

**MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK**  
**COUNSELING FORM**

(TO BE SUBMITTED BY THE REPEATER STUDENT)

01. Name of College : .....  
 02. Name of Student : .....  
 03. Name of Course : .....  
 04. Date of Admission to 1<sup>st</sup> 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. Had 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:

|    |         | <b>Illiterate</b> | <b>Non-graduate</b> | <b>Graduate</b> | <b>Post-graduate</b> |
|----|---------|-------------------|---------------------|-----------------|----------------------|
| 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**