



NAAC Accredited-2022 'B++' Grade
(CGPA 2.96)

Punyashlok Ahilyadevi Holkar Solapur University, Solapur
Solapur-Pune Highway, Kegaon, Solapur 413255

School of Allied Health Sciences

Admission Notification 2025-26

Admissions are open for the following Post Graduate Programs under the School of Allied Health Sciences for the academic year 2025-26. Students should read the instructions carefully and submit the applications within the stipulated time.

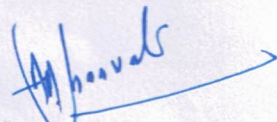
Sr. No.	Name of the Course	Eligibility	Intake	Duration
PG Programs				
1	Master in Public Health (MPH)	A Bachelor's Degree in Medicine/AYUSH/Dentistry/Allied Health Sciences/Nursing/Life Science OR Statistics/Biostatistics/Demography/Population Studies/Nutrition/Social Work Awarded by UGC recognized University or Higher Education Institutes	20	2 years
2	MA Yoga	A Bachelor's Degree in any stream awarded by UGC recognized University or Higher Education Institutes	30	2 years
3	PGDDN	Any Medical/Nursing/Dental/ Aayush /Science/Life Science/Home Science/ Physical Education Graduate/ BA Physical Education	30	1 year
<ul style="list-style-type: none">Admission to all the courses will be based upon the merit of graduation exam.Reservation policy in the admission procedure will be as applicable as per directives by state government norms.Students getting admitted to MA Yoga course will be entitled for fee reimbursement as per state govt. norms.However, both MPH and PGDDN courses are self-financed courses, so no fees concession will be applicable to the student getting admission to these courses.				

Candidates who wish to apply for admission to above courses strictly follow the schedule given below –

- Start date of Submitting application form _ 15-06-2025
- Last date of submitting application form – 30-06-2025
- Display of merit list on university website – Will be notified
- Confirmation of Admission by submitting required original documents and payment of fee – Will be notified

Students should take the print of the application form attached below, completely fill the form and submit the form with the necessary documents at the school office on the university campus.

For admissions related queries contact Dr. Abhijeet Jagtap- 9730105961 (between 10.20 am-6 pm)


Director
School of Allied Health Science
Punyashlok Ahilyadevi Holkar
Solapur University, Solapur

 <p>NAAC Accredited-2022 'B++' Grade (CGPA 2.96)</p>	<p>Punyashlok Ahilyadevi Holkar Solapur University, Solapur Pune-Solapur Highway, Kegaon, Solapur - 413 255, Phone:0217-2744770,71,72,73,74, 2351300 Website:http://su.digitaluniversity.ac/www.sus.ac.in</p>	
<p align="center">Admission Form- MA Yoga</p>		

PHOTO

Signature

Personal Details	
Full Name (English) (Last Name - First Name - Middle Name)	
<p align="center">पूर्ण नाव (आडनाव - नाव - मधलेनाव)</p>	
Father's First Name Only	
Mother's First Name Only	
Date of Birth	
Place of Birth	
Gender	Male / Female/ Other (Tick whichever applicable)
Nationality	Indian / Other (Tick whichever applicable)
Location Category	Rural / Urban / Other (Tick whichever applicable)
Religion	
Aadhaar Number	
Blood Group	
Marital Status	
Academic Bank of Credits (ABC- ID) if applicable	
Address & Pin Code	
Correspondence Address Details	
Mobile	
Alternate Mobile Number	
Email	

Guardian Occupation								
Guardian Annual Income								
Nominee Name								
Nominee Gender								
Nominee Age								
Nominee Relation								
Reservation Details								
State of Domicile								
Religion								
Minority (if applicable)								
Category								
Caste								
Subcaste								
Economically Weaker Section				Yes / No				
Physically Challenged				Yes / No				
Admission Details								
In which course you are willing to seek admission? (Tick whichever applicable)				MA Yoga <input type="checkbox"/>				
Educational Details								
Qualification	School/College/Institute	Board/University	Marks Obtained	Out of Marks	Percentage	Seat Number	Certificate Number	Passing Month & Year
SSC/ 10 th								
HSC/ 12 th								
Graduation								



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Admission Form- MPH

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Mother's First Name Only	
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Place of Birth	
Gender	Male / Female/ Other (Tick whichever applicable)
Nationality	Indian / Other (Tick whichever applicable)
Location Category	Rural / Urban / Other (Tick whichever applicable)
Religion	
Aadhaar Number	
Blood Group	
Marital Status	
Academic Bank of Credits (ABC- ID) if applicable	
Address & Pin Code	
Correspondence Address Details	
Mobile	
Alternate Mobile Number	

Email								
Guardian Occupation								
Guardian Annual Income								
Nominee Name								
Nominee Gender								
Nominee Age								
Nominee Relation								
Reservation Details								
State of Domicile								
Religion								
Minority (if applicable)								
Category								
Caste								
Subcaste								
Economically Weaker Section					Yes / No			
Physically Challenged					Yes / No			
Admission Details								
In which course you are willing to seek admission? (Tick whichever applicable)					<input type="checkbox"/> MPH			
Educational Details								
Qualification	School/College/Institute	Board/University	Marks Obtained	Out of Marks	Percentage	Seat Number	Certificate Number	Passing Month & Year
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<p align="center">Admission Form- PGDDN</p>		

PHOTO

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Minority (if applicable)								
Category								
Caste								
Subcaste								
Economically Weaker Section				Yes / No				
Physically Challenged				Yes / No				
Admission Details								
In which course you are willing to seek admission? (Tick whichever applicable)				PGDDN <input type="checkbox"/>				
Educational Details								
Qualification	School/College/Institute	Board/University	Marks Obtained	Out of Marks	Percentage	Seat Number	Certificate Number	Passing Month & Year
SSC/ 10 th								
HSC/ 12 th								
Graduation								