



म0प्र0 आयुर्विज्ञान विश्वविद्यालय, जबलपुर (म.प्र.)

क्रमांक / म.प्र.आ.वि.वि. / परीक्षा / 2022 / 2170

जबलपुर, दिनांक 04 / 03 / 2022

अधिसूचना

म0प्र0 आयुर्विज्ञान विश्वविद्यालय जबलपुर द्वारा सूचित किया जाता है कि of **MPT Examination April 2022 & M.M.L.T (Main & Supplementary) Examination April 2022**. हेतु निम्नानुसार तिथियाँ निर्धारित की जाती हैं:-

M.M.L.T Time table Examination April 2022

S.No	Date	Day	Time	Subject
SPECIALIZATION: MEDICAL HEMATOLOGY				
1	19-03-2022	Tuesday	10:00 AM To 1:00 PM	Medical Hematology -I
2	22-03-2022	Friday	10:00 AM To 1:00 PM	Medical Hematology -II
3	25-03-2022	Monday	10:00 AM To 1:00 PM	Medical Hematology -III
SPECIALIZATION: MEDICAL MICROBIOLOGY				
1	19-03-2022	Tuesday	10:00 AM To 1:00 PM	Medical Microbiology-I
2	22-03-2022	Friday	10:00 AM To 1:00 PM	Medical Microbiology -II
3	25-03-2022	Monday	10:00 AM To 1:00 PM	Medical Microbiology-III
SPECIALIZATION: MEDICAL BIOCHEMISTRY				
1	19-03-2022	Tuesday	10:00 AM To 1:00 PM	Medical Biochemistry-I
2	22-03-2022	Friday	10:00 AM To 1:00 PM	Medical Biochemistry -II
3	25-03-2022	Monday	10:00 AM To 1:00 PM	Medical Biochemistry -III
SPECIALIZATION: MEDICAL HISTOPATHOLOGY				
1	19-03-2022	Tuesday	10:00 AM To 1:00 PM	Medical Histopathology -I
2	22-03-2022	Friday	10:00 AM To 1:00 PM	Medical Histopathology -II
3	25-03-2022	Monday	10:00 AM To 1:00 PM	Medical Histopathology -III

MPT Time Table Examination April 2022

S.No	Date	Day	Time	Subject
1	19-03-2022	Tuesday	10:00 AM To 1:00 PM	Exercise Physiology & Nutrition
2	22-03-2022	Friday	10:00 AM To 1:00 PM	Physical Diagnosis & Rehabilitation
3	25-03-2022	Monday	10:00 AM To 1:00 PM	Elective-I*
4	28-03-2022	Thursday	10:00 AM To 1:00 PM	Elective-II**(Advanced Physiotherapeutic)
Elective-I*: Subjects				
- MPT Sports: Sports Physiotherapy/ MPT Orthopaedics: Orthopaedic Physiotherapy/ MPT Neurology: Neurologic Physiotherapy / MPT Cardiothoracic: Cardiopulmonary Physiotherapy/ MPT Obstetrics &Gynecology: Physiotherapy in Obs. &Gynecological conditions				
Elective-II**: Subjects (Advanced Physiotherapeutic)				
- MPT Sports: Advanced Physiotherapeutic in Sports Physiotherapy/ MPT Orthopaedics: Advanced Physiotherapeutic in Orthopaedic Physiotherapy/ MPT Neurology: Advanced Physiotherapeutic in Neurologic Physiotherapy/ MPT Cardiothoracic: Advanced Physiotherapeutic in Cardiopulmonary Physiotherapy/ MPT Obstetrics &Gynecology: Advanced Physiotherapeutic in Physiotherapy in Obs. &Gynecological conditions				



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• Fee Details

S.No.	Course	Exam Fee	Form Fee	Dissertation Fee	Total Fee if Form Recieved on or before 04-04-2022	Total Fee if Form Recieved on or before 06-04-2022 (Late Fee 500/-)
1	M.M.L.T. (03 Theory, 04 Practical) Fee for one paper is Rs.1500, Fee for one Practical is Rs. 500	5000/-	100/-	2000/-	7100/-	7600/-
2	M.P.Th. (04 Theory, 02 Practical) Fee for one paper is Rs.1500, Fee for one Practical is Rs. 500	7000/-	100/-	2000/-	9100/-	9600/-

