

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

MOTH/MPH ADMISSION 2021-22

(Course duration 2/3 years)

Fees	Fees in Rs.	
Admission Fees	Rs. 1,500/-	
Term Fees	Rs. 39,300/-	
Development Fee	Rs. 3,000/-	
Library Fee	Rs. 1,000/-	
Gymkhana	Rs. 2,000/-	
Library Deposit	Rs. 6,000/-	
Security Deposit		
Enrollment & Eligibility	MUHS Rs. 2,200/-	Other University Rs. 7,700/-
Total	Rs. 55,000/-	Rs. 60,500/-

Total Fees are required to be paid by Single D.D. only In favour of :

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

Application form: **Rs. 590/-** By Cash



A handwritten signature in blue ink, appearing to read 'D. S. Hem'.

Dean

Seth G.S. Medical College

**Seth G. S. Medical College
Parel, Mumbai-400 012.**

APPLICATION FOR SUBMISSION OF ORIGINAL CERTIFICATES TO THE COLLEGE

To,

Date:-_____

The Dean
Seth G.S. Medical College

1) Kumar/Kumari _____, State Merit List No. _____
Category _____ have been provisionally selected through **PGP/PGO CET 2021 (M.P.T./M.O.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	Nationality, Domicile & Citizen Certificate or Valid Passport with 3 Xerox copy		
2	Selection Letter		
3	PGP / PGO CET Statement of Marks		
4	B.P.Th / B.O.Th Passing Certificate/Degree Certificate		
5	B.P.Th / B.O.Th Internship Completion Certificate on or before 30.11.2021		
6	State Council Registration Certificate (PT/OT) / Receipt		
7	PGP / PGO CET Admit Card / Receipt Cum I-Card		
8	Eligibility Certificate for EWS category issued by Competent Authority as per State Government Format ANNEXUER 'A'		
9	Caste Certificate / EWS Certificate		
10	Caste Validity Certificate		
11	Non Creamy Layer Certificate valid up to 31.03.2021 (VJ, NT, OBC, SBC)		
12	College Leaving Certificate / Transfer Certificate. (LC/TC)		
13	Person With Disability (PWD) Certificate (If applicable) Disability cft. Of Authorised medical Board as per National Testing Agency/MCC.		
14	B.P.Th / B.O.Th Attempt Certificate		
15	Affidavit for change in Name-A copy if Govt. Gazette, Marriage Registration Certificate		
16	Migration Certificate issued by respective University (If applicable)		
17	Self-Educational Gap Affidavit on stamp paper (Rs.100/-) by Notary (if applicable)		
18	Medical Fitness Certificate (As per format given in CET-CELL Brochure)		
19	Attested Xerox Copy of Aadhar Card & Election (Voting) Card or (Anne.'C')		
20	Undertaking. (if applicable)		
21	Haemogram Report		

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

Yours faithfully,

D.D. No.: _____ Date: _____

Rs. _____

Bank Name & Branch _____

Signature: _____

Mobile No.: _____

Res. No. _____

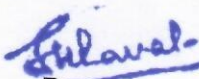
I have not submitted following documents:

- | | |
|----|----|
| 1. | 4. |
| 2. | 5. |
| 3. | 6. |

ACKNOWLEDGEMENT

Received the above mentioned original certificates.




Dean
Seth G.S. Medical College
Parel, Mumbai, 400 012.
Seth G. S. Medical College
Parel, Mumbai-400 012.

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. / Ann. 'C' _____

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 _____



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. : _____



Annexure 'C'

पदवी, पदव्युत्तर पदवी प्रथम वर्ष अभ्यासक्रमास प्रवेश घेणाऱ्या सर्व मुला/मुलींकडून प्रवेशाच्या वेळीच मतदार यादीमध्ये नाव नोंदणी करण्याच्या अनुषंगाने घ्यावयाचे प्रमाणपत्र / हमीपत्र नमुना.

मी....., अभ्यासक्रम :

..... महाविद्यालयाचे नाव:

..... या महाविद्यालयात प्रथम वर्षात प्रवेश घेतला असून मी दिनांक: ०१/०१/..... रोजी १८ वर्षाचा / वर्षाची झालो / झाले आहे किंवा होणार आहे. १८ वर्ष पूर्ण झाल्याबरोबर मी माझे नाव मतदार यादीत नोंदवुन घेणार आहे अशी मी प्रतिज्ञा करतो/करते.



स्वाक्षरी :

नाव :

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

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(Course duration 2/3 years)

IMPORTANT NOTICE

As per Government GR med 100/880/cr/129/shikshan-1. Students must have to paid **Rs. 797/-** of DD/pay order in F/O **"National Insurance Co. Ltd."** Payable at Kolhapur. For Amarthi Shiksha Yojana Policy.



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DEAN

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