**INF. FORM NO:_____**

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

## INFORMATION FORM FOR B.Sc. PMT ADMISSION

**(KINDLY FILL THE FORM IN THE CAPITAL LETTERS ONLY)**

Date :

Name of the Candidate :_____

Address:_____

_____

Date of Birth :_____ Gender: Male / Female

Category:_____Mobile NO. :_____

**MARKS OBTAINED/OUT OFF**

H.S.C: _____/_____Percentage :_____

Physics_____Chemistry_____Biology_____PCB Total_____

**PREFERENCES (COURSE)**

1._____ 2._____

3._____ 4._____

5._____

**(COURSES : Perfusion/Operation Theatre/ Neurology/Cardiology/Radiography)**

Signature of the Candidate

**(Kindly attach 12th Marksheet, Caste certificate and Caste Validity)**

**Please note: Student have to show all the required certificates while submitting the Information form**

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

GUG/945 DATE: 31.10.2025

# NOTIFICATION FOR B.Sc. PMT ADMISSION

# 2025-2026

As per DMER circular under No. DMER-11011/31/2022-CETIT Dated, 20.10.2025, applications are invited for B.Sc. in Paramedical Technology (BPMT) Admission.

**The date for fill up the information form at Seth G S Medical College is 03.11.2025 TO 10.11.2025 (Except 05.11.2025, 08.11.2025 and 09.11.2025)(11.00 AM to 3.00 PM).**

## DETAILS OF THE FEES.

| Seth G. S. Medical College Parel Mumbai 12 | | |
|---|---|---|
| Fee Structure of Bsc.Paramedical Technology for the year 2025-2026 | | |
| **Sr NO** | **Student Category** | **Fees (Single D.D. only in favour of Dean, Seth G. S. Medical College Payable at Mumbai)** |
| **1** | **OPEN, OBC,SEBC NT, VJ, EWS, PWD** | **Rs. 78,038/-** |
| **2** | **SC AND ST** | **Rs. 6,738/-** |

SETH G S MEDICAL COLLEGE, PAREL, MUMBAI-12

GUG/945 DATE: 31.10.2025

# NOTIFICATION FOR B.Sc. PMT ADMISSION

**The Merit/Selected Candidates list for BPMT Course will be declared on 12.11.2025.**

The selected Candidates will have to take the admission (**after verifying all the Original Certificates**) and submit all the Original Certificates (As per attached list) along with **four sets** of attested Xerox copies from **13.11.2025 to 17.11.2025 (except Sunday 16.11.2025) 11.00 AM to 4.00 PM.**

**Waiting List candidates are also required to be present 13.11.2025 to 17.11.2025 (except Sunday 16.11.2025)** from **along with all the Original Documents for Verification purpose.**

**AFTER THE LAST DATE OF ADMISSION IF THERE WILL BE VACANT SEATS, WILL BE ALLOTTED AS PER MERIT (IN THE WAITING LIST). CANDIDATES ARE REQUESTED TO INQUIRE ON 19.11.2025 FOR THE VACANT SEATS.**

**If there will be vacant seats after waiting student's admissions, will be declared after 19.11.2025 and admission of those seats will be done from 20.11.2025 TO 21.11.2025 between 11.00am to 4.00pm.**

**IF THE STUDENTS CANCEL THEIR ADMISSION AFTER 27.11.2025 NO FEES WILL BE REFUNDED.**

## Eligibility: Essential Qualification for BSc in Paramedical Technology admission 2025 – 2026

1) Candidate should be an Indian Citizen
2) Candidate should be born before 31st December 2008
3) Candidate should have passed 10th & 12th std. Science examination form the institute situated in state of Maharashtra
4) **Candidate should have Domicile Certificate from State of Maharashtra**
5) Candidate should have passed 12th std. examination with the subjects Physics, Chemistry & Biology with minimum **50%** marks for **Open** category students, **Physical Handicap Category** students **45%** and **Reserved** Category student's minimum **40%** marks.
6) Candidate who have passed 12th std. examination with the Medical Lab Technician- 1, Medical Lab Technician -2, Medical Lab Technician -3 shall be eligible for BSc. In Paramedical Technology (Laboratory) Course only.
7) Candidate who have passed 12th std. examination with the X-ray Techinician-1, X-ray Techinician-2, X-ray Techinician-3 shall be eligible for BSc. In Paramedical Technology (Radiography) Course only.
8) **Candidate must have original Caste Certificate, Caste Validity Certificate, and Non Creamy Layer Certificate (Valid up to 31/03/2026 wherever applicable).**
9) Please note that **Hostel Facility is not available** for admitted students, selected candidates will have to make their own arrangements for their lodging and boarding.