• परीक्षा फार्म भरने की अंतिम दिनोंक 04.04.2022 एवं विलंब शुल्क सहित अंतिम दिनोंक 06.04.2022 निर्धारित की जाती है। महाविद्यालयों को निर्देशित किया जाता है कि समस्त परीक्षा आवेदन पत्रवाहक के हस्ते दिनोंक 07.04.2022 को विश्वविद्यालय में जमा कराना सुनिश्चित करें। लिफाफे में स्पष्ट रूप से परीक्षा फार्म-परीक्षा का नाम एवं परीक्षा फार्म आवेदन संख्या तथा महाविद्यालय का नाम अंकित होना चाहिये।

• विद्यार्थियों की एकजाई RTGS द्वारा भारतीय स्टेट बैंक ऑफ इंडिया, शाखा मेडिकल कॉलेज जबलपुर खाता क्रमांक **32105549579** आई.एफ.एस. सी. कोड **SBIN0001445** में स्थानांतरित कराया जाना सुनिश्चित करें।

परीक्षा नियंत्रक
म.प्र. आयुर्विज्ञान विश्वविद्यालय जबलपुर

पृ.क्रमांक/म.प्र.आ.वि.वि./परीक्षा/2022/2170-A

जबलपुर, दिनोंक 04/03/2022

प्रतिलिपि:-

1. कुलपति/कुलसचिव कार्यालय, म0प्र0आयुर्विज्ञान विश्वविद्यालय, जबलपुर।
2. समस्त अधिष्ठाता/प्राचार्य संबद्ध संबंधित महाविद्यालय।

उपकुलसचिव
म.प्र. आयुर्विज्ञान विश्वविद्यालय जबलपुर



MADHYA PRADESH MEDICAL SCIENCE UNIVERSITY, JABALPUR (M.P.)

FORM FOR MMLT EXAMINATION APRIL 2022

ENROLLMENT NUMBER																								
COLLEGE CODE																								

Note: Examination fee once submitted shall not be refunded on any ground, hence, please make sure that 1: you are eligible to appear in the exam, 2: you were admitted to the course before the cut of date and 3: your enrollment form was submitted to the MPMSU on time

To
The Controller of Examination,
Madhya Pradesh Medical Science University,
Jabalpur (M.P.)
Sir,
I request permission to present myself at the ensuing **MMLT EXAMINATION** to be held in..... I furnish my details as stated below:-

1. CANDIDATE'S NAME in Capital Letters (Strictly as per Class XII or GAZETTE Notification):																								
FIRST NAME																								
MIDDLE NAME																								
SURNAME																								
2. FATHER'S NAME (Leave a gap between First Name, and Middle Name. Don't write Surname)																								

3. COLLEGE NAME																								

4.

Left Hand Thumb Impression of the Candidate

5.

Signature of the Candidate in running hand, within the box only

6.

Paste (**do not staple**) recent Photograph (Size 35mm x 45mm) duly **ATTESTED** by the Dean/Principal/Head of the Institution.

7. Date of Birth 8. Gender

Date	Month	Year

Male	<input type="checkbox"/>	Female	<input type="checkbox"/>
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9. MOTHER'S NAME in Capital Letters: (Leave a gap between First Name, and Middle Name. Don't write Surname)

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10. Candidate's mailing address in CAPITAL Letters only:

House no.						Building/ Locality						Town						District						STATE						PIN CODE					
Street																																			

11. Contact No. :

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12. Email Address:

13. Eligibility Criteria Detail:-

Qualifying Entrance Exam Name-.....

Year-..... Roll No.-..... Rank-..... Marks Obtain..... Out off.....

DME Allotment Letter (Photocopy Attached)- YES...../NO.....

14. I will be appearing for the following Subjects:-

Sr. No	Subject Name	Internal Assessment		Attendance (min.75%)		Signature of HOD
		Theory	Practical	Theory	Practical	
1						
2						
3						
4						

Details ofyear Examination(in case of supplementary):-

a	Roll No.	
b	Total Marks obtained	
c	Result	

15.

DECLARATION BY THE CANDIDATE

- 1) I am aware that, I have to fulfill criteria of attendance by the University/ CCIM, failing which I shall be held "NOT ELIGIBLE" and will not be allowed to appear in Examination.
- 2) I hereby declare that I have gone through the syllabus as prescribed and adopted by the University and relevant rules of the Heads of Passing which are applicable for the examination for which I am appearing and I accept the same without any challenge (wherever applicable).
- 3) I shall be responsible if my application form is rejected for any errors, wrong or incomplete entries made by me in the examination form.
- 4) I am not admitted to the course after the cut-off date declared by the University for grant of terms.
- 5) I fulfill all the criteria for the admission in the course as defined by the CCIM/ University and I am not defying the criteria of the admission order.

