SETH G. S. MEDICAL COLLEGE, PAREL, MUMBAI - 12

M. B. S. ADMISSION 2024 - 2025

| MUHS Eligibility Section, Nas | <u>hik</u> | | AIR NO_ | |
|---|--|--|--------------------------|-----------|
| Kum/Kumari | | | | Selected |
| under categorySub | Caste | has submitted | following | ORIGINAL |
| certificates with FOUR (04) | sets of Attested | hoto copies with | admission | form duly |
| filled in the file. | | | | |
| (A) Group 01) Selection Letter /Allotm 02) Nationality Certificate (03) Domicile Certificate (04) S. S. C. Passing Certificate 04) S. S. C. Passing Certificate 05)12 th H.S.C. Mark sheet 06) NEET Exam Mark sheet 07) NEET Admit Card 08) NEET Application Form 09) Cast Certificate OR EW 10) Caste Validity Certificate letter from Competent A 11) Non Creamy Layer Cert 12) College Leaving OR Th 13) Physical Handicap Cert 14) Defense Certificate (D1 15) Hilly Area Certificate (Pashould be situated in Hill (B) Group 01) Report of Blood (Hemogon) Physical Fitness Certificate 03) Migration Certificate (If 04) Self Educational Gap cert 05) Aadhar Card And PAN Card 06) Two Xerox copies of Den | or Valid Passport cate (10 th Std.) et (2023) m WS Certificate (If the (If your state do not be authority as per attended to the cuthority as per attended to the complete (For NT - transfer Certificate (For NT - transfer Certificate) gram) gram) ete HSC Board is other tificate (Affidavited Copy | Applicable) o not issue CVC, you tached proforma) - 1,2,3 VJ & OBC) e Maharashtra Domici in hilly area required | le required I &SSC/HS |) |
| Date : | S | tudent's Signature | | |
| Clerk (GUG) | | H.C. (GUG) | | |

UNDERTAKING

| Name AIR NoCategory |
|--|
| AIR NoCategory |
| To, The Dean |
| Seth G. S. Medical College |
| Parel, Mumbai – 400012 |
| Subject: M.B.B.S. admission at Seth G. S. Medical College during the academic year 2024-2025 |
| Sir/Madam, |
| I hereby agree to confirm the rules and regulations at present in force or hereafter be made for the Administration of the College, I will do nothing unworthy of the student of the college either inside or outside or anything that will interfere with its orderly working and I have carefully read and understood criteria for eligibility for University Examination i.e. i) 75% attendance in Lectures & 80% attendance in non-Lecture teaching programme, ii) Minimum of 50% score in the internal assessment in theory and practical taken together. I do hereby undertake to comply with the above-mentioned criteria and have noted that if I fail to fulfill the requirements as above, my form of application for admission to the University Examinations will not be accepted and I will not be sent up for the University Examinations. I will submit the Service agreement and surety bond as per rule for his/her admission year 2024- |
| 2025 within one month from the date of issuing the form. |
| Subsequent to admission & payment of fees for First term, I have to pay fees and other dues every term per notification. I have noted that, I have to keep valid Identity Card with me during College hours including examination time and should be produced whenever required by college authority. |
| I have noted that, I will not allow filling the University examination form if I fail to pay the |
| fees as per notification. I undertake that, I will fill up B.C. freeship/scholarship form every year i.e. June/July or immediately after result as the case may be. I have noted that I will be required to pay college tuition fees and other charges as per schedule with fine. I have noted that no individual intimation/letter will be send in this regard. I have kept sufficient number of certified copies of all original certificates for my use for |
| 5 & 1/2 years, as original certificates are kept in the Nashik University office till completion of the Surety Bond. |
| The present fees are under revision and I have noted that I will have to pay the fees and other charges as per revised rate from the academic year 2024-2025 subsequent to revision. |
| I am completely aware that if I will cancel my admission after the Cut-off date, I have to pay the Bond Amount (Rs.10,00,000/-), entire course fees, and the amount of Security Deposit of Rs. 4000/- shall be forfeited by the Corporation. I am completely aware that after completion of internship I have to compulsory serve the Government of Maharashtra for the period of one year. Further, candidate cannot go abroad up to Five years from the date of obtaining the MBBS Degree, otherwise he/she will |
| have to pay Non Refundable Rs. 10,00,000/- as penalty. |
| Name of the Father/Mother/Guardian |

Address _____ (Kindly fill 1 copies of the above form and bring along with you at the time of Admission)

Signature of the candidate

Signature____

SETH G. S. MEDICAL COLLEGE, PAREL, MUMBAI-12.

GUIDELINES FOR THE STUDENTS, WHO ARE SEEKING THE ADMISSION AT SETH G.S.M. COLLEGE FOR FIRST YEAR M.B.B.S. FOR THE ACADEMIC YEAR 2024-2025

Please follow the steps in order to complete admission procedure.

- 1) Submit one photocopy of the selection letter at UG Section.
- 2) Register your details in the register at UG Section
- 3) Collect photocopy of the selection letter from UG Section duly stamped for collection of Admission form which is available on Cash Counter of College Office between 11.00 a.m. to 4.00 p.m. on Monday to Friday except holidays.
- 4) Fill up the B.C. free ship form at Counter No.1 of GTR Section, Room No 13, Gr Floor, College Bldg. (For reserve category students only)
- 5) Arrange following original and attested Xerox copies of four set of each certificates/documents in following sequences in the BLUE COLOUR SPRING FILE ONLY (with Four Plastic Folders).

(A) Group

- 01) Selection Letter / Allotment Letter
- 02) Nationality Certificate/ OR Valid Passport
- 03) Domicile Certificate
- 04) S. S. C. Passing Certificate (10th Std.)
- 05)12th H.S.C. Mark sheet
- 06) NEET Exam Mark sheet (2023)
- 07) NEET Admit Card
- 08) NEET Application Form
- 09) Cast Certificate OR EWS Certificate
- 10) Caste Validity Certificate (If your state do not issue CVC, you have to submit the letter from Competent Authority as per attached proforma)
- 11) Non Creamy Layer Certificate (For NT 1,2,3 VJ & OBC)
- 12) College Leaving OR Transfer Certificate
- 13) Physical Handicap Certificates
- 14) Defence Certificate (D1 & D2 Parent's Maharashtra Domicile required)
- 15) Hilly Area Certificate (Parent's Domicile in hilly area required &SSC/HSC School should be situated in Hilly Area)

(B)Group

- 01) Report of Blood (Hemogram)
- 02) Physical Fitness Certificate
- 03) Migration Certificate (If HSC Board is other than Maharashtra Board)
- 04) Self Educational Gap certificate (Affidavit from students)
- 05) Aadhar Card And PAN Card Copy

Submit College file (BLUE COLOUR SPRING FILE ONLY with three Plastic Folders) and get the same verified from UG Section.

Please collect the payment slip for payment of fees from UG Section

Notice: Fees will be accepted at cash section of the college office subject to provisional eligibility from the Registrar, Maharashtra University Of Health Sciences Nashik and without prejudice to final court order in case admission is related to writ petition where in interim court order are issued and subject to submission of agreement bond within One Month from the date of issue.

Students have to submit Pen Drive containing scanned copies of all the Original documents mentioned above including Fitness, Hemogram, Voter ID Form (Annex C) & Demand Draft of MBBS TOTAL Fees, in separate folder with student name. Each document should be labelled separately like Allotment Letter, Nationality certificate, Xth Passing ,XIIth Mark sheet etc.(file size of documents should be 50 kb To 150 kb in PDF format) All the above PDF Files are also required to be sent on email (write your name in the subject): gsmcmbbs@gmail.com (Kindly note this email address is only for the sending PDF Files of the selected MBBS candidates. Please do not make any other enquiry on this mail.

Late fees of Rs. 500/- per day will be charged from the candidate towards the late submission of Registration and Eligibility form. (As per MUHS Rules)

DETAILS OF THE FEES.

| | Seth G. S. Medica | al College Pa | rel Mumbai 12 | | |
|---------------------------------|--------------------------|-----------------|----------------------------------|--|--|
| | Fee Stru | icture of I s | t M.B.B.S. for | | |
| | th | e year 2024 | -2025 | | |
| Sr Admission Quota Student Fees | | | | | |
| NO | | Category | (Single D.D. only in favour of | | |
| | | | Dean, Seth G. S. Medical College | | |
| | | | Payable at Mumbai) | | |
| 1 | All India Quota | OPEN, OBC, SC, | | | |
| | , | ST, EWS, PWD | Dc 1 E7 290 / | | |
| | (Students not belongs to | | Rs.1,57,380/- | | |
| | Maharashtra) | | | | |
| | | OPEN & PWD | Rs.1,57,380/- | | |
| 2 | All India Quota | OBC, ST, VJ, | Rs. 16,580/- | | |
| 2 | All Illula Quota | NT,SEBC | | | |
| | (Students belongs to | SC | Rs. 11,580/- | | |
| | Maharashtra) | | ,, | | |
| | | | Male stud. Rs. 88,230/- | | |
| | | EWS | Female stud. Rs. 19,080/- | | |
| | | OPEN & PWD | Rs.1,57,380/- | | |
| 3 | State Quota | OBC, ST, VJ, NT | | | |
| | | SEBC | Rs. 16,580/- | | |
| | | SC | Rs. 11,280/- | | |
| | | | Male stud. Rs. 88,230/- | | |
| | | EWS | Female stud. Rs. 19,080/- | | |

Total Fees are paid in <u>Single D.D. only</u> in favour of <u>Dean, Seth G. S.</u>

<u>Medical College</u> Payable at Mumbai

**The Condition for availing Freeship is the student should be a domicile of Maharashtra State only and he/she has to produce the Caste Certificate & Caste Validity Certificate issued by the Government of Maharashtra. For the students from other states they can avail the freeship from those

particular states. The EWS Students must have to fill Form of Rajarshi Chatrapati Shahu Maharaj Scholarship otherwise they have to pay the full fees.

- 1) Submit 2 photocopies of payment receipt at UG Section.
- 2) Collect the service Agreement & Surety Bond from UG Section
- 3) Submit NTS & NMS forms after admission along with sanction letter to at GTR Section. All reserve category& EWS students shall meet at GTR Section for Scholarship/Freeship. (Student can apply only for one Scholarship in a year. If any student found guilty for applying more than one scholarship, strictly action will be taken against him/her)

TEACHING PROGRAMME

For further details on teaching programme/registration numbers. candidates are directed to report to the Anatomy department, 2ndfloor of this college.



HOSTEL FACILITIES FOR BOYS AND GIRLS

HOSTEL FACILITY IS NOT AVAILABLE FOR THE FIRST MBBS STUDENTS

- 1. There is no Particular mess fee for the students
- 2. Six passport size colour photographs and two copies of Admission fee Demand Draft is required at the time of admission.
- 3. Only One Parent (Mother or Father) is allowed to come in the College along with the candidate, at the time of admission.

INDEMNITY BOND AND UNDERTAKING

Students are requested to go through the instruction carefully before filling the

INDEMNITY BOND AND UNDERTAKING. The students seeking the admission for

the year 2024-2025, have to execute the Indemnity Bond & Undertaking on 100 /-

Rupees stamp paper each and duly notarised. Students have to submit the Indemnity

Bond & Undertaking within one month after admission Cut off date.

IDENTITY CARD

Identity card will be issued only after completion of all admission formalities including

submission of Service Agreement Bond & Surety Bond with all requisite documents and

payment of fees.

H.C.- GUG Section

Contact No.: 022 2410 7434

PHOTOGRAPH

STUDENT'S PROFILE

| (KINDLY FILL THE FORM IN THE CAPITAL LETTERS ONLY) | |
|--|--|
| OLIOTA: STATE/ALL INDIA | |

| QUOTA: STATE/ALL INDIA | |
|--------------------------------------|--------------------------------------|
| SEX; M/F | DATE OF ADMISSION |
| NEET ROLL NO | AIR NO |
| (AS PER HSC MARKSHEET) | i) |
| LOCAL ADDRESS | |
| | PIN: |
| PERMANENT ADDRESS | |
| | PIN: |
| DATE OF BIRTH | PLACE OF BIRTH |
| DOMICILE STATE | <u>_</u> - |
| MOBILE NOS:- SELF | & FATHER/MOTHER |
| LAND LINE NO | AADHAR CARD NO |
| BLODD GROUPMOTH | ER TOUNGEPAN NUMBER |
| S.S.C. PASSING MARKS/OUT OF | PERCENTAGEBOARD NAME |
| SCHOOL NAME | MONTH &YEAR OF PASSING |
| H.S. C , PASSING MARKS/OUT OF | PERCENTAGEBOARD NAME |
| COLLEGE NAME | MONTH & YEAR OF PASSING |
| MARKS : PHYSICS :CHEM | BIO:ENG: |
| PCB TOTAL:PCBE TOTAL : | PCB PERCENTAGE HSC SEAT NO |
| NEET MARKSNEET PER | CENTAGENEET PERCENTILE |
| ADMITTED CATEGORY/QUOTA | STUDENT'S CATEGORY |
| SUB CASTE(ALSO F | OR OPEN CANDIDATES), SPL RESERVATION |
| ANNUAL INCOME: FATHER | MOTHER |
| SIGNATURE:: CANDIDATE | FATHER |
| EMAIL ID: (IN CAPITAL) | MOTHER NAME |
| NON CREAMY LAYER VALID UPTO | |

| FATHER DETAILS : | |
|------------------------------------|-------------|
| FULL NAME | |
| PERMANENT ADDRESS | |
| | PIN CODE |
| MOBILE NO | _LANDLINE |
| FATHER EMAIL ID | |
| MOTHER DETAILS : | |
| FULL NAME | |
| | |
| | PIN CODE |
| MOBILE NO | _LANDLINE |
| FATHER EMAIL ID | |
| FATHER OFFICE DETAILS: | |
| OCCUPATION | OFFICE NAME |
| OFFICE ADDRESS | |
| STATEDISTRICT | PIN CODE |
| MOBILE NO | _LANDLINE |
| FATHER OFFICE EMAIL ID | |
| MOTHER OFFICE DETAILS: | |
| OCCUPATION | OFFICE NAME |
| OFFICE ADDRESS | |
| | PIN CODE |
| MOBILE NO | _LANDLINE |
| FATHER OFFICE EMAIL ID | |
| STUDENT BANK DETAILS: | |
| STUDENT NAME(as per Bank Account)_ | |
| BANK NAME | BANK AC NO |
| BANK IFSC CODE | |
| BANK ADDRESS | |
| STATEDISTRICT | PIN CODE |

(Kindly fill 2 copies of the above form and bring along with you at the time of Admission)

| OFFICE THE | |
|---------------------------------------|---|
| Outward No:- Date :- | |
| | TO WHOME IT MAY CONCERN |
| | <u>CERTIFICATE</u> |
| This is to certify that, the Caste Ce | ertificate 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. |

ANNEXURE - "M"

| CERTIFICATE OF MEDICAL FITNESS | | | | | |
|--|---|--|--|--|--|
| This is to certify that I have | e conducted clinical examination of Dr. | | | | |
| | who is desirous of | | | | |
| admission to Medical Undergraduate Courses. | | | | | |
| He/she has not given any personal | history of any disease incapacitating him/her | | | | |
| to undergo the professional course. Also, on clinic | cal examination it has been found that he/she | | | | |
| is medically fit to undergo the medical Undergradu | ate course (NEET-UG 2024). | | | | |
| (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 Undergraduate Courses (NEET-UG 2024) applied for. The medical fitness must be certified by a Registered Medical Practitioner in the prescribed Proforma, as given above on a **Letterhead.**

Annexure 'C'

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

हमीपत्र

| मी | | | 1.5 | 102020-00-0 | | 4.37.5 | |
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| आहे. १८ वर्ष पू | र्ग झाल्याबरोब | र मी माझे ना | व मतदार | यादीत व | नोंदबुन | घेणार | आहे |
| अशी मी प्रतिज्ञा | करतो/करते. | यासाठी सोबत | जोडलेला | नमुना | £, 9 | ८ व | ८अ |
| व्यस्थितपणे भरलेल | ग्रां आहे. | | | | | | |
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| | | | स्वाक्षरी . | | | | |
| | | | नाव : | | | | |
| | No. | | | | | | |
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(Kindly fill 1 copies of the above form and bring along with you at the time of Admission)

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| वरा. ए. स्मा. रु. | -3-C-C | | | |
| तवषयः ज ा ि प्रमाणपत्र / ज ा ि | ् व ा ा प् | म ाणपत्र / E.W.S. ए म | ाणपत्र सात्य ेब ाब T ः | · . |
| माननीय महोिय / महोिया, | | | | |
| मी कुमार / कुमारी _ | | | | |
| | | प्रतिज्ञापुवक | कर ि ो / कर ि महाराष्ट् आरोग्य | |
| तव्रज्ञान तव्रद्याप ीठ, न ातिक याुुंच्या मुुुंबई या ठठकाण ी रा. सा. ए. | | असलेल्या सेंठ ग ो . स | वैद्यदकय मह ातवद्य ाल | ाय, परले , |
| कक्ष, मह ार ाष्ट् राज ्य (C Letter No. | ET) अन्वय े, AIR | | क्र, | Allotment |
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| प्रक्रिये िरग्यान मी माझे जाि | ∙ीचें एरमाणपत्र क्र. | | | |
| व जः _{क्र.} | ाि पड | िाळण ी एमाणपः | য় জ | े मला अनुक्रम |
| (1) | व (2) | | या प्राति | करणांकडन प्राप्त |
| झालेल े आह ेि, ि े सत्य आ | | | | |
| अ ु ंिगवि चुक ीच े क्कुंिंं | , , | , | • | |
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| िासन / एिासकीय तनयमा | _{।न} ुस ार क ाया ः त | ।। रुरुरुया हाणा-या | कारवाइस पात्र ठर | ्न, याच ा म ा |
| ग् व ाह ी | _ | | | |
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| | | आप | ला / आपली तवश्वासू | |
| स ोब ि:एरमाणपर्राुंच्या साक्षाु | ंदक िके लेल्या | | | |
| छ ायाु ंदक ि प्र िी ज ोडल्य | ा आह े ि. | | स्वाक्षरी | |
| माझ्या सक्षम माझ्या पाल्याने | कु मार / कु मारी: | | | |
| | | | | |

| प्रतिज्ञापुवक स्वा | क् षर ी के ल ी . | आिार क ा ख नुं.: | |
|--------------------|--------------------------------|-------------------------|--|
| | | मोबाईल नुं.: | |
| पालकाुंचे स्व | ाक्षरी, नाव, व नािे: | | |
| आार काडव नुं.: | | | |
| मोबाईल नुं.: | | | |
| - | | | |

(Kindly fill 3 copies of the above form and bring along with you at the time of Admission)