

SETH G. S. MEDICAL COLLEGE

ADMISSION 2023-2024

PG - DMLT

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

**THE FEES STRUCTURE FOR THE COURSE OF P.G.-D.M.L.T.
FOR THE ACADEMIC YEAR 2023-24**

Type of Fees	Fees for Government/Aided Colleges (शुल्क-शासकीय/अनुदानित महाविद्यालय)		Fees for Private Unaided Colleges (खाजगी/विनाअनुदानित महाविद्यालय)	Fees for SC/ST Category
	मआविवि मधून उत्तीर्ण विद्यार्थी	इतर विद्यापीठांमधून उत्तीर्ण विद्यार्थी		
Admission Fees	Rs. 1,500/-	Rs. 1,500/-	Rs. 1,500/-	--
Tuition Fees	Rs. 56,800/-	Rs. 56,800/-	Rs. 56,800/-	--
Laboratory Fee	Rs. 2,075/-	Rs. 2,075/-	Rs. 2,075/-	Rs. 2,075/-
Library Fee	Rs. 1,000/-	Rs. 1,000/-	Rs. 1,000/-	--
Gymkhana	Rs. 700/-	Rs. 700/-	Rs. 700/-	Rs. 700/-
Self-Finance Unit	Rs. 10/-	Rs. 10/-	Rs. 10/-	Rs. 10/-
Disaster Management Fund	Rs. 10/-	Rs. 10/-	Rs. 10/-	Rs. 10/-
Library Deposit	Rs. 6,000/-	Rs. 6,000/-	Rs. 6,000/-	Rs. 6,000/-
Security Deposit				
Enrollment & Eligibility	Rs. 3,100/-	Rs. 4,400/-	Rs. 7,400/-	Rs. 4,400/-
Total	Rs. 71,195/-	Rs. 72,495/-	Rs. 75,495/-	Rs. 13,195/-

वि.नों.: SC/ST प्रवर्गातील विद्यार्थी पवीदपुर्व शिक्षण मआविवि मधून उत्तीर्ण झालेले असतील, त्यां विद्यार्थ्यांना Enrollment & Eligibility या शुल्काकरिता रु. 4,400/- ऐवजी रु. 3,100/- शुल्क अनुज्ञेय राहिल. (एकुण रु.11,955/- इतक्या रक्कमेचे धनाकर्ष (Demand Draft) व्दारे शुल्क भरावे.)

[Signature]
Dean 22/11/23
Seth G.S. Medical College
Parel, Mumbai-400012
Parel 400012

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 Named 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 PG DMLT

[Signature]
Dean 22/11/23
Seth G.S. Medical College
Parel, Mumbai - 400012.
DEAN
SETH G. S. MEDICAL COLLEGE
Acharya Donde Marg, 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. _____, Category _____ have been selected through Dean, L.T.M.G. Hosp. and Medical College for the course of P.G. -D.M.L.T. for the academic year 2023-24 at Seth G.S. Medical College, Mumbai.

2) I am submitting my Original documents with **TWO sets** of attested Xerox copies to the office, as below:
(Tick for submitting documents and for non-submitting documents in the column 3 and 4).

Sr.No. 1	Original Documents with two Set of Attested Xerox Copies 2	Student Use 3	Office Use 4
1	Selection letter		
2	Nationality, Domicile Certificate or Valid Passport With 3 Xerox copies		
3	T. Y. B. Sc. Statement of Marks		
4	T. Y. B. Sc. Passing Certificate		
5	T. Y. B. Sc. Degree Certificate		
6	EWS Certificate		
7	Caste Certificate		
8	Caste Validity Certificate		
9	Non-Creamy Layer Certificate (VJ, NT, OBC, SBC)		
10	College Leaving Certificate / Transfer Certificate. (LC/TC)		
11	Attempt Certificate		
12	Medical Fitness Certificate (As per format given in Brochure)		
13	Physically Handicapped Certificate (If applicable)		
14	Self Educational Gap Affidavit on stamp paper (Rs. 100/-) by Notary		
15	Migration Certificate issued by respective University		
16	Affidavit for change in Name-A copy if Govt. Gazette, Marriage Registration Certificate		
17	Attested Xerox Copy of Aadhar Card		
18	Haemogram Report		
19	Undertaking (if applicable)		
20	Attested Xerox Copy of Voting Card or Annexure C		

3) Please acknowledgement for the same.
Thanking you.

D.D. No. _____ Date _____ Rs. _____

Bank Name & Branch: _____

Mobile No. _____, Res. No.: _____

Email ID _____

I have not submitted following documents:

Yours faithfully,

1.	4.	x
2.	5.	
3.	6.	

Student's Signature _____

ACKNOWLEDGEMENT

Received the above mentioned certificates and documents as marked

Dean
Seth G.S. Medical College

STUDENT'S PROFILE

PHOTOGRAPH

(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 _____

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

X.....

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	

X.....

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**.