

PERSONAL INFORMATION :

Applicant's Name: *

TEST NAME

Father's Name *

F NAME

Mother's Name *

M NAME

Date of Birth (Age on 01-01-2026) *

04-12-2010 14 Years 0 Months 28 Days

Gender *

Male

Please select D.O.B strictly as per your Matriculation/10th certificate/SSC.

E-Mail Id *

Mobile No. *

1212121212

Category *

General

EWS *

Yes

Specially Abled (PwD) *

Yes

Religion *

Hindu

Domicile State *

Rajasthan

Nationality *

Indian

Identity Proof *

Other aadhar 12457855

Visible Identification Mark *

mole

Permanent Address *

Institute Full Address

Correspondence Address * Same as Permanent Address

Institute Full Address

State *

Himachal Pradesh

State *

Himachal Pradesh

District *

jaipur

District *

jaipur

Pincode *

201014

Pincode *

201014

Close

Save & Next >>

Personal Information have been updated successfully.

ACADEMIC QUALIFICATION INFORMATION :

Qualification	Subject(s)	Name of the Board	Name of the Institute	Roll No.	Passing Year	Division	Obtained Marks	Maximum Marks	Percentage	Attempt
Class 10th	Subject(s)	--Select board--	Name of the Institute	Roll Nun	--Select--	--Select--	Obtaine	Maximu	Percenta	--Select--
Class 12th	Subject(s)	--Select board--	Name of the Institute	Roll Nun	--Select--	--Select--	Obtaine	Maximu	Percenta	--Select--

PROFESSIONAL QUALIFICATION INFORMATION [UG] :

Degree Name	Paper Group	Name of the University	Name of the Institute	Final Year Result	Year of Passing	Overall Percentage	Overall Attempt
--Select--	--Select--	Name of the University	Name of the Institute	--Select--	--Select Year	Total Final P	--select--
#	Year/Part	Year of Passing Exam.	Attempt	Obtained Marks	Maximum Marks	Percentage	
1.	First Year	--select--	--select--	Obtained Marks	Maximum Marks	Percentage	
2.	Second Year	--select--	--select--	Obtained Marks	Maximum Marks	Percentage	
3.	Third Year	--select--	--select--	Obtained Marks	Maximum Marks	Percentage	
4.	Year/Part Name	--select--	--select--	Obtained Marks	Maximum Marks	Percentage	

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Save & Next

Please ensure that you are eligible as per the ruhs norms as on the date of the document verification/ selection process.



Personal



Qualification



Internship



Other



Documents



Preview



Payment

Qualification Details have been saved successfully.

INTERNSHIP DETAILS :

Applicable only for M3BS, BDS and BVSC & AH candidated only

Is Internship

Yes

Where you complete Internship

ruhs jaipur

Date of Starting of Internship

01-06-2025

Date of Completion of Internship

20-06-2025

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Save & Next >>

Please ensure that you are eligible as per the ruhs norms as on the date of the document verification/ selection process.

EXPERIENCE/EMPLOYMENT INFORMATION :

Service Type --Select Service Type--	Designation Designation
Name of Organization/Institution Name of Organization/Institution	Address of Organization/Institution Address of Organization/Institution
Date of Joining (From) Date of Joining	Presently Working --Select Is Presently Working--

[Add Experience](#) [Clear](#)

LIST OF SAVED EXPERIENCES :

#	Service Type	Organization Name	Organization Address	Designation	Date of Joining	Date of Relieving	Duration	Action
1	State Govt. Service	Ruhs	Pratap nagar	Professor	09-03-2012	Currently Working	13Y 3M 14D	✓ ✗
2	State Govt. Service	Ruhs	Mgdc	Professor	31-05-2008	Currently Working	17Y 0M 23D	✓ ✗

IN-SERVICE DETAILS :

Are you In-Service? *

Date of Joining of un-interrupted Govt. of Rajasthan Service*

Duration of un-interrupted Govt. of Rajasthan Service*

Designation*

(as on the last date of submission of on-line application form)

Name and City of the Hospital / Institution where presently working *

Are you an in-service candidate of Rajasthan State Government or Rajasthan University of Health Sciences? *

OTHER INFORMATION :

Name of Institute last attended *

Whether you have ever been penalized, removed or blacklisted? *

Other Relevant Information (if any)

REFERENCES'S DETAILS :

#	Name	Designation	Email Id	Mobile No.	Address
1.	Name of Reference-1	Designation of Reference-1	Name of Reference	Mobile Number of Reference-1	Address of Reference
2.	Name of Reference-2	Designation of Reference-2	Name of Reference	Mobile Number of Reference-2	Address of Reference

Upload Documents

Upload Photo (JPG/JPEG only):

Choose File No file chosen



Upload Photograph

Upload Signature (JPG/JPEG only):

Choose File No file chosen

Signature

Upload Signature

Select Document Type

--Select Document Type--

Select Document File

Choose File No file chosen

Note: File Type : PDF, File Size: Min. 100 KB & Max 2 MB

Upload Document

List of Already Uploaded Documents

#	Document Name	Uploaded On	Action
1	Aadhaar Card	01-07-2025	 
2	Domicile Certificate	01-07-2025	 
3	Class X Marksheet	01-07-2025	 
4	Class XII Marksheet	01-07-2025	 
5	UG All Part/Years Marksheet	01-07-2025	 
6	Internship Certificate	01-07-2025	 

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Lock & Proceed to Payment

PREVIEW OF UNPAID APPLICATION FORM

Please check all details carefully before locking the application. To make the payment, you must first lock the application.



RAJASTHAN UNIVERSITY OF HEALTH SCIENCES

राजस्थान स्वास्थ्य विज्ञान विश्वविद्यालय, जयपुर
Application Form for M.Sc. Medical (2025-26)

Application Id	Course Name
4	M.Sc. Medical

Personal Information

Applicant's Name :	TEST NAME		
Father's Name :	F NAME		
Mother's Name :	M NAME		
Date of Birth :	04-12-2010		
Gender :	Male		
Category :	General		
EWS :	No		Specially Abled (PwD) :
E-Mail Id :		Mobile No. :	1212121212
Domicile State :	Rajasthan	Nationality :	Indian
Identity Proof :	Other , aadhar	Identity Proof Number :	12457855
Mark of Visible Identification :	mole , aadhar	Religion :	Hindu
Permanent Address :	Institute Full Address, jaipur, Himachal Pradesh. 201014		
Correspondence Address :	Institute Full Address jaipur, Himachal Pradesh. 201014		

Academic Qualification Information

#	Qualification	Subjects	Name of the Board	Name of the Institute	Roll No.	Passing Year	Division	Obtained Marks/CGPA	Total Marks/CGPA	Percentage	Attempt
1	Class 10th	All Subjects	COUNCIL FOR INDIAN SCHOOL CERTIFICATE EXAMINATIONS	Name of the Institute 10	101010	2018	First	75.5	100	75.00	1
2	Class 12th	pcm	RAJASTHAN NURSING COUNCIL	Name of the Institute 12	121212	2020	Second	165	200	82.50	1



Personal



Qualification



Internship



Other



Documents



Preview



Payment

Locked Application Form

Application Id	4
Applied Course	M.Sc. Medical (2025-26)
Application Fee	Rs. 5,000
Applicant's Name	TEST NAME
Father's Name	F NAME
Date of Birth	2010-12-04
Category	General
Email Id	consultant@ruhsraj.org
Mobile Number	1212121212

The Application Form is already locked. Please pay the Application Fee to complete the application process.

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₹ Pay Application Fee