

## **Form for Data Collection**

### **Students from Maharashtra Returning from Ukraine**

1. Name of the Student:
2. Father's/Mother's Name:
3. Date of Birth: DD/MM/YYYY
4. Gender:
5. Mobile Number:
6. E-mail address:
7. Permanent Address in Maharashtra:
8. Place of Study in Ukraine:
9. Year Since studying in Ukraine:
10. Educational Status
  - a. If pursuing Undergraduate Studies-
    - i. Year/Semester:
    - ii. Name of the Institution/University:
  - b. If pursuing Internship-
    - i. Date of commencement/Duration Completed-
    - ii. Name of the Institution/University-
  - c. If pursuing Post Graduate Studies-
    - i. Year/Semester-
    - ii. Name of the Institution/University-
    - iii. Stream/Branch of PG-
11. Website/Weblink of the Medical Institution/University in Ukraine:
12. Any other relevant information or request- (Please be brief and precise)-

Affix a recent  
photograph  
  
Put Signature on  
the photograph

(Self-Declaration: I certify that the information furnished by me is true to the best of my knowledge)

Date: March 2022

(Signature)

Place:

Full Name

[Please fill this and mail it to - [dmer.cetit@maharashtra.gov.in](mailto:dmer.cetit@maharashtra.gov.in) ]