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

# BSc. PMT ADMISSION 2025-2026

## (Checklist)

Shri/Smt. _____. Selected under category _____Sub Caste_____ has submitted following **ORIGINAL certificates with FOUR (04) sets** of **Attested** photo copies with admission form duly filled in the file.

**(A)Group**

01) Admission Form
02) Nationality Certificate
03) Domicile Certificate
04) S. S. C. Passing Certificate ($10^{th}$ Std.)
05) $12^{th}$ H.S.C. Mark sheet
06) EWS Certificate
07) Caste Certificate
08) Caste Validity Certificate
09) Non Creamy Layer Certificate (For NT – 1,2,3 VJ, OBC/SEBC)
10) College Leaving OR Transfer Certificate

(B)**Group**

01) Physical Fitness Certificate
02) Migration Certificate (**If HSC Board is other than Maharashtra Board**)
03) Self Educational Gap certificate (Affidavit from students)
04) Aadhar Card Copy
05) Photo(jpg format), Demand Draft, Anx C

Date : Student's Signature_____

Clerk (GUG) H.C. (GUG)

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

# UNDERTAKING

Name _____
Caste_____ Sub caste_____

To,
The Dean
Seth G. S. Medical College
Parel, Mumbai – 400012

Subject: B.Sc.PMT admission at Seth G. S. Medical College during the academic year 25-26

Sir/Madam,

I hereby agree to confirm to 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 fulfil 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 have also noted that hostel accommodation at this college is not available and I have to make my own arrangements of stay. 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 exam. 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 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 numbers of certified copies of all original certificates for my use for Four years as original certificates are kept in the office till completion of the Internship.

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 2023-2024 subsequent to revision.

**I am completely aware that if I will cancel my admission after the Cut-off date, I have to pay the entire course fees and the amount of Security Deposit of Rs. 2500/- shall be forfeited by the Corporation.**

Name of the Father/Mother/Guardian Signature of the candidate

_____

Signature _____

Address _____

_____

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

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

## GUIDELINES FOR THE STUDENTS, WHO HAVE SEEKING THE ADMISSION AT SETH G.S.M. COLLEGE FOR FIRST YEAR BScPMT FOR THE ACADEMIC YEAR 2025-26

**Please follow the steps in order to complete admission procedure.**

Register your details in the register at UG Section

1) Fill up the B.C. free ship form (For SC & ST only) at Counter No.1 of GTR Section (For reserve category students only)

2) Arrange following original and attested **Xerox copies** of **four set** of each certificates/documents in following sequences in the College file.

**(A) Group**

01) Admission Form
02) Nationality certificate/ Domicile Certificate
03) S.S.C. Passing certificate (for date of birth)
04) 12th H.S.C. Mark sheet
05) Caste Certificate/EWS Certificate
06) Caste Validity certificate
07) Non Creamy Layer Certificate (For NT-1, NT-2, NT-3, VJ, OBC,)
08) College Leaving OR Transfer Certificate

**(B) Group**

01) Physical Fitness Certificate
02) Migration Certificate
03) Self Educational Gap certificate (Affidavit from students)
04) Aadhar Card Copy
05) Submit College file and get the same verified from UG Section.
06) 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.

Submit College file **(THICK PINK 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.

**Selected Students have to submit Pen Drive containing scanned copies of all the Original documents mentioned above including Fitness, Voter ID Form (Annex C) & Demand Draft of TOTAL Fees, in separate folder with student name. Each document should be labeled 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 BSc PMT 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. Medical College Parel Mumbai 12 | | |
|---|---|---|
| **Fee Structure of Bsc.Paramedical Technology for the year 2025-2026** | | |
| **Sr NO** | **Student Category** | **Fees (Single D.D. only in favour of Dean, Seth G. S. Medical College Payable at Mumbai)** |
| **1** | **OPEN, OBC,SEBC NT, VJ, EWS, PWD** | **Rs. 78,038/-** |
| **2** | **SC AND ST** | **Rs. 6,738/-** |

1) Submit 2 photocopies of payment receipt at UG Section.

