

**GOVERNMENT MEDICAL COLLEGE
NANDURBAR
MAHARASHTRA STATE**



Welcomes....

The students joining
in this institute, in the
academic year 2024-25

Contact number: 02564-210444

(Contact between 10:00 to 5:30 PM only)

**STUDENTS AND PARENTS ARE REQUESTED TO CALL ONLY ON
ABOVE NUMBER REGARDING ANY INFORMATION**

FOR ALL INDIA / STATE QUOTA STUDENTS

NOTIFICATION (For NEET UG-2024 Admissions)

All the selected students of NEET-UG-2024 allotted seat at **Government Medical College, Nandurbar (M.S.)** should follow following instructions and accordingly report with all details required for admission process.

1. **Download & print this PDF file. READ ALL DETAILS CAREFULLY**
2. Print and fill 2 copies of Application Form, & Candidate information.
3. Bring **6 passport size** color photographs.
4. Bring **Medical Fitness** in the **prescribed format ONLY**.
5. All **original documents** enlisted in the **CHECKLIST** with two sets of **SELF ATTESTED photocopies** of all original documents.
6. **Soft copies of All original Documents (INDIVIDUALLY SCANNED in PDF format only)** are compulsory required during admission (arrange as per given checklist)
7. Student should scan document properly through **computer scanner ONLY** (Size 500 kb only). **(Strictly do not use mobile scanner)**. Individual Original Documents should be scanned and renamed appropriately. This submission will be mandatory to be submitted **ONLY on pen drive**.

{How to rename: e.g. Nationality certificate, after scanning should be renamed as : **Nationality_name of student}**

Prepare Folder and rename it with Name of the student, keep all scan documents in this folder for submission during admission.

8. Students to note that the Demand Drafts (D.D.) of desired Fees should not have any error/spelling mistakes in the name of D.D. desired. Such DD will not be accepted. **Cash/ Cheque will NOT be accepted. (ANNEXURE-1)**
#Candidates should write their Name and phone number on the back side of each DD.

9. Kindly note: Admission Process requires verification and approval. No student will be given Joining letters urgently. The office may require 2-3 days to complete the process.

Students are advised to read details of admission process in information brochure/FAQs, other notifications available on NMC website (MCC) & for state admissions (Maharashtra state) on state Commissioner admission cell official website. The institute is responsible ONLY for admissions; students are advised to check official websites for any queries.

10. Students are strictly advised NOT TO EDIT MODIFY ANY FORMATS. All Formats should be filled by student in his/her own handwriting.
11. Candidate should report between 09.00 am to 03.00 pm.
12. Submit all documents in a button folder Plastic file.



Handwritten signature
21/1/2024

Dean

Government Medical College,
Nandurbar

Check List
(for Original Certificates & 2 photocopies)

• **MANDATORY**

- a. Provisional Selection Letter (NEET- UG- 2024-25)
- b. Copy of NEET Application form 2024-25
- c. Admit Card (NEET- UG-2024-25)
- d. NEET Result 2024-25/Score Card / Mark sheet
- e. Rank Letter (For All India)
- f. S.S.C. Passing Certificate (for equivalent for Date of Birth)
- g. S.S.C. Marks Sheet
- h. H.S.C. Mark Sheet
- i. Physical/Medical Fitness Certificate (in prescribed format)
- 10) Nationality Certificate & Domicile Certificate
- 11) Transfer Certificate/Leaving Certificate (if applicable)
- 12) Identity Card Xerox (**Aadhar Card**)
- 13) Election Voting Card Xerox

