

Important Note:-

* The Condition for availing Scholarship/Freeship is that 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. The EWS students must have to fill in the form of Rajarshi Chatrapati Shahu Maharaj Scholarship, otherwise they have to pay the full fees.

* **HOSTEL FACILITIES FOR BOYS AND GIRLS**

HOSTEL FACILITY IS NOT AVAILABLE FOR THE STUDENTS OF BPTH AND BOTH COURSE FOR THE ACADEMIC YEAR 2024-25

* **Only one parent is allowed to come in the College Office along with the STUDENT, at the time of admission.**

Sd/-

Dean

**Seth G.S. Medical Colleges
Parel, Mumbai- 400012.**

APPLICATION FOR SUBMISSION OF ORIGINAL CERTIFICATES TO THE COLLEGE

To,
The Dean
Seth G.S Medical Colleges
Sir,

Date: _____

1) Shri/Smt. _____ State Merit List no. _____
Category _____ have been Provisionally selected through **NEET 2024**(B.O.TH/B.P.Th)

I am submitting my original documents with Three attested xerox copies to office, as under (Tick/Cross).

Sr No	Original Documents With One Set of Attested Xerox Copies	Student Use	Office Use
	A GROUP		
1	Selection Letter /Allotment Letter		
2	Nationality, Domicile & Citizen Certificate or Valid Passport or Birth Certificates		
3	S.S.C Statement of marks & passing certificate (10 th STD)		
4	H.S.C Statement of marks		
5	NEET Exam Statement of marks (2024)		
6	NEET Admit card		
7	Copy of Online Application Form (latest) filled on w.w.w. mahacet.org		
8	Eligibility Certificate for EWS category issued by Competent Authority as per State Government Format ANNEXURE 'A'		
9	Caste Certificate		
10	Caste Validity Certificate		
11	Non Creamy Layer Certificate(VJ, NT1, NT2, NT3,OBC, SEBC, SBC)		
12	College Living Certificate/Transference Certificate. (LC/TC)		
13	Person With Disability(PWD) Certificate (If applicable) Disability cft. Of Authorised medical Board as per National Testing Agency/MCC -		
14	Defence Certificate (D1 & D2, - Parent's Maharashtra Domicile required)		
15	Hilly certificate (Parent's Domicile in hilly area required & SSC/HSC School should be situated in Hilly Area)		
16	Undertaking. (If applicable)		
	B GROUP		
1	Migration Certificate issued by respective University (If applicable)		
2	Self Educational Gap Certificate (Affidavit from students)		
3	Medical Physical fitness Certificate(As per format given in STATE CET CELL brochure)		
4	Attested Xerox Copy of Adhar Card for Address Proof		
5	Voter Id / Annexure - F		
6	Two Xerox copies of Demand Draft (to be mentioned name & mob.no. on the back side of DD)		

D.D. No : _____ Date _____ Rs- _

Bank Name & Branch : _____

Yours Faithfully,

Mobile No: _____

Student's Signature

Mother Name : _____ Email ID: _____

I have not submitted following documents:-

1)		3)	
2)		4)	

ACKNOWLEDGEMENT

Received the above mentioned original certificates.

Dean
Seth G.S Medical College & KEMH

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

ADMISSION FOR BOTH

H.C .(Cash section)

Shri/ Smt. _____ SML No.: _____

Category _____ Mobile No.: _____

D.D. No.: _____ RS.: _____ BANK NAME _____

BRANCH _____

Kindly accept the above said D.D.

HC (GTR)

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

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

ADMISSION FOR BOTH

H.C .(Cash section)

Shri/ Smt. _____ SML No.: _____

Category _____ Mobile No.: _____

D.D. No.: _____ RS.: _____ BANK NAME _____

BRANCH _____

Kindly accept the above said D.D.

HC (GTR)

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

Passport size current
photo with white
background

STUDENT'S PROFIL

(KINDLY FILL THE FORM IN THE CAPITAL LETTERS ONLY)

AIR NO. _____ SEX; M / F _____ DATE OF ADMISSION _____

NEET ROLL NO. _____ SML NO _____

NAME OF THE STUDENT (in English) _____
(AS PER HSC MARKSHEET)

NAME OF THE STUDENT (in Marathi) _____

LOCAL ADDRESS _____

_____ PIN: _____

PERMANENT ADDRESS _____

_____ PIN: _____

DATE OF BIRTH _____ PLACE OF BIRTH _____

DOMICILE STATE _____ NATIONALTY _____

MOBILE NOS:- SELF _____ & FATHER/MOTHER _____

LAND LINE NO _____ AADHAR CARD NO. _____

BLOOD GROUP _____ MOTHER TONGUE _____

S.S.C. PASSING MARKS/OUT OF _____ PERCENTAGE _____ BOARD NAME _____

SCHOOL NAME _____ MONTH & YEAR OF PASSING _____

H.S. C. PASSING MARKS/OUT OF _____ PERCENTAGE _____ BOARD NAME _____

COLLEGE NAME _____ MONTH & YEAR OF PASSING _____

MARKS : PHYSICS : _____ CHEM: _____ BIO: _____ ENG: _____

PCB TOTAL: _____ PCBE TOTAL : _____ PCB PERCENTAGE _____ HSC SEAT NO _____

NEET MARKS/OUT OF _____ NEET PERCENTAGE _____ NEET PERCENTILE _____

ADMITTED CATEGORY/QUOTA _____ STUDENT'S CATEGORY _____

SUB CASTE _____ (ALSO FOR OPEN CANDIDATES), **SPL**

RESERVATION _____

ANNUAL INCOME: FATHER _____ MOTHER _____

EMAIL ID OF THE STUDENT: _____

X

Parent's Signature

Name: _____

X

Student's Signature

कुमार/कुमारी _____

पत्ता: _____

दि.: _____

प्रति,
अधिष्ठाता,
सेठ गो. सुं. वै म.
व रा. ए. स्मा. रु.

विषय: जातप्रमाणपत्र / जातवैधता प्रमाणपत्र / E.W.S. / डोंगरि, प्रमाणपत्र सत्यते बाबत.

माननीय महोदय / महोदया,

मी कुमार / कुमारी _____

वय _____ वर्षे, राहणार

प्रतिज्ञापूर्वक असे नमुद करतो / करते की, माझे महाराष्ट्र आरोग्य विज्ञान
विद्यापीठ, नाशिकयांच्याशी संलग्नित असलेल्या सेठगो. सुं. वैद्यकिय महाविद्यालय, परेल, मुंबई या ठिकाणी रा.सा.प्र.प.कक्ष,
महाराष्ट्राज्य (CET) अन्वये, AIR क्र. _____, Allotment Letter No. _____,

BOTH/BPTh/MOTh/MPT/PG DMLT या अभ्यासक्रमा करिता शैक्षणिक वर्ष 2024-25 पासून प्रवेश
जात प्रवर्गा अंतर्गत प्रवेश प्राप्त झालेला आहे. या प्रवेश प्रक्रिये दरम्यान मी माझे जातीचे प्रमाणपत्रक्र.
_____ व जात पडताळणी प्रमाण पत्रक्र. _____ जे मला अनुक्रमे

(1) _____ व (2) _____ या प्राधिकरणांकडून प्राप्त झालेले आहेत, ते सत्य
आहे. हे मी प्रतिज्ञा पूर्वकमान्य करते. सदर प्रमाणपत्र पडताळणी अंतर्गत चुकीचे किंवा खोटे, असत्य किंवा बनावट असल्याचे
सिध्द झाल्यास, मी महाराष्ट्रशासन / प्रशासकीय नियमा नुसार कायदेशिररित्या होणा-या कारवाईस पात्र ठरेन, याची मी ग्वाही
देते/देतो. तसेच, सदर प्रवेशप्रक्रिया, प्रवेशाची नोंदणी व पात्रता रद्द ठरू शकते, या बाबत सुद्धा मी ज्ञात आहे.

आपला / आपलीविश्वासू

x

सोबत: प्रमाणपत्रांच्या साक्षांकित केलेल्या
छायांकित प्रती जोडल्या आहेत.

स्वाक्षरी

माझ्या सक्षम माझ्या पाल्याने कुमार / कुमारी: _____ प्रतिज्ञा पूर्वक स्वाक्षरी केली. आधारकार्ड नं.:
_____ मोबाईल नं.: _____

पालकांचे स्वाक्षरी,नाव, व नाते: _____

आधारकार्ड नं.: _____

मोबाईल नं.: _____

SETH G.S.MEDICAL COLLEGE, PAREL,MUMBAI-12.
THE FEES STRUCTURE FOR THE COURSE OF BOTH FOR THE
ACADEMIC YEAR 2024-25.

(Course Duration: 4 years and 6 months Internship = 4½ years.)

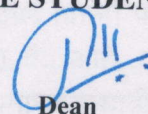
<u>TITLE OF FEES</u>	<u>OPEN CATEGORY</u>	<u>RESERVE CATEGORY OBC,VJ,NT,NT1,NT2,NT3., SEBC. SBC</u>	<u>EWS, EBC, SEBC, OBC For Female</u>	<u>EWS For Male</u>	<u>RESERVE CATEGORY ST</u>	<u>RESERVE CATEGORY SC</u>
	<u>Fee in Rs.</u>	<u>Fee in Rs.</u>	<u>Fee in Rs.</u>	<u>Fee in Rs.</u>	<u>Fee in Rs.</u>	<u>Fee in Rs.</u>
Admission	1500/-	1500/-	1500/-	1500/-	-----	-----
Term Fees	52200/-	52200/-	-----	26100/-	-----	-----
Development	3000/-	3000/-	3000/-	3000/-	3000/-	-----
Library	1000/-	1000/-	1000/-	1000/-	-----	-----
Locker	60/-	60/-	60/-	60/-	60/-	60/-
Gymkhana	2784/-	2784/-	2784/-	2784/-	2784/-	2784/-
Self Finance Unit	40/-	40/-	40/-	40/-	40/-	40/-
Disaster Management Fund	40/-	40/-	40/-	40/-	40/-	40/-
Security Deposit	2500/-	2500/-	2500/-	2500/-	2500/-	2500/-
University MUHS Enrollment & Eligibility	3200/-	3200/-	3200/-	3200/-	3200/-	3200/-
Total	66,324/-	66,324/-	14,124/-	40,224/-	11,624/-	8,624/-

Total Fees are required to be paid by single D.D. 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 three xerox & one 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 labeled separately like Nationality certificate, Xth passing certificate, mark sheets, caste certificate etc.
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 BOTH & BPTH COURSE.


Dean

Seth G.S. Medical College, Parel

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