



महाराष्ट्र शासन

शासकीय वैद्यकीय महाविद्यालय, गोंदिया

Government Medical College, Gondia

Phone No 07182-238090

E-mail: gmcgondiya@gmail.com

Website: www.gmcgondia.in

Ref. No. GMCG/SS/ 5978 /2023

Date: 27/07/2023

**INSTRUCTIONS TO THE STUDENTS REGARDING MBBS
ADMISSION 2023-24**

(PRESENTLY TO BE FOLLOWED FOR ALL INDIA QUOTA & STATE QUOTA)

All the students allotted MBBS seat at Government Medical College, Gondia should follow the instructions given below

1. Students First Deposit all the fees by DD before Admission process and then follow the step I to V for MBBS Admission Process.
2. Students shall write Name, Reporting Date and Time in Entry Register and take token number. (Per day Only first 50 students as per token number should be admitted exempted only for last day of admission)
3. Student must filled the Admission form, Documents Holding Certificates & submit with the original documents in the file.
4. Students should arrange the documents in file as per the sequence given in annexure I.
5. Students submit all original documents and 2 set of Xerox copy of all original documents and submit scan copy of original documents in pendrive. (Separate PDF File (under 500Kb) for Each document with Doc. name)
6. Scrutiny officer will verify all original documents of the students according to the token number.
7. After verification of original document Nodal officer gave confirmation regarding admission to the student and then Student paid Rs. 1500/- & DD in cash section
8. Submit fees receipt at student section and collect admission acknowledgment and admission letter from the student section.
9. **M.B.B.S tuition fees of Category students are paid by Government to the college through scholarship. Tuition fees should be collected from students those not submitted scholarship form.**
10. Hostels facility not provided to the students during admission process.
11. All important notice should be visible on Student Section Notice Board.
12. OBC-NCL as per central list certificate issued by the competent authority. The OBC certificate must be in the standard format as mentioned in the information Bulletin. (For AIQ students)
13. **Caste Certificates issued by the competent authority on standard format, should be in English or Hindi language. In case the certificate is in regional language the candidate should carry a Attested translated copy of the certificate in English / Hindi.**
14. Student collects their Final admission letter from student section After Dean Address.
15. Information regarding First Year MBBS college session start date and Dean Address should be mentioned on college website www.gmcgondia.in.
16. Student must kept all Scan Copy of original documents till the completion of MBBS course and also informed that no student get photo copy of any documents till the completion of Bond Service.
17. **Candidates who want to avail 5% PwD reservation in UG seats of Government medical institutions should obtain Disability certificate & as per NMC norms. The online certificate issued by the designated disability center through software provided by Medical counseling committee will be eligible, any other certificate issued by any other hospital / board will not be accepted.**

18. Any changes/ amendments in the admission procedures adopted will be notified on the official website www.iggmc.org
19. Student should submit Indemnity Bond and Indemnity Bond Undertaking on Rs.500/- stamp paper (each) and Anti Ranging Undertaking after Dean Address.
20. Any kind of Information related to admission Contact to **Nitin Bharsakal-Mob. No. 9075992058**, **Nikunj Meshram-Mob. No. 9689199496**, **Nitin Bhusewad-Mob. No. 9607593182** **Dr. Manish Tiwari, Nodal Officer-Mob. No. 9552526538** (10:00 Am to 5:00 Pm)

GOVERNMENT MEDICAL COLLEGE, GONDIA.
Steps for MBBS Admission Process 2023-24

(Students follow the step I to V for MBBS Admission Process.)

Step I

Students shall write Name, Reporting Date and Time in The Entry Register and take token number. Available at entry register.

(Venue: Lecturer Hall "B" Dean Office Building)

Step II

Scrutiny officer will verify all original documents of the students according to the token number:

(Venue: Lecturer Hall "B" Dean Office Building)

Step III

After verification of original document Nodal officer will give confirmation regarding admission to the student.

Step IV

Student will pay Rs. 1500/- cash & Submit 03 DD's in cash section.

(Venue: Cash Section, Dean Office)

Step V

Submit fees receipt at student section and collect admission acknowledgment and admission letter from the student section

(Venue: Student Section, Dean Office Building)

VENUE

Student Section Dean Office Building

(Admission process Complete)

(If any query regarding admission process contact student section .)

Dr. Manish Tiwari
Nodal Officer
Mob. No. 9552526538

Dr. Manish Tiwari
Vice Dean UG
Mob. No. 9552526538

DEAN
GOVT. MEDICAL COLLEGE,
GONDIA

Handwritten signature
27/7/23

Handwritten signature
27-7-23

Revised**Date:30/08/2023**

GOVERNMENT MEDICAL COLLEGE, GONDIA
FEE SCHEDULE OF MBBS ADMISSION FOR ACADEMIC YEAR 2023-24

Sr. No.	Fees	(For Open Category Students)	For Reserve Category (ST/SC/OBC/NT) Students)	(For EWS Students) Open Category Students whose Income less than 8 Lac)
1	Tuition Fee	Rs. 1,25,700/- (For Open Category Students OR Other than Maharashtra Students)	Rs. 000/- (Tuition fee is exempt to reserve Category student those eligible for scholarship)	Rs. 62,850/- (50% Tuition fee is exempt to EWS student those eligible for EBC)

(DD (Rs. 1,25,700/- / Rs. 62,850/-) in favour of - Dean Government Medical College, Gondia)

1	Fees	(For Open Category Students)	For Reserve Category (ST/SC/OBC/NT) Students)	(For EWS Students) Open Category Students whose Income less than 8 Lac)
2	Library	Rs. 1000/-	Rs. 1000/-	Rs. 1000/-
3	Development Fee	Rs. 5000/-	Rs. 5000/- (Development fee is exempt to SC Category student those Eligible for scholarship)	Rs. 5000/-
4	Hostel Fee	Rs. 4000/- (If Applicable)	Rs. 4000/- (If Applicable)	Rs. 4000/- (If Applicable)
5	Gymkhana Fee	Rs. 500/-	Rs. 500/-	Rs. 500/-
6	Caution Money	Rs. 3000/-	Rs. 3000/-	Rs. 3000/-
7	Library Deposit	Rs. 2000/-	Rs. 2000/-	Rs. 2000/-
8	Laboratory Deposit	Rs. 500/-	Rs. 500/-	Rs. 500/-
9	Student Association	Rs. 500/-	Rs. 500/-	Rs. 500/-
10	MUHS Development Fee	Rs. 100/-	Rs. 100/-	Rs. 100/-
11	MUHS Krida Shulk	Rs. 500/-	Rs. 500/-	Rs. 500/-
	Total	Rs. 17,100/-	Rs. 17,100/-	Rs. 17,100/-

(DD (Rs. 17,100/-) in favour of - Dean Government Medical College, Gondia)

Amartya Shiksha Yojana Policy Shulk Rs. 797/- (Submit After Dean Address)
(DD in favour of - "National Insurance Co. Ltd" (Payable at Kolhapur))

Admission Fee - Rs. 1500/- (BY CASH)

Note: As per Government GR on Dated 07 July 2023 and MUHS circular No. 1366/23 Dt. 28 August 2023 Development fees exempt to SC category students those eligible for scholarship. Students must submit income certificate at the time of admission for getting Development fees benefit.



Handwritten signature
29/08/23

DEAN
GOVT. MEDICAL COLLEGE
GONDIA

GOVERNMENT MEDICAL COLLEGE, GONDIA

Ref. No. IGGMC/SS/

/2023

Date : / /2023

Name of Student:.....**S.M.L. No.****Category**.....
AIR.....Student has been provisionally admitted in First Year MBBS course for academic year 2023-24 and his/her all original documents has been retained by this college.

Sr. No.	Certificate	Yes () / NO ()
1	Any Photo ID proof. (Adhar Card/Pan Card/Pass port/ Driving licence)	
2	Allotment Letter / Selection Letter	
3	Rank Letter / Result	
4	Admit Card	
5	Online Application Form	
6	Domicile Certificate	
7	Nationality Certificate	
8	SSC/10 th Passing Certificate	
9	Date of Birth Certificate (if Metric Certificate does not bear the same)	
10	HSC/12 th Marksheet	
11	HSC/12 th Passing Certificate (For AIEE Student Only)	
12	Caste Certificate (if Applicable) (Sub caste should be clearly mention in the certificate)	
13	Caste Validity Certificate (if Applicable)	
14	Annexure –IV (if Caste Validity Certificate not applicable)	
15	Non Creamy Layer Certificate (if Applicable)	
16	EWS Certificate (if Applicable-in the format as specified in the Information Bulletin / Information Brochure)	
17	College Living Certificate (LC/TC)	
18	Migration Certificate (if Applicable)	
19	Self Educational Gap Affidavit (if Applicable)	
20	Defense Certificate (if Applicable)	
21	Hilly Area Certificate (if Applicable)	
22	Medical Fitness Certificate (As per the Prescribed format)	
23	Disability Certificate (if Applicable- The format of Certificate of Disability is annexed in the Information Bulletin / Information Brochure)	
24	Specified Reservation Certificate (if Applicable)	
25	Income Certificate Xerox copy (if Applicable)	
26	Other Certificate (if Applicable)	
27	Scan Copy in pen drive	
28	Relieving Order (if Applicable)	
29	2 set of Xerox copy	
30	DD	

Student Sign

Section Clerk

Scrutiny officer

Nodal officer

**OFFICE OF THE DEAN
GOVERNMENT MEDICAL COLLEGE, GONDIA.**

MBBS ADMISSION – YEAR 2023-24

(FILL ALL INFORMATION IN CAPITAL LETTERS)

ATTACH
STUDENT
LATEST
PHOTO

1. NAME OF STUDENT :-
(As per 12th Marksheet)
2. NATIONALITY :- 3. SEX :- MALE / FEMALE
4. CATEGORY :- 5. BLOOD GROUP :-.....
6. CASTE :- 7. SUB CASTE :-.....
8. DATE OF BIRTH :- 9. QUOTA :- GOVT./ AIEE / GOI
10. SML NO./ MERIT NO. :-
11. NEET / AIEE MARKS& PERCENTAGE :-% 12. HSC PCB MARKS :-%
PERCENTAGE :-%
13. HSC BOARD NAME :-
14. PASSING MONTH & YEAR (12th Standard) :-
15. MEDIUM :- 14. GRADE DIVISION:-.....
16. PERMANENT ADDRESS :-
OF STUDENT
.....
.....PIN.....
17. STUDENT MOB. NO. :-
18. STUDENT E-MAIL ID :-
19. PARENTS MOBILE & PHONE NO. :-
20. PARENTS OCCUPATION :- SERVICE/BUSINESS/FARMER/LABORER/RETIRED
OFFICE ADDRESS :-
.....
OFFICE PHONE NO. :-
DESIGNATION :-
ANNUAL INCOME :-

Annexure-2**CERTIFICATE OF DISABILITY FOR NEET ADMISSIONS**

(As per MCI Gazette Notification No. MCI-18(1)/2018-Med./187262 dated 5th Feb, 2019/ 14th May, 2019 for admission to Medical Courses in All India Quota)

Certificate No :: 2023-July/XXXX

Certificate Date :: 00-XXX-2023

Name of the Designated Disability Certification Centre				PHOTOGRAPH
This to certify that Dr. / Mr. / Ms.				
Age		Son/ Daughter of Mr.		
NEET Roll No.		Rank No.		

Has the following Disability

Disability Details				
Sr No	Disability Type	Type of Disability	Specified Disability	Disability %
1				

Conclusion: Based on quantification of Disability The Disability of candidate is between 40- 80%. Hence, the candidate is eligible to pursue medical education and also eligible to claim PwD reservation.

The Disability Certification Board certifies that the candidate is Eligible for admission in Medical/ Dental courses and to avail 5% PwD reservation as per the NMC/ MCI Gazette Notification.

Eligible for PWD Quota, Eligible for Medical/Dental Course

Functional competency with the aid of **Assistive devices** in case of **Locomotor*/ Visual*/ Hearing* Impairment**, if any. No

Sign & Name:

Assistant Professor
Neurology

Sign & Name:

Associate Professor
Orthopedics

Sign & Name:

Associate Professor
Medicine

Disclaimer : This Certificate is Provisional and will be verified by the allotted college authorities at the time of admission. The candidate may be subjected to diagnostic test to specify the level of disability again at the allotted college in case of any ambiguity. The certificate may be cross verified by the admitting college from the Disability Board from where the certificate has been issued. Hence, the Designated Disability Boards and the candidates are advised to preserve the records for any future reference. The Disability Certificate is valid for this academic session only.

Downloading Date: August
XX, 2023-00:00 PM

QR CODE

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ANNEXURE-3

PROFORMA FOR SCHEDULED CASTE AND SCHEDULED TRIBE CERTIFICATE

Form of certificate as prescribed in M.H.A., O.M., No. 42/21/49-N.G.S. dated the 28.1.1952, as revised in Dept. of Per- & A.R. letter No. 36012/6/76-Est. (S.CT), dated the 29.10.1977, to be produced by candidate belonging to a Scheduled Caste or a Scheduled Tribe in support of his/her claim.

CASTE CERTIFICATE

This is to certify that Shri/Smt./Kum.* ----- son/daughter* of -----
village/town*-----in district/Division*-----of the State/Union Territory* -----
belongs to the----- Caste/ Tribe which is recognized as a Scheduled Caste/Scheduled Tribe*under:

- The Constitution (Scheduled Caste) Order, 1950
 - The Constitution (Scheduled Tribe) Order, 1950
 - The Constitution (Scheduled Caste) (Union Territories) Order, 1951
 - The Constitution (Scheduled Tribe) (Union Territories) Order, 1951
1. (as amended by the Scheduled Caste and Scheduled Tribe Lists (Modification) order, 1956, the Bombay Re-organization Act, 1960, the Punjab Re- organization Act, 1966, the State of Himachal Pradesh Act, 1970 the North Eastern Areas (Re-organization) Act, 1971 and the Scheduled Castes and Scheduled Tribes Orders, (Amendment) Act, 1976).
- The Constitution (Jammu and Kashmir) Scheduled Caste Order, 1956.
 - The Constitution (Andaman and Nicobar Islands) Scheduled Tribes Order, 1959.
 - The Constitution (Dadra and Nagar Haveli) Scheduled Caste Order, 1962.
 - The Constitution (Dadra and Nagar Haveli) Scheduled Tribes, Order, 1962.
 - The Constitution (Puducherry) Scheduled Caste Order, 1964
 - The Constitution (Uttar Pradesh) Scheduled Tribes, Order, 1967.
 - The Constitution (Goa, Daman & Diu) Scheduled Caste Order, 1968.
 - The Constitution (Goa, Daman & Diu) Scheduled Tribes, Order, 1968.
 - The Constitution (Nagaland) Scheduled Tribes Order, 1970.
 - The Constitution (Sikkim) Scheduled Caste Order, 1978.
 - The Constitution (Sikkim) Scheduled Tribes Order, 1978.
2. Applicable in the case of Scheduled Caste/Schedule Tribe persons who have migrated from one State/Union Territory Administration:
- This certificate is issued on the basis of the Scheduled Caste/Scheduled Tribe* certificate issued to Shri/Smt*----- -father/mother of Shri/Smt/Kum* - ---- of village/town* ----- in District/Division* ----- of the State/Union Territory* ----- who belongs to the ----- caste/tribe which is recognized as a Scheduled Caste/Scheduled Tribe* in the State/Union Territory* ----- issued by the ----- (name of prescribed authority) vide their No----- date -----
3. Shri*/Smt.* /Kum* ----- and/or his/her* family ordinary reside (s) in village/town* ----- of the State/Union Territory
of -----

Signature -----

Place----- State/Union Territory

** Designation-----

Date----- (With seal of Office)

- Please delete the words which are not applicable.
- Please quote specific Presidential Order.
- Delete the paragraph which is not applicable.

** Should be signed by the Authorities empowered to issue Scheduled Caste/Scheduled Tribe certificates as specified above.

ANNEXURE-4

PROFORMA FOR OTHER BACKWARD CLASS (OBC-NCL) CERTIFICATE

(Certificate to be produced by Other Backward Class applying for admission to Central Educational Institute (CEIS) under the Government of India)

This is to certify that Shri/Smt./Kum./Dr. _____ Son/Daughter of Shri/Dr. _____ of Village/Town/District/Division in the _____ State belongs to the _____ Community which is recognized as a backward class under:

- (i) Resolution No. 12011/68/93-BCC(C) dated 10/09/93 published in the Gazette of India Extraordinary part I Section I No. 186 dated 13/09/93.
- (ii) Resolution No. 12011/9/94-BCC dated 19/10/94 published in the Gazette of India Extraordinary part I Section I No. 163 dated 20/10/94.
- (iii) Resolution No. 12011/7/95-BCC dated 24/05/95 published in the Gazette of India Extraordinary part I Section I No. 88 dated 25/05/95.
- (iv) Resolution No. 12011/96/94-BCC dated 09/03/96.
- (v) Resolution No. 12011/44/96-BCC dated 06/12/96 published in the Gazette of India Extraordinary part I Section I No. 120 dated 11/12/96.
- (vi) Resolution No. 12011/13/97-BCC dated 03/12/97.
- (vii) Resolution No. 12011/99/94-BCC dated 11/12/97.
- (viii) Resolution No. 12011/68/98-BCC dated 27/10/99.
- (ix) Resolution No. 12011/88/98-BCC dated 06/12/99 published in the Gazette of India Extraordinary part I Section I No. 270 dated 06/12/99.
- (x) Resolution No. 12011/36/99-BCC dated 04/04/2000 published in the Gazette of India Extraordinary part I Section I No. 71 dated 04/04/2004.
- (xi) Resolution No. 12011/44/99-BCC dated 21/09/2000 published in the Gazette of India Extraordinary part I Section I No. 210 dated 21/09/2000.
- (xii) Resolution No. 12015/09/2000-BCC dated 06/09/2001.
- (xiii) Resolution No. 12011/01/2001-BCC dated 19/06/2003.
- (xiv) Resolution No. 12011/04/2002-BCC dated 13/01/2004.
- (xv) Resolution No. 12011/09/2004-BCC dated 16/01/2006 published in the Gazette of India Extraordinary part I Section I No. 210 dated 16/01/2006.
- (xvi) Resolution No. 20012/129/2009-BC-II dated 04/03/2014 published in the Gazette of India Extraordinary Part I section I no. 63 dated 04/03/2014.

Shri/Smt./Kum. and/or his family ordinarily reside(s) in the _____ District/Division of _____ State.

This is also to certify that he/she does not belong to the persons/section (creamy layer) mentioned in Column 3 of the Scheduled to the Government of India. Department of Personnel & Training O.M. No. 36012/22/93-Estt. (SCT) dated 08/09/93 which is modified vide OM No. 36033/3/2004 Estt. (Res.) dated 09.03.2004 or the latest notification of the Government of India.

Dated:

District Magistrate/Competent Authority Seal

NOTE:

- (a) **The Term Ordinarily used here will have the same meaning as in Section 20 of the Representation of the People Act, 1950.**
- (b) **The authorities competent to issue Caste Certificates are indicated below:**
 - (i) **District Magistrate/Additional Magistrate/1st Class Stipendiary Magistrate/Sub-Divisional Magistrate/Taluka Magistrate/Executive Magistrate/Extra Assistant Commissioner (not below the rank of 1st Class Stipendiary Magistrate.)**
 - (ii) **Chief Presidency Magistrate/Additional Chief presidency Magistrate/Presidency magistrate.**
 - (iii) **Revenue Officer not below the rank of Tehsildar.**
 - (iv) **Sub-Divisional Officer of the area where the candidate and/or his family resides.**
- (c) **The annual income/status of the parents of the applicant should be based on financial year ending March 31, 2023.**

Proforma for EWS Certificate

Government of
(Name & Address of the authority issuing the certificate)

INCOME & ASSEST CERTIFICATE TO BE PRODUCED BY ECONOMICALLY WEAKER SECTIONS

Certificate No. _____

Date: _____

VALID FOR THE YEAR _____

This is to certify that Shri/Smt./Kumari _____ son/daughter/wife of _____ permanent resident of _____ Village/Street _____ Post Office _____ District _____ in the State/Union Territory _____ Pin Code _____ whose photograph is attested below belongs to Economically Weaker Sections, since the gross annual income* of his/her 'family'*** is below Rs. 8 lakh (Rupees Eight Lakh only) for the financial year _____. His/her family does not own or possess any of the following assets*** :

- I. 5 acres of agricultural land and above;
- II. Residential flat of 1000 sq. ft. and above;
- III. Residential plot of 100 sq. yards and above in notified municipalities;
- IV. Residential plot of 200 sq. yards and above in areas other than the notified municipalities.

2. Shri/Smt./Kumari _____ belongs to the _____ caste which is not recognized as a Scheduled Caste, Scheduled Tribe and Other Backward Classes (Central List)

Signature with seal of Office _____
Name _____
Designation _____

Recent Passport size
attested photograph of
the applicant

*Note1: Income covered all sources i.e. salary, agriculture, business, profession, etc.

**Note 2: The term "Family" for this purpose include the person, who seeks benefit of reservation, his/her parents and siblings below the age of 18 years as also his/her spouse and children below the age of 18 years

***Note 3: The property held by a "Family" in different locations or different places/cities have been clubbed while applying the land or property holding test to determine EWS status.

Not Applicable for
essential document

Undertaking

Name of Student :

Permanent Address :

Course : MBBS

Admission Year : 2023-24

As per instructions given by the competent Authority, I will submit Following documents within 15 days of time. Otherwise, I will face disciplinary action.

Documents

1.....

2.....

3.....

Date :

Place :

(Name and Signature of Student)

ANNEXURE - G PROFORMA FOR NON-CREAMY LAYER CERTIFICATE

परिशिष्ट - क

Form of Certificate to be produced by Other Backward Classes, Vimukta Jati (A), Nomadic Tribes (B, C, D) and Special Backward Category and its synonyms belonging to the State of Maharashtra along with Non Creamy Layer Status.

PART - A

Documents Verified:

- 1)
- 2)
- 3)
- 4)

This is to certify that Shri/Shrimati/Kumari son/daughter of..... of Village Taluka, District of the State of Maharashtra belongs to the Caste/Community/Tribe which is recognised as a Other Backward Class/ Vimukta Jati(A)/Nomadic Tribe (B,C, D) / Special Backward Category under the Government Resolution No. dated as amended from time to time.

2. Shri/Shrimati/Kumari and/or his/her family ordinarily reside(s) in village, Taluka....., District of the State of Maharashtra.

3. This is to certify that he/she does not belong to the persons/sections (Creamy Layer) mentioned in the Government of Maharashtra Gazette, Part-IV-B, dated 29th January 2004, Maharashtra State Public Service (Reservation for S.C./S.T./D.T. (V.J.), N.T., S.B.C. & O.B.C. Act, 2001 and instruction and guidelines laid down in the Government Resolution, Social Justice, Cultural Affairs and Sports & Special Assistance Department No. CBC.1094/CR-86/BCW-V, dated 16th June 1994 and Government Resolution No. CBC.10/2001/CR-111/BCW-V, dated 29th May 2003 as amended from time to time.

4. This Certificate is valid for the period upto 31/03/2024 from the date of issue.

Sr. No. :

Signature :

Place :

Designation :
(with seal of office)

Dated :

Please delete the words which are not applicable

Please quote the name of department and specific number and date of Resolution under which the caste/community/tribe has been recognised as O.B.C., V.J., N.T., of S.B.C. by the Government of Maharashtra.

Note:- The term "Ordinarily reside(s)" used here will have the same meaning as in Section 20 of the Representation of the Peoples Act, 1950

PROFORMA
(For Def-1, Def-2 Candidates)
CERTIFICATE

This is to certify that Shri. / Smt.
(Full Name of the Employee with Rank of the employee)

is / has been a member of Defence Forces of India. He / She has put in years of service in Indian Army / Indian Navy / Indian Air Force from to and is currently working / retired from services on / permanently disabled since / killed in action on

This certificate is issued for the purpose of his / her son / daughter / spouses' admission to First Year in Health Science Courses for the academic year 2023-2024.

Date :
Place :

(Signature)
Name and Designation of the Authority
(who is authorized to issue such certificate) /
District Sainik Welfare Officer

Seal of the Office

Note: This proforma is not valid for civilian staff working in the Indian Army, Navy & Air Force.

PROFORMA
(For Def-3 Candidates)

(For son/daughter/spouse of Active defence service personnel domiciled in other than Maharashtra State)

CERTIFICATE

This is to certify that Shri. / Smt. is a member of
(Full Name of the Employee with Rank of the employee)

Defence Forces of India, and is currently working in Indian Army / Indian Navy / Indian Air Force.

Shri / Smt. is transferred to
(Place of posting)

in Maharashtra State vide transfer order No. Date

He / She has joined duty in Maharashtra on and is currently working in the same post.
(Date of Joining)

This certificate is issued for the purpose of his / her son / daughter/spouse admission to First Year in Health Science Courses for the academic year 2023-2024.

Date :
Place :

(Signature)
Name and Designation of the Authority
(who is authorized to issue such certificate)

Seal of the Office

Note: This proforma is not valid for civilian staff working in the Indian Army, Navy & Air Force.

शासन निर्णय क्रमांक-अनाथ-२०२२/प्र.क्र.१२२/का-०३.

प्रपत्र

अनाथ प्रमाणपत्र

- संदर्भ- १.शासन निर्णय, महिला व बाल विकास विभाग, क्र.....दिनांक.....
 २.बाल कल्याण समिती.....यांचे पत्र क्र.....दिनांकअन्वये केलेली शिफारस.
 ३.जिल्हा महिला व बाल विकास अधिकारी.....यांचे शिफारस पत्र क्र.....दिनांक.....

संकेतांक क्रमांक

नवीन फोटो

विभागीय उपायुक्त कार्यालयाचा
गोल शिक्का

नाव -

१) संस्थात्मक प्रवर्गातील अनार्थासाठी 'अनाथ' असल्याचे प्रमाणपत्र.

प्रमाणित करण्यात येते की, प्रवेशित नावे हा/ही मुलगा / मुलगी वय वर्षे ----
 जन्मदिनांक दिनांक पासून संस्था (नोंदणी क्रमांक), पत्ता-----
 या विभागाच्या शासकीय / शासनमान्य स्वयंसेवी बालगृहात / अनाथलयात त्या
 संस्थेतील प्रवेशित रजिस्टरमधील नोंदणी क्रमांक नुसार दाखल झालेला अनाथ आहे. संस्थेत
 दाखल होण्याची पार्श्वभूमी :- (वर्णन द्यावे)

प्रवेशित नावे आई वडील मयत आहेत. / याच्या/हिच्या आई वडिलांचा ठाव ठिकाणा
 सर्व मार्गांचा अवलंब करूनही अद्याप लागलेला नाही. किंवा लागण्याची शक्यता नाही. त्यामुळे संबंधित
 प्रवेशित हा अनाथ असल्याचे प्रमाणित करण्यात येत आहे.

२) संस्थाबाह्य प्रवर्गातील मुलासाठी अनाथ असल्याचे प्रमाणपत्र.

प्रमाणित करण्यात येते की, अर्जदार नावे वय वर्षे जन्म दिनांक
 हा /ही महिला व बाल विकास विभाग अथवा अन्य विभागांकडून मान्यताप्राप्त संस्थेमध्ये

पृष्ठ १० पैकी ९

शासन निर्णय क्रमांक-अनाथ-२०२३/प्र.क्र.१२२/का-०३.

कधीही दाखल नव्हता/नव्हती. याचे/हिचे आई वडील मयत असून त्याच्या/तिच्या ----- या

नातेवाईकांची माहिती उपलब्ध आहे. संबंधित अर्जदार अनाथ असल्याचे प्रमाणित करण्यात येत आहे.

त्याचे/ तिचे भविष्य उज्ज्वल व्हावे, ही शुभेच्छा.

(गोल शिक्का)

स्वाक्षरी :-

नाव-

विभागोय उपायुक्त, महिला व बाल विकास,

.....विभाग.

Office of the

Outward No.:-

Date:-

TO WHOME IT MAY CONCERNCERTIFICATE

This is to certify that, the Caste Certificate No.
 Dated, issued to Mr./Miss
 by the Tahsildar / Magistrate is Valid.

Further, it is stated that there is no provision of issuing separate Caste Validity Certificate in
 State

Office Seal / Stamp

Signature of Tahsildar/Magistrate/Issuing Authority

कार्यालय

जावक क्र.

दिनांक:

जो कोई भी इससे संबंधित है उसके लिएप्रमाणपत्र

प्रमाणित किया जाता है की, श्री. / कुमारी इनको,
 तहसिलदार/ जिल्हा मैजिस्ट्रेट कार्यालयद्वारा
 निर्गमित किया हुआ जात प्रमाणपत्र क्रमांक दिनांक
 वैध है।

तथा, राज्यमें अलगसे जात वैधता प्रमाणपत्र निर्गमित करने
 का कोई प्रावधान नहीं है।

कार्यालयकी मोहोर

तहसिलदार/जिल्हा मैजिस्ट्रेट तथा
संबंधित अधिकारी के हस्ताक्षर

[Form of the bond to be executed for the purpose of Compulsory Social Responsibility Service to the Government after completion of MBBS degree course by a student who is major i.e. above 18 years of age or by a parent / guardian of the student who is a minor i.e. below 18 years of age]

Indemnity Bond

Name of Student: _____

Admission Year: _____

Name of the College: _____

Know all men by these present that Dean of _____ (Name of the College) has informed to the student and parent(s)/guardian of the student: _____ (Name of the Student) about details of the terms and conditions of the Compulsory Social Responsibility Service as prescribed by the various Government Resolutions / Orders / Notifications from time to time like:

- (i) Every admitted student should complete the MBBS Course from the college to which he/she is admitted or from any other Government / Corporation / Private Medical College in the state of Maharashtra to which he/she might have taken transfer after 1st MBBS.
- (ii) and thereafter should complete the prescribed internship and be eligible to obtain MBBS degree
- (iii) he/she shall, if required by Government of Maharashtra, serve the Government or any Zilla Parishad or any local authority as directed by Government of Maharashtra for a minimum period of one year, on such remuneration as may be prescribed thereof by Government of Maharashtra. Alternatively he/she, if required by the armed forces, shall serve in the Armed Forces Medical Services in any of the three Defence Services in Army, Navy or Air Forces Medical services anywhere in Indian or abroad for the minimum period of one year on such remuneration as has been prescribed thereof.
- (iv) he/she shall furnish the government a personal security bond in the prescribed form mentioning the conditions prescribed by the Government of Maharashtra to be executed by the student and if the student is below the age of 18 years, also duly executed by the Parent/Guardian.

AND WHEREAS THE STUDENT has been selected for the admission in MBBS Course for the academic year- _____ in the college at _____ (Name of the College) _____ (hereinafter referred to as the said college).

NOW THE CONDITIONS OF THE ABOVE WRITTEN BOND ARE THAT:-

- (i) The student shall, diligently prosecute and complete the MBBS course from the college to which he/she is admitted or from any other Government / Corporation / Private Medical College in the state of Maharashtra to which he/she might have taken transfer after 1st MBBS. He/she shall strictly comply with the rules of the said college in the state of Maharashtra and shall be of good conduct and character and attend the college regularly and shall complete the course and thereafter duly pass the prescribed the University examination for the course and undergo the prescribed internship.
- (ii) The student shall, on successful completion of the prescribed internship, apply to the designated authority/authorities prescribed by the Government of Maharashtra, in the manner as prescribed within the period of thirty (30) days after successful completion of the prescribed internship. After recommendation / appointment / allotment by any of the designated authority / appointing authority, the student shall serve in the capacity as specified in the recommendation letter / appointment order / allotment order, for one year, on such remuneration as may be prescribed thereof. The tenure of such service shall be of one year. This period shall not include unauthorized absence or any kind of leave without pay.
- (iii) The student is required to serve under the provision of the bond, faithfully discharge the duties assigned to him/her by superiors with the utmost diligence and efficiency and be of good conduct and character and observe the rules for the time being in force, regulating the conduct.
- (iv) The student shall not be eligible for admission to any post-graduate course unless he/she completes the required Compulsory Social Responsibility Service as prescribed by the Government of Maharashtra from time to time.

IT IS HEREBY AGREED AS FOLLOWS:-

- (a) The student shall be handed over his/her original documents deposited with the college and other relevant original documents, only after successful completion of the Compulsory Social Responsibility Service without committing a breach of any of the above terms and conditions.
- (b) In the event of the student committing a breach of any of the above terms and conditions, his/her Maharashtra Medical Council registration shall be

cancelled, or he/she will not be able to renew his/her Maharashtra Medical Council registration.

(c) It shall not be necessary for the Government to inform any of the students before taking any action in the event of the student committing a breach of any of the above terms and conditions.

(d) If the student, after passing final examination and completing the prescribed term of internship as aforesaid, is desirous of joining Armed forces Medical service in any branch of the Defence Services in Army, Navy & Air Force anywhere in India or abroad shall make application in writing to DMER/ for exempting him / her from the condition of the Compulsory Social Responsibility Service. However his/her Compulsory Social Responsibility Service shall not be considered as completed unless he/she produces a documentary evidence of completing One year of service in the Armed forces Medical service.

Name of the student

Aadhar no.:

Address:

Signature with Date

Affix latest
passport size
photograph

Name of the parent/guardian

Aadhar no.:

Address:

Signature with Date

Affix latest
passport size
photograph

Witness 1:

Name of the witness

Aadhar no.:

Address:

Signature with Date

Affix latest
passport size
photograph

Witness 2:

Name of the witness

Aadhar no.:

Address:

Signature with Date

Affix latest
passport size
photograph

NOTARY

ANNEXURE - H

MEDICAL FITNESS

A candidate must be medically fit to undergo the professional course applied for. The medical fitness must be certified by a Registered Medical Practitioner in the prescribed proforma, as given below on a **Letterhead** on this format with original seal and signature.

CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted clinical examination of Mr./Ms who is desirous of admission to Health Science Courses.

He/she has not given any personal history of any disease incapacitating him/her to undergo the professional course. Also, on clinical examination it has been found that he/she is medically fit to undergo the professional course.

Certified that he/she fulfills the following criteria.

- (1) Absence of any incapacitating and /or progressive systemic disease/disorder/condition,
- (2) Absence of any disability of upper limb/s.
- (3) Absence of any major visual/ auditory disability.
- (4) Absence of psychosis/neurosis/mental retardation,
- (5) Ability to maintain erect posture,
- (6) Reasonable manual dexterity.

Though, following deviations have been revealed, in my opinion, these are not impediments to pursue a career as a Medical / Dental / Ayurved / Homeopathy / Unani / Occupational Therapy / Physiotherapy / Audiology & Speech, Language Pathology / Prosthetics & Orthotics / BSc Nursing. **(Strike, which is not applicable):**

1.
2.
3.

Address of the Registered Medical Practitioner : Date :	Signature
	Name
	Registration No.
	Seal of Registered Medical Practitioner