• **If APPLICABLE (for formats please refer annexure attached)**

- 14) Caste Certificate.
- 15) Caste Validity Certificate.
- 16) Non Creamy-Layer Certificate Valid Up to- 31.03.2025. (NT1, NT2, NT3, OBC, Including SBC & SEBC)
- 17) Migration Certificate.
- 18) Gap Certificate (**Stamp paper affidavit**)
- 19) Person with Disability Certificate (PWD)
- 20) Hilly Area Certificate (Parent Domicile Certif., Class 10 or 12 from Candidate Cert.)
- 21) Ex-Servicemen Certificate, actual service certificate
- 22) Domicile Maharashtra Certificate of Defense Person
- 23) MKB Dispute area certificate Mother tongue certificate
- 24) Eligibility certificate for EWS for year 2024-25
- 25) Orphan Certificate
- 26) In-Service Candidate for Necessary Documents
- 27) All required certificates mentioning the claimed reservations by candidates.
- 28) All original certificates need to scan in pen drive.
(**Single PDF file of each document separately less than 500 kb size**)

Office contact number: 02564-210444

APPLICATION FORM (to be filled by candidate)

| | |
|---|---|
| <p>AIR Rank No.</p> <p>Marks :-</p> <p>DOB :-</p> <p>Category :-.....</p> <p>Admitted Category :-</p> <p>Quota:- State / AIQ</p> | <p>Name of Candidate (As Per 12th Marksheet):-</p> <p>Shri/Kum.....</p> <p>.....</p> <p>Address :-</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>Student Mobile No.</p> <p>Father Mobile No.....</p> <p>Mother Mobile No.....</p> <p>Date :-</p> |
| <div style="border: 1px solid black; width: 150px; height: 100px; margin: 0 auto;"></div> | |

To,
**The Dean,
Govt. Medical College,
Nandurbar.**

**Sub. :- Joining in M.B.B.S. course at Govt. Medical College, Nandurbar (Maharashtra)
Academic Year 2024-25.**

Ref.:- Selection Letter / List : (Printout attached).

Respected Sir,

I the undersigned Shri./Kum, (Full Name in Capital)-----has been selected for 1st MBBS Course in Govt. Medical College, Nandurbar as per the selection letter of All India / State List.

Kindly enroll me in your college as 1st MBBS Student for the Academic Year 2024-25. I am submitting herewith following original Certificate & two set of attested Xerox copies.

Please allow to join the same.

Thanking You

Yours faithfully,

GOVT. MEDICAL COLLEGE, NANDURBAR- 425412

ADMISSION FOR THE YEAR 2024-25

STUDENT INFORMATION

| | | |
|----|---|------------------------|
| 01 | Name of the Student as mentioned on HSC Mark sheet (in Capital) | |
| | Guardian / Father's Full Name | |
| | Name of Mother | |
| | Full Name of the Candidate in Devanagari (Marathi/Hindi) | |
| 02 | Residential Address with PIN code | |
| | Whatsapp Mobile No. of Student | |
| | Whatsapp Mobile No. of Parent | |
| 03 | E-mail Address of Student | |
| | E-mail Address of Parent | |
| 04 | a) Date of Birth | |
| | b) Place of Birth | |
| 05 | Aadhaar No. | |
| 06 | Gender (Male / Female) | |
| 07 | Marital Status (Married / Unmarried) | |
| 08 | a) Category | |
| | b) Caste | |
| | c) Sub-Caste | |
| | Category of Admission | |
| 09 | Non Creamy layer Certificate valid up to March 2025 | Yes/ No/Not Applicable |
| 10 | Domicile State (belongs to which state) | |
| 11 | Allotment Date | |
| 12 | Admission Date at College | |
| 13 | Academic Record | |
| | S.S.C. Year of Passing: | |
| | Name of the HSC/12 th Board | |
| | Marks Obtained in H.S.C.(10+2) | |
| | (E) English: Marks Obtained | /100 |
| | (P) Physics: Marks Obtained | /100 |
| | (C) Chemistry: Marks Obtained | /100 |
| | (B) Biology: Marks Obtained | /100 |
| | Total marks (Phy+Chem+Bio) | /300 (P+C+B) |
| | NEET-UG-2024 Roll No. | |
| | NEET-UG-2024 Marks | /720 |
| | NEET-UG-2024 AIR No. | |
| | Name of Board in HSC Exam | |

| | | |
|----|---|-----------------------|
| 15 | Blood Group | |
| | Mark of Identification (two) | 1) 2) |
| 16 | Guardian/Father's Occupation | |
| 17 | *Willingness about organ donation after Accidental Death. | Yes / No |
| 18 | Tuition Fees Demand draft | D.D. No. _____ of Rs. |
| | Bank Name :- | Dt. / /2024 |
| 19 | Other Fees | D.D. No. _____ of Rs. |
| | Bank Name :- | Dt. / /2024 |

* As per Maharashtra University of Health Sciences eligibility form.

