

No.: GSMC/GTR/OD/

Date:

SETH G. S. MEDICAL COLLEGE, PAREL, MUMBAI 400 012.
MOTH/MPT ADMISSION 2023-24

(MOTH Course duration 3 years)

Type	Charges in Rs.	
Admission Fees	Rs. 1,500/-	
Tuition Fees	Rs. 47,500/-	
Development Fee	Rs. 3,000/-	
Library Fee	Rs. 1,000/-	
Gymkhana	Rs. 1,900/-	
Self-Finance Unit	Rs. 30/-	
Disaster Management Fund	Rs. 30/-	
Library Deposit	Rs. 6,000/-	
Security Deposit		
Enrollment & Eligibility	MUHS Rs. 2,450/-	Other University Rs. 8,500/-
Total	Rs. 63,410/-	Rs. 69,460/-




Dean

Seth G. S. Medical College

Total Fees are required to be paid by single DEMAND DRAFT only In favour of
"Dean, Seth G. S. Medical College", Payable at Mumbai.

Note:-

1. Each documents & D.D. should be Name and scan separately as per check list.
 2. Student should keep Attested Xerox & scanned copies of all original documents according to the check list sequence with them in **pen drive**. (file size should be 50kb to 150kb in PDF format). Each document should be labelled separately like Nationality & Domicile Certificate, Caste Certificate, Cast Validity & Non-creamy layer etc. which are applicable.....
 3. Demand Draft of fees to be paid at the counter of Cash Section of Seth G. S. Medical College.
 4. Student will receive their Original Fee Receipt after Enrollment the Admission Form by the Cash Section.
- N. B.: 1) Rs.590/- to be paid in cash separately to get the COLLEGE ADMISSION FORM at the counter of Cash Section of Seth G. S. Medical College.
- 2) HOSTEL FACILITY IS NOT AVAILABLE FOR THE STUDENTS OF PGP & PGO


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

APPLICATION FOR SUBMISSION OF ORIGINAL CERTIFICATES TO THE COLLEGE

To,
The Dean
Seth G.S. Medical College

Date:- _____

- 1) Shri./Smt. _____, State Merit List No. _____
Category _____ have been provisionally selected through PGP/PGO CET 2023
(M.O.Th./M.P.Th.) at Seth G.S. Medical College, Mumbai.
- 2) I am submitting my Original documents with one attested Xerox copies to office, as under (Tick / Cross).

Sr. No.	Original Documents with One Set of Attested Xerox Copies	Student Use	Office Use
	Selection letter from DMER		
1	Nationality, Domicile & Citizen Certificate or Valid Passport or Birth Certificate		
2	MH-CET Statement of Marks		
3	Selection Letter issued by D.M.E.R.		
4	PGP / PGO CET Admit Card/Receipt Cum I-Card		
5	B.O.Th / B.P.Th Passing Certificate/Degree Certificate		
6	B.O.T.h/B.P.TH 1 ST TO 4 TH Mark sheets		
7	10 th & 12 th Passing Certificate		
8	B.O.Th / B.P.Th Internship Completion Certificate (I.C.C.)		
9	State Council Registration Certificate (PT/OT) / Receipt		
10	Caste Certificate		
11	Caste Validity Certificate.		
12	Non Creamy Layer Certificate. (VJ, NT, OBC, SBC)		
13	College Leaving Certificate / Transfer Certificate. (LC/TC)		
14	B.O.Th / B.P.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-Affidavit for Educational Gap in previous year(s).		
18	Medical Physical Fitness and Physically Handicapped Certificate (As per format given in DMER Broacher)		
19	Attested Xerox Copy of Aadhar Card		
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 _____

- I have not submitted following documents:
- | | |
|----|----|
| 1. | 5. |
| 2. | 6. |
| 3. | 7. |
| 4. | 8. |

Signature: _____

Mobile No.: _____

Res. No. _____

ACKNOWLEDGEMENT

Received the above mentioned original certificates.

Dean
Seth G.S. Medical College

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

ADMISSION FOR M.O.T.h / M.P.T.

DATE:

H. C. (CASH)

Shri/Smt.: _____ Course: _____

Category: _____ Mobile: _____

D. D. No.: _____ Rs.: _____ Bank Name: _____

Branch: _____

Kindly accept the above said D. D. for the fees of PGP/PGO course

H. C. (GTR)

N.B.: Student should attach two xerox copies of the Demand Draft.

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

ADMISSION FOR M.O.T.h / M.P.T.

DATE:

H. C. (CASH)

Shri/Smt.: _____ Course: _____

Category: _____ Mobile: _____

D. D. No.: _____ Rs.: _____ Bank Name: _____

Branch: _____

Kindly accept the above said D. D. for the fees of PGP/PGO course

H. C. (GTR)

N.B.: Student should attach two xerox copies of the Demand Draft.

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.

SML. No. / Rank No. : _____

Permanent Address : _____

Mobile No. : _____

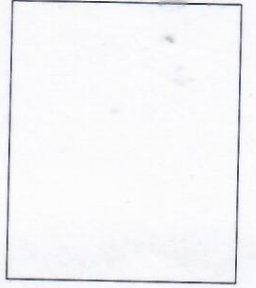
Residential No. : _____

E Mail Id. : _____

Signature of the Candidate: _____

STUDENT'S PROFILE

(TO BE FILLED IN CAPITAL/BLOCK LETTER ONLY)



SML NO. _____ Gender: _____ DATE OF ADMISSION _____

NAME OF THE STUDENT (AS PER THE UG DEGREE) _____

NAME OF THE STUDENT (IN 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 _____

INTERNSHIP COMPLETION CERTIFICATE DATE _____

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 _____

Student Signature

ANNEXURE – “L”

CERTIFICATE OF MEDICAL FITNESS

✕.....

CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted clinical examination of Dr. who is desirous of admission to Medical Postgraduate 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 medical postgraduate course.

- (1) Absence of any incapacitating and /or progressive systematic 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.

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

✕.....

Note:

A candidate must be medically fit to undergo the Medical Postgraduate Courses applied for, The medical fitness must be certified by a Registered Medical Practitioner in the prescribed Proforma, as given above on a **Letterhead**.

ANNEXURE "M"

Status Retention Form

PGP/PGO/ M.Sc (SLP) /M.Sc (Aud)/MSc (P&O)-CET 2023

Candidate's Name : _____ SML.No _____

Roll.No. : _____ Institute / College _____

Course: _____

To,

COMMISSIONER,
STATE CET CELL,
8th Floor, New Excelsior Building,
A. K. Nayak Marg, Fort,
Mumbai- 400 001.

Sir/Madam,

I, Dr. _____ wish to retain the seat
allotted to me at _____ for _____
Course for the academic year 2023.

DECLARATION

I am fully aware that after submitting this Status Retention Form I will not be considered for any subsequent rounds of selection process for the year 2023. I also declare that I will not ask for reconsideration of my name for further selection process.

Date :

Place :

Signature of Candidate

Submitted for necessary action

Date :

Place :

Signature of Dean /Principal (with seal)

Note:

This blank form to be Xeroxed and to be filled in triplicate, one copy to be sent to the Competent Authority by the college, one copy to be retained by the college, one copy to be retained by the candidate.



GOVERNMENT OF MAHARASHTRA

STATE COMMON ENTRANCE TEST CELL, MAHARASHTRA STATE, MUMBAI

8th Floor, New Excelsior Building, A.K. Nayak Road, Fort, Mumbai 400 001

Tele. No. - 022-22016157/53/59

Website -www.mahacet.org

E-Mail-cetcell@mahacet.org

No.MED-1023/C.R.No.49/PGP_PGO_SLP/CAP Schedule/1979

Date: 27/09/2023

NOTICE No. 04

CAP Round (s) of PGP/PGO/M.Sc.(SLP)/M.Sc.(Audio)

Centralised Admission Process for Postgraduate Courses in Physiotherapy (MPH), Occupational Therapy (MOTH), Speech & Language Pathology [M.Sc.(SLP)]/ Audiology [M.Sc. (Aud.)] Courses for Academic Year 2023-24.

Online Common Entrance Examination for admission to Postgraduate Courses in Physiotherapy [PGP CET], Occupational Therapy [PGO CET], Speech & Language Pathology [M.Sc.(SLP) CET] Audiology / [M.Sc.(Aud.) CET] and Prosthetics and Orthotics [M.Sc. (P&O) CET] in the State of Maharashtra for Academic Year 2021-2022 was held on **17/09/2023** and the **Result of the CET was declared on 26/09/2023**.

The Competent Authority has decided to conduct the Uploading of Documents and Filling of Preference/Choice Form for admission to these Postgraduate Courses in Maharashtra State is as per below schedule.

Sr. No.	Activity	Schedule
1	Publication of Provisional State Merit List	29/09/2023
2	Uploading of Documents	29/09/2023 to 03/10/2023 upto 11.59 pm
3	Publication of Seat Matrix	03/10/2023
4	Online Preference/Choices Filling Process	03/10/2023 to 06/10/2023 upto 11.59 pm
5	Declaration of First Selection List (CAP Round - 1)	09/10/2023
6	Last date of Joining & Filling of Status Retention Form for CAP Round - 1	10/10/2023 to 14/10/2023 upto 05:30 pm
7.	Declaration of Second Selection List (CAP Round-2)	16/10/2023
8.	Last date of Joining & Filling of Status Retention Form for CAP Round -2	17/10/2023 to 20/10/2023 upto 05:30 pm
9.	Declaration of Third Selection List (CAP Round-3)	21/10/2023
10.	Last date of Joining & Filling of Status Retention Form for CAP Round - 3	21/10/2023 to 25/10/2023 upto 06:00 pm

The Window for Online Preference Form Will be CLOSED on 06/10/2023

NO OFFLINE Preference Form will be accepted for the further CAP of admission

Note: For ensuring faithful obedience of time schedule and also keeping in view the limited time available for conducting counselling, all participating institutes/ colleges are directed to treat all Saturdays/Sundays and Gazetted Holidays as working days.

❖ **Online Preference / Choice Filling :**

- 1) Online Preference / **Choice Filling will be available before CAP-I**, these preferences will be used for CAP 1st Round & all subsequent round(s) including MoP UP Round(s) and upgradation of college (if any).
- 2) The candidate can edit online preference form multiple times before the last date of Preference filling.
- 3) **No request for change of preferences will be entertained after the last date of Preference filling.**

❖ **Filling of Status Retention Form Submission :**

- 1) If a candidate who has been allotted a seat WISHES to participate in next/subsequent round(s) - **SHOULD NOT FILL STATUS RETENTION FORM.**
- 2) If a candidate who has been allotted a seat DOES NOT WISH to participate in next/subsequent round(s) - **SHOULD FILL STATUS RETENTION FORM.**
- 3) Filling of Status Retention Form is choice of candidate. Institutes/Colleges **SHOULD NOT FORCE** candidate to fill Status Retention Form.

The Information Brochure containing eligibility criteria for admission to Postgraduate Courses is available on website of www.mahacet.org. The candidates should carefully go through the Information Brochure before Filling the Online Preference Form.

Sd/-

Mahendra B. Warbhuvan, I.A.S.
Competent Authority & Commissioner
State Common Entrance Test Cell,
Maharashtra State, Mumbai.