Place:

Date:

Signature of Candidate in running hand

16.

FOR THE USE OF INSTITUTION OFFICE

Fulfills attendance criteria	YES	NO			
Attachments					
Fee Receipt No.	YES	NO	Migration certificate Original (if not submitted with enrolment form)	YES	NO
MD HOMEOPATIC I year Mark sheet Copy	YES	NO			
Signature of verifying officer					

17.

CERTIFICATE BY THE HEAD OF INSTITUTION

I certify:

1. That Shri/Smt/Kum. is a bonafide student of this college, admitted to **MMLT EXAMINATION APRIL 2022** course. He/she is not admitted to the course after the cut-off date for grant of terms.
2. * That his/her attendance is not less than as prescribed by the CCIM norms in lecture teaching and practical work up to submission of this application. **OR**
* I find him/her eligible under provisions of MPMSU ordinance 6/14 section 5.1
***(Cancel whichever is not applicable)**
3. That the candidate has completed the academic terms to appear in this examination (wherever applicable).
4. **That the information furnished by the said candidate is verified from his/her documents and that the candidate is Eligible to appear for University Examination.**

Place:

Date:

Signature & Seal of the Dean/Principal

Dear Student,

You have downloaded the Examination application form for appearing in the **MMLT EXAMINATION APRIL 2022**

Carefully follow the steps given below to apply.

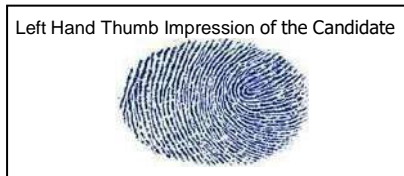
1. Your application form has 2 pages. Have a print out of all the pages on a separate sheet of A4 size paper.
2. Collect the following information from your college office:
 - (a) Your theory and practical class attendance in the subjects for examination,
3. Have the following documents ready with you for attaching to the application form:
 - (a) A self attested photocopy of your MD HOMEOPATIC I. examination mark sheet,
 - (b) Your recent 35 mm (W) X 45 mm (L) *colored* photograph in a light colored dress.
4. Having satisfied yourself that you fulfill all eligibility criteria to appear in the examination deposit your exam fees (ANNEXURE 2) in the college office and get receipt in the fee receipt form.
5. How to fill the Examination form: (**use black ball point pen only. Use capital letters to enter characters**).

On page one in the boxes provided-

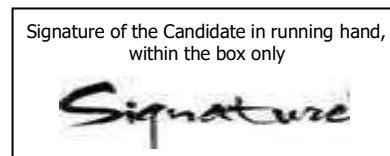
- (1) Fill in your first name, second name and surname in the boxes

FIRST NAME	S	A	N	D	H	Y	A			
MIDDLE NAME	S	U	R	A	J					
SURNAME	R	A	T	H	I					

- (2) Fill in your father's first name and Middle name in the boxes. Don't write Surname. (3) Fill in your college/institute full name with district name.
- (4) Put your left thumb impression in the box provided.



- (5) Put your signature in the box provided



(6) Paste the photograph (see no. 4 (c) above) in the box. Photo must be attested by the dean/ principal of the institute.



(7) Enter your date of birth in dd-mm-yyyy format, i.e., if you are born on 15th Aug. 1996

6. Date of Birth

Date		Month		Year			
1	5	0	8	1	9	9	6

(8) Put a right mark against your gender, i.e., if you are a girl mark as:

7. Gender

Male	<input type="checkbox"/>	Female	<input checked="" type="checkbox"/>
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(9 to 12) Make the entries as required

On Page 2:

(13) Fill in the required data and have it verified from respective Class coordinator

(14) give Details of 2nd year Exam:

(16) Put Place, Date and your signatures.

(17) Submit to the college office for forwarding to the university well in time.



MADHYA PRADESH MEDICAL SCIENCE UNIVERSITY, JABALPUR (M.P.)

FORM FOR MPT EXAMINATION –APRIL 2022

ENROLLMENT NUMBER																							
COLLEGE CODE																							

Note: Examination fee once submitted shall not be refunded on any ground, hence, please make sure that 1: you are eligible to appear in the exam, 2: you were admitted to the course before the cut of date and 3: your enrollment form was submitted to the MPMSU on time

To
The Controller of Examination,
Madhya Pradesh Medical Science University,
Jabalpur (M.P.)