2) For railway concession please contact to GTR Section with Identity card.

3) SC and ST category student shall meet at GTR Section for Scholarship/Freeship.

# HOSTEL FACILITIES

# HOSTEL FACILITY IS NOT AVAILABLE FOR THE YEAR 2025-2026

**STUDENT'S PHOTOGRAPH**

# STUDENT'S PROFILE

**(KINDLY FILL THE FORM IN THE CAPITAL LETTERS ONLY)**

DATE OF ADMISSION_____ Sex : MALE/FEMALE

NAME OF THE STUDENT (in English)_____
**(AS PER HSC MARKSHEET)**
NAME OF THE STUDENT (in Marathi OR Hindi)

_____

LOCAL ADDRESS_____

_____PIN:_____

PERMANENT ADDRESS_____

_____PIN:_____

DATE OF BIRTH_____PLACE OF BIRTH_____

DOMICILE STATE_____-MOTHER FIRST NAME :_____

MOBILE NOS:- SELF_____FATHER/MOTHER_____

LAND LINE NO_____AADHAR CARD NO._____

BLODD GROUP_____MOTHER TOUNGE_____

10th PASSING MARKS/OUT OF_____PERCENTAGE_____BOARD NAME_____

SCHOOL NAME_____MONTH &YEAR OF PASSING_____

12th PASSING MARKS/OUT OF_____PERCENTAGE_____BOARD NAME_____

COLLEGE NAME_____MONTH &YEAR OF PASSING_____

PCB MARKS/OUT OF_____/PERCENTAGE_____12th SEAT NO_____

ADMITTED CATEGORY_____STUDENT'S CATEGORY_____

SUB CASTE_____(ALSO FOR OPEN CANDIDATES)

ANNUAL INCOME: FATHER_____ MOTHER_____

SIGNATURE: CANDIDATE_____ SIGNATURE: FATHER_____

**EMAIL Address: (IN CAPITAL)_____**

**FATHER DETAILS :**

FULL NAME _____

PERMANENT ADDRESS_____

STATE_____DISTRICT_____PIN CODE_____

MOBILE NO_____LANDLINE_____

FATHER EMAIL ID_____

**MOTHER DETAILS :**

FULL NAME _____

PERMANENT ADDRESS_____

STATE_____DISTRICT_____PIN CODE_____

MOBILE NO_____LANDLINE_____

FATHER EMAIL ID_____

**KINDLY ATTACHED COPY OF HSC MARKSHEET, SELECTION LETTER AND CC ,CVC & EWS**

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

**ANNEXURE – "M"**

**CERTIFICATE OF MEDICAL FITNESS**

This is to certify that I have conducted clinical examination of Mr. /Ms ..... who is desirous of Admission to BSc PMT 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 professional course.

Certified that he/she fulfills the following criteria.

(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.

Though, following deviations have been revealed, in my opinion, these are not impediments to pursue a career as a Medical/ Dental/ Ayurved/ Homeopathy/ Unani/ Occupational Therapy/ Physiotherapy/ Audiology & Speech, Language Pathology/ Prosthetics & Orthotics/ Naturopathy and Yogic Sciences/ BSc Nursing.

1. ……..

2. ……..

3. ……..

| | |
|---|---|
| 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 BSc PMT Course applied for. The medical fitness must be certified by a Registered Medical Practitioner in the prescribed Performa, as given above on a **Letterhead.**

Annexure 'C'

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

**हमीपत्र**

मी ....., अभ्यासक्रम : .....

महाविद्यालयाचे नावः .....

..... या महाविद्यालयात प्रथम वर्षात प्रवेश घेतला असुन 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. यासाठी सोबत जोडलेला नमुना ६, ७ ८ व ८अ व्यस्थितपणे भरलेला आहे.

स्वाक्षरी .....

नाव : .....

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