


COUNSELING FORM
MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK
MUHS

(TO BE SUBMITTED BY THE REPEATER STUDENT)

01. Name of College :
02. Name of Student :
03. Name of Course :
04. Date of Admission to 1st year :
05. Category of payment : Free / Payment / NRI
06. Percentage of Marks : SSC : HSC : 07. Marks at CET :
08. State Merit Number : 09. Regional Merit Number :
10. Marks obtained by the student at :

First Attempt:

	Subject				
Theory					
Oral					
Practical					
Internal Assessment					

Second Attempt:

	Subject				
Theory					
Oral					
Practical					
Internal Assessment					

Third Attempt:

	Subject				
Theory					
Oral					
Practical					
Internal Assessment					

11. Were parents informed about poor performance of the candidate in the last examinations? :
12. Efforts taken by the college to improve performance of the candidate. :
13. Hade the college organized interaction with the parents about poor performance of student? :
14. Whether extra classes / revision classes were conducted for student who had failed in the last examination. :
15. Whether the student is made aware of the fact of maximum no. of attempts permitted by Central Council / MUHS / College administration. :
16. Please furnish the following information about the student :

A) Educational background of family:

		Illiterate	Non-graduate	Graduate	Post-graduate
a)	Father				
b)	Mother				
c)	Brother				
d)	Sister				

17. B) Whether the student was getting any financial assistance / scholarship etc., please specify: Any health problem with the candidate? :
18. Whether Counseling of student & parent has been done before sending the application form? If yes,
a) Signature of the student:
- b) Signature of parents:
19. Counseling of student done by:
20. The above information is correct to the best of my knowledge.

Signature of the Dean / Principal