

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 _____, has been provisionally selected through PGP CET 2025-26 (M.P.T.) for admission at Seth G.S. Medical College, Mumbai."
- 2) "I am submitting my original documents along with one attested photocopy of each to the office, as indicated below (✓ / ✗)."

| 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 CET Admit Card/Receipt Cum I-Card | | |
| 5 | B.P.Th Passing Certificate/Degree Certificate | | |
| 6 | B.P.TH 1 ST TO 4 TH Mark sheets | | |
| 7 | 10 th & 12 th Passing Certificate | | |
| 8 | 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.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) | | |

- 3)"Kindly provide me with an acknowledgement for the same."
Thanking you.

D.D. No.: _____ Date: _____ Rs. _____
Bank Name & Branch :- _____

"I have not submitted the following documents:"

| | | |
|----|----|-------------------|
| 1. | 5. | Signature:: _____ |
| 2. | 6. | |
| 3. | 7. | Mobile No.: _____ |
| 4. | 8. | |

ACKNOWLEDGEMENT

"The above-mentioned original certificates have been received."

DEAN

Seth G.S. Medical College

No.: GSMC/GTR/OD/

Date:

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

MPT ADMISSION 2025-26
(MPT Course duration 2 years)

| Type | Charges in Rs. | |
|--------------------------|-----------------------------------|-----------------------------------------------|
| Admission Fees | Rs. 1,500/- | |
| Tuition Fees | Rs. 57,400/- | |
| Development Fee | Rs. 3,000/- | |
| Library Fee | Rs. 1,000/- | |
| Gymkhana | Rs. 1,352/- | |
| Self-Finance Unit | Rs. 20/- | |
| Disaster Management Fund | Rs. 20/- | |
| Library Deposit | Rs. 6,000/- | |
| Security Deposit | | |
| Enrollment & Eligibility | MUHS Rs. 2,700/- | Other University Rs. 9,350/- |
| Total | Rs. 72,992/- | Rs. 79,642/- |

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

Dean(A.)
Seth G.S. Medical College

Note:-

1. Each document & D.D. should be Named and scanned separately as per the check list.
 2. The student should keep attested photocopies and scanned copies of all original documents, along with a passport-size photo in JPG format (file size between 50KB to 150KB), saved on a pen drive. Each document must be scanned and saved in PDF format (each file size should be between 50KB to 150KB), following the sequence given in the checklist. Each file should be labeled appropriately, e.g., *Nationality Certificate*, *Domicile Certificate*, etc.
 3. The **Demand Draft** for the fees must be submitted at the Cash Section counter of Seth G. S. Medical College.
 4. "The student will receive their original fee receipt after submitting the admission form to the Cash Section."
- N. B.: 1) "An amount of Rs. 590/- must be paid in cash separately at the Cash Section counter of Seth G. S. Medical College to obtain the College Admission Form."
- 2) "Hostel accommodation is not available for students of PGP and PGO programs."

Dean
Seth G.S. Medical College

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

ADMISSION FOR M.P.T.2025-26

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.P.T.2025-26

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

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

H. C. (GTR)

UNDERTAKING

I, _____, son/daughter/wife of Shri .
_____, aged ____ years, bearing Roll No.
_____, and holding PGP CET Rank _____, have been allotted a seat for admission to
the MPT course at Seth G. S. Medical College through the Postgraduate Admission for the
Academic Year _____.

I do hereby solemnly affirm and undertake that I will complete the MPT course of 2 years duration.
In the event that I fail to complete the course for any reason, I agree to pay an amount of Rs.
1,00,000/- (Rupees One Lakh only) as a penalty for the default, i.e., for the lapse of a Postgraduate
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 Students (As Per The UG Degree) :- _____

Name Of The Students (IN MARATHI) :- _____

Mother's First Name In English:- _____ In Marathi :- _____

Permanent Address: _____

_____ Pin :- _____

Mobile No: _____ Parents Mobile No:- _____

Students Email Id:- _____

Date Of Birth:- _____ Place Of Birth:- _____

Nationality:- _____ Domicile State:- _____

Aadhar Card No:- _____ Voters' Id No. / Ann. 'C':- _____

Physically Handicapped (PWD) _____ Donate Organ – Yes/No _____

Student Category:- _____ Student's Admission Category:- _____

PGP Cet Exam Passing Month & Year _____ PGP Marks:- _____

Internship Completion Certificate Date:- _____

PT Council Registration No.. _____ Valid Up to:- _____

Last Degree Acquired From MUHS:- YES / NO _____

IF Yes- UNIVERSITY Name:- _____

Last Degree college Name:- _____

Last Degree Passing Month & Year SUMMER/WINTER:- _____

Retention: - YES/ NO _____ Date:- _____

Signature Of Candidate _____ DATE _____

From

Name of Student: _____

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

Residential Address:-

To,
The Principal/ Dean

Sir/Madam,

To Whom It May Concern,

I have attended the _____ **Course** at your college from _____ **to** _____,
and I passed the _____ **examination** held in _____.

I have now been provisionally admitted to **Seth G. S. Medical College, Mumbai**, for the course of _____.

I kindly request you to issue a **Transfer Certificate/Migration certificate** at the earliest.

Thank you.

Sincerely,

[Name of Student:-.....]

[Contact Details:-.....]

No.GTR/

Forwarded for favor of compliance for _____,
who has been provisionally admitted to the _____ **course** at this
college from the _____ **term**.

Kindly mention the applicant's **date of birth as registered at your college** in the Transference Certificate.

**Dean (A.)
Seth G.S. Medical College
Parel, Mumbai 400 012**

