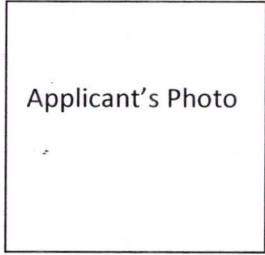


**Self -Declaration**

Applicant's Photo

To,  
The Registrar,  
Maharashtra University of Health Sciences,  
Dindori Road, Mhasrul  
Nashik - 422004



I ..... Son/Daughter of  
..... aged ..... Occupation  
..... resident of .....  
..... with UID (AADHAR) No. ....

Hereby declare that, I have passed ..... Course  
from .....  
College during the year ..... and I hereby state  
that, I have not taken admission during the period of gap from ..... to  
..... period, hence, the gap arises in my education.

The information provided above is true and correct to the best of my personal  
knowledge, information and belief. I fully understand the consequences of giving  
false information. If the information is found to be false, I shall be liable for  
prosecution and punishment under Indian Penal Code and /or any other law  
applicable thereto.

Place : ..... Applicant's Signature.....

Date : ..... Applicant's Name .....