Date: / /2024

Place: - NANDURBAR

Signature of Candidate

| | | |
|---|--|------------------|
|  | <h1>शासकीय वैद्यकीय महाविद्यालय, नंदुरबार</h1> | |
| | <p>जिल्हा सामान्य रुग्णालय परिसर, साक्री रोड, नंदुरबार - ४२५४१२</p> <h2>GOVERNMENT MEDICAL COLLEGE, NANDURBAR</h2> <p>DISTRICT CIVIL HOSPITAL AREA, SAKRI ROAD, NANDURBAR - 425412</p> | |
| <p>Email:- deangmchnandurbar@gmail.com Website: http://gmchnandurbar.com कार्यालय दुरध्वनी क्र 02564-210444</p> | | |
| जा.क्र.शावैमनं/विवि/प्रवेशप्रक्रिया/ | /२०२४, | दिनांक - / /२०२४ |

HOLDING CERTIFICATE

This is to certify that Shri/Kum. _____ is admitted in this college on / /2024 to 1st MBBS course for the Academic Year 2024-25. His/her following **ORIGINAL CERTIFICATES** are retained in this College.

| Sr. No. | Original Documents List | Available Yes / No |
|--|---|--------------------|
| 01. | Nationality Certificate OR Valid Passport | |
| 02. | Domicile Certificate | |
| 03. | Admit card NEET-UG-2024 issued by NTA | |
| 04. | SSC (10th) Passing Certificate | |
| 05. | HSC (10+2) Mark sheet | |
| 06. | HSC (10+2) Passing Certificate | |
| 07. | Result NEET-UG-2024 issued by NTA | |
| 08. | Provisional allotment letter generated on-line (for AI students). For state quota candidates, Allotment letter / Selection list page printout bearing name of candidate. | |
| 09. | Caste Certificate | |
| 10. | Caste Validity Certificate / For outside Maharashtra students (OMS) Letter from Magistrate that your state does not issue caste validity certificate... | |
| 11. | Non Creamy Layer Certificate... Valid up to 31/03/2025 | |
| 12. | Economically Weaker Section (EWS Cert. Valid for 2024-25) | |
| 13. | School Leaving OR Transfer Certificate | |
| 14. | Defense Certificate (for D1, D2, D3 ... (for State quota students only) | |
| 15. | Physically Handicapped Certificate.... If applicable | |
| 16. | MKB Certificate (for State quota students only) | |
| 17. | Hilly Area Certificate.....(for State quota students only) | |
| 18. | Medical Fitness Certificate in prescribed Performa | |
| 19. | Migration Certificate ...for outside Maharashtra state (OMS) candidates only | |
| 20. | Self-Education Gap Certificate | |
| 21. | Affidavit for change in Name (A copy of Government gazette / Marriage reg.) | |
| 22. | SSC (10th) Mark sheet | |
| 23. | Aadhar Card Xerox | |
| Tuition Fees Demand draft: | | |
| D.D.No: | of Rs. | Dt. / /2024 |
| Other Fees: D.D. No: Rs. Dt. / /2024 | | |
| (Document Sets to be prepared exactly as per above sequence) (Please write-down YES/No carefully) | | |

| | | |
|-------|------------------|--|
| Clerk | Scrutiny Officer | Dean Government Medical College, Nandurbar |
|-------|------------------|--|