Sir,
I request permission to present myself at the ensuing **MPT EXAMINATION** to be held in I furnish my details as stated below:-

1. CANDIDATE'S NAME in Capital Letters (Strictly as per Class XII or GAZETTE Notification):

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2. FATHER'S NAME (Leave a gap between First Name, and Middle Name. Don't write Surname)

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3. COLLEGE NAME

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4.

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Left Hand Thumb Impression of the Candidate

5.

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Signature of the Candidate in running hand, within the box only

6.

Paste (**do not staple**) recent Photograph (Size 35mm × 45mm) duly ATTESTED by the Dean/Principal/Head of the Institution.

7. Date of Birth 8. Gender

Date	Month	Year

Male		Female	
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9. MOTHER'S NAME in Capital Letters: (Leave a gap between First Name, and Middle Name. Don't write Surname)

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10. Candidate's mailing address in CAPITAL Letters only:

House no.					Building/ Locality																		
Street																							
Town					District																		
STATE																							

11. Contact No. :

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12. Email Address:

13. Eligibility Criteria Detail:-

Qualifying Entrance Exam Name-.....

Year-..... Roll No.-..... Rank-..... Marks Obtain..... Out off.....

DME Allotment Letter (Photocopy Attached)- YES...../NO.....

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Details of year Examination(in case of supplementary):-

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c	Result	

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- 3) I shall be responsible if my application form is rejected for any errors, wrong or incomplete entries made by me in the examination form.
- 4) I am not admitted to the course after the cut-off date declared by the University for grant of terms.
- 5) I fulfill all the criteria for the admission in the course as defined by the CCIM/INC/CCH/DCI/NMC/RCI University and I am not defying the criteria of the admission order.

Place:

Date:

Signature of Candidate in running hand

16.

FOR THE USE OF INSTITUTION OFFICE

Fulfills attendance criteria	YES	NO			
Attachments					
Fee Receipt No.	YES	NO	Migration certificate Original (if not submitted with enrolment form)	YES	NO
MD HOMEOPATHIC I year Mark sheet Copy	YES	NO			
Signature of verifying officer					

17.

CERTIFICATE BY THE HEAD OF INSTITUTION

I certify:

1. That Shri/Smt/Kum. is a bonafide student of this college, admitted to **MPT EXAMINATION –APRIL 2022** course. He/she is not admitted to the course after the cut-off date for grant of terms.
2. * That his/her attendance is not less than as prescribed by the CCIM/INC/CCH/DCI/NMC/RCI norms in lecture teaching and practical work up to submission of this application. **OR**
* I find him/her eligible under provisions of MPMSU ordinance 6/14 section 5.1
***(Cancel whichever is not applicable)**
3. That the candidate has completed the academic terms to appear in this examination (wherever applicable).
4. **That the information furnished by the said candidate is verified from his/her documents and that the candidate is Eligible to appear for University Examination.**

Place:

Date:

Signature & Seal of the Dean/Principal

Dear Student,

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Carefully follow the steps given below to apply.

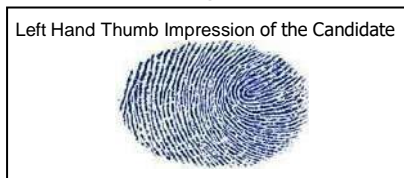
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 - (a) A self attested photocopy of your MD HOMEOPATIC I. examination mark sheet,
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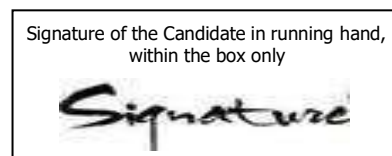
- (1) Fill in your first name, second name and surname in the boxes

FIRST NAME	S	A	N	D	H	Y	A			
MIDDLE NAME	S	U	R	A	J					
SURNAME	R	A	T	H	I					

- (2) Fill in your father's first name and Middle name in the boxes. Don't write Surname. (3) Fill in your college/institute full name with district name.
- (4) Put your left thumb impression in the box provided.



- (5) Put your signature in the box provided



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6. Date of Birth

Date		Month		Year			
1	5	0	8	1	9	9	6

(8) Put a right mark against your gender, i.e., if you are a girl mark as:

7. Gender

Male	<input type="checkbox"/>	Female	<input checked="" type="checkbox"/>
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(9 to 12) Make the entries as required

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