, Sector-4,	**State:-** MAHARASHTRA
	District:- Raigad
Pincode:- 410210	**Mobile No.:-** 022-27745439
Email Id:- ymthmc@gmail.com	**Co-Ordinator's / Clerk`s Name:-** Sushil Mulik
Faculty:- Homoeopathy	**Stream:-** Homeopathy
Course Type:- Under Graduate	**Course Duration:-** 5 years 6 month
Course:- Bachelor of Homoeopathic Medicine and Surgery	
Present Year:- 5th Year	**Academic Year:-**
Possible date of Course Completion:- 15-03-2025	**Date of Admission to course:-** 16-03-2021
Student Name as per Bank Records:- KAJAL SANJAY KESARI	**Bank Name:-** CENTRAL BANK OF INDIA
IFSC Code:- CBIN0280614	**Bank Address:-** KHAR (West)
Bank Account Number:- 3878379349	
Aadhaar Card No.:- 504923574292	**Upload Copy of Self Attested Aadhaar Card Only:-** registration/Aadhar kajal_1754556536269.pdf
Information regarding Refund of fees / Concession in fees, Scholarship / Fellowship Amount, Shikshan Sahayya Yojana Amount, Concession received from Govt. Of India / Govt. of Maharashtra or other: :- NA	**Amount in Rs:-** 0

Çhecklist

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3	Attached Income Certificate of previous year (Signed by Tehsildar)	Yes		
4	Attached Copy of Caste Certificate	No		

CERTIFICATE

I hereby certify that papers are attached as per the check list. (N.B. Please note that all documents are mandatory. The application will be rejected if one or more documents in the check list are not attached).

Signature of Scrutiny Officer of College, Dean / Principal

Place:
Date: