

APPLICATION FOR SUBMISSION OF ORIGINAL CERTIFICATES TO THE COLLEGE

To,

Date:- _____

The Dean
Seth G.S. Medical College

1) Shri./Smt. _____, State Merit List No. _____
Category _____ have been provisionally selected through PGP/PGO CET 2020
(M.O.Th./M.P.Th.) at Seth G.S. Medical College, Mumbai.

2) I am submitting my Original documents with **Two** attested Xerox copies to office, as under
(Tick / Cross).

Sr. No.	Original Documents with One Set of Attested Xerox Copies	Student Use	Office Use
1	Selection Letter		
2	Nationality, Domicile & Citizen Certificate or Valid Passport with 3 Xerox copy		
3	PGP / PGO CET Statement of Marks		
4	B.O.Th / B.P.Th Passing Certificate/Degree Certificate		
5	B.O.Th / B.P.Th Internship Completion Certificate (U.I.C.C.) / Provisional		
6	State Council Registration Certificate (PT/OT) / Receipt		
7	PGP / PGO CET Admit Card / Receipt Cum I-Card		
8	Caste Certificate		
9	Caste Validity Certificate.		
10	Non Creamy Layer Certificate. (VJ, NT, OBC, SBC)		
11	College Leaving Certificate / Transfer Certificate. (LC/TC)		
12	B.O.Th / B.P.Th Attempt Certificate		
13	Affidavit for change in Name-A copy if Govt. Gazette, Marriage Registration Certificate		
14	Migration Certificate issued by respective University (If applicable)		
15	Self Educational Gap Affidavit on stamp paper (Rs.100/-) by Notary		
16	Medical Fitness Certificate (As per format given in CET-CELL Brochure)		
	Physically Handicapped Certificate (If applicable)		
17	Attested Xerox Copy of Aadhar Card		
18	Undertaking.(if applicable)		
19	Haemogram Report		
20	Attested Xerox Copy of Voting Card or Annexure C		

3) Please give me the acknowledgement for the same.
Thanking you.

Yours faithfully,

D.D. No.: _____ Date: _____

Signature:: _____

Rs. _____

Bank Name & Branch _____

Mobile No.: _____

Res. No. _____

I have not submitted following documents:

- 1.
- 2.
- 3.

ACKNOWLEDGEMENT

Received the above mentioned original certificates.

m.r.d. 18/12/2020
Dean
Seth G.S. Medical College

SETH G. S. MEDICAL COLLEGE, PAREL, MUMBAI 400 012.

MOTH/MPH ADMISSION 2020-21

(Course duration 2/3 years)

H.C. (Cash)

Following Fees may please be accepted from above candidates subject to eligibility from MUHS, NASHIK & without prejudice to final court order in case, admission is related to write petition where in interim court order are issued.

Fees	Fees in Rs.	
Admission Fees	Rs. 1,500/-	
Term Fees	Rs. 35,700/-	
Development Fee	Rs. 3,000/-	
Library Fee	Rs. 1,000/-	
Gymkhana	Rs. 1,750/-	
Library Deposit	Rs. 6,000/-	
Security Deposit		
Enrollment & Eligibility	MUHS Rs. 2,200/-	Other University Rs. 7,700/-
Total	Rs. 51,150/-	Rs. 56,650/-

The Total fees are paid in single Demand Draft in favour of:

“ **Dean, Seth G. S. Medical College, Mumbai** ”

Application form: **Rs. 525/-** By Cash

M. N. N. N.
18/12/2020
Dean
Seth G.S. Medical College

UNDERTAKING

I, _____ son/daughter/wife
of Shri. _____ Aged ____ years
bearing Roll No. _____ placed PGP/PGO CET Rank _____ through P. G.
Admission Academic Year _____ for admission to MPT / MOTH
Course in Seth G. S. Medical College do hereby solemnly affirm and
undertake that I will complete MPT / MOTH 2/3 years course failing which I
will pay **Rs. 1,00,000/- (Rs. One Lakh Only)** for the default i.e. lapse of
Post Graduation Allied Medical Seat.

Signature of the Candidate: _____

SML No. / Rank No. : _____

Permanent Address : _____

Mobile No. : _____

Residential No. : _____

E Mail Id. : _____

STUDENT'S PROFILE

PHOTOGRAPH

SML NO. _____ SEX - M / F _____ DATE OF ADMISSION _____

NAME OF THE STUDENT (AS PER LAST DEGREE) _____

NAME OF THE STUDENT (MARATHI) _____

MOTHER'S FIRST NAME IN ENGLISH _____ IN MARATHI _____

PERMANENT ADDRESS _____

_____ PIN _____

MOBILE NO _____ PARENT'S MOBILE NO. _____

STUDENT'S Email Id _____

DATE OF BIRTH _____ PLACE OF BIRTH _____

NATIONALITY _____ DOMICILE STATE _____

AADHAR CARD NO. _____ VOTER'S ID NO. _____

PHYSICALLY HANDICAPPED (PWD) _____ DONATE ORGAN - YES/NO _____

STUDENT CATEGORY _____ STUDENT'S ADMISSION CATEGORY _____

PGP/PGO CET EXAM PASSING MONTH & YEAR _____ PGP/PGO MARKS _____

OT/PT COUNCIL REGISTRATION NO. _____ VALID UPTO _____

LAST DEGREE ACQUIRED FROM MUHS: YES / NO _____

IF YES- UNIVERSITY NAME _____

LAST DEGREE FROM WHICH COLLEGE (NAME) _____

LAST DEGREE PASSING MONTH & YEAR SUMMER/WINTER _____

RETENTION --- YES/ NO _____ DATE _____

SIGNATURE OF CANDIDATE _____ DATE _____

SETH G. S. MEDICAL COLLEGE, PAREL, MUMBAI – 400012.

H. C. (CASH)

DATE:

Please issue application form and accept the fees from _____ who is provisionally selected through PGP / PGO CET 2020 for the course _____ for the term 2020.

H. C. (GTR)

SETH G. S. MEDICAL COLLEGE, PAREL, MUMBAI – 400012.

H. C. (CASH)

DATE:

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