



MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

COUNSELING FORM

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				

- B) Whether the student was getting any financial assistance / scholarship etc., please specify:
- 17. 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