महाराष्ट्र शासन

शासकीय वैद्यकीय महाविद्यालय, नंदुरबार

जिल्हा सामान्य रुग्णालय परिसर, साक्री रोड, नंदुरबार - ४२५४१२

GOVERNMENT MEDICAL COLLEGE, NANDURBAR

DISTRICT CIVIL HOSPITAL AREA, SAKRI ROAD, NANDURBAR - 425412

Email:- deangmchnandurbar@gmail.com Website: <http://gmchnandurbar.com> कार्यालय दुरध्वनी क्र 02564-210444

जा.क्र.शावैमनं/विवि/प्रवेशप्रक्रिया/

/२०२४,

दिनांक - / /२०२४

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| 22. | SSC (10th) Mark sheet | |
| 23. | Aadhar Card Xerox | |
| Tuition Fees Demand draft: | | |
| D.D.No: | of Rs. Dt. / /2024 | |
| Other Fees: D.D. No: Rs. Dt. / /2024 | | |
| (Document Sets to be prepared exactly as per above sequence) (Please write-down YES/No carefully) | | |

Dean
Government Medical College,
Nandurbar

**ALL INDIA QUOTA STUDENTS IN CATEGORY RETENTION AT GOVERNMENT
MEDICAL COLLEGE, NANDURBAR
(For OMS (Outside Maharashtra) Not Issuing Caste Validity Cert.)**

ANNEXURE

Office of the.....
.....

Outward No. :-

Date :-

**TO WHOME IT MAY CONCERN
CERTIFICATE**

This is to certify that, the Cast Certificate No.
Datedissued to Mr./ Miss by
the Tahsildar / Magistrate..... is valid.

Further, it is stated that there is no provision of issuing separate Cast Validity Certificate in
..... State.

Office seal / Stamp

Signature of Tahsildar/ Magistrate /Issuing Authority

GAP CERTIFICATE FORMAT

ANNEXURE

SELF DECLARATION

I Son / Daughter of
.....agedoccupation resident of
..... With UID No.....
Hereby declare that, I have passed..... course from
..... College during the
Yearand I hereby state that, I have not taken admission during
the period of gap from to..... period, hence, the gap arises in my
education.

The information provided above is true and correct to the best of my personal knowledge, information and belief. I fully understand the consequences of giving false information. If the information is found to be false, I shall be liable for prosecution and punishment under Indian Penal Code and / or any other law applicable thereto.

Place :

Applicant's Signature

Date :

Applicant's Name.....

**DETAILS OF FEES TO BE PAID BY FIRST MBBS STUDENTS AT THE TIME OF ADMISSION TO
GOVT. MEDICAL COLLEGE, NANDURBAR FOR THE YEAR
2024-2025**

| Sr. No. | Particulars of Fees | For Open Category | For Reserve Categories [SC,ST,VJ,NT,OBC] EWS, SEBC, EBC Girls | EBC,EWS,SEBC (For Boys) |
|------------|--|-------------------|---|-------------------------|
| (A) | TUITION FEE – ANNUAL | Rs.138300/- | NIL | Rs.69150/- |
| | LIBRARY FEES = ANNUAL | Rs.1000/- | Rs.1000/- | Rs.1000/- |
| | Total (A) | 139300/- | 1000/- | 70150/- |
| 01 | DEVELOPMENT FEES | Rs.5000/- | Rs.5000/- | Rs.5000/- |
| 02 | ADMISSION FEE | Rs.1500/- | Rs.1500/- | Rs.1500/- |
| 03 | LIBRARY – DEPOSIT | Rs.2000/- | Rs.2000/- | Rs.2000/- |
| 04 | GYMKHANA FEES – ANNUAL | Rs.500/- | Rs.500/- | Rs.500/- |
| 05 | COLLEGE CAUTION MONEY – DEPOSIT | Rs.2000/- | Rs.2000/- | Rs.2000/- |
| 06 | ASHWAMEDH FEES | Rs.530/- | Rs.530/- | Rs.530/- |
| 07 | MUHS DEVELOPMENT FUND | Rs.100/- | Rs.100/- | Rs.100/- |
| | Total (B) | 11630/- | 11630/- | 11630/- |
| DD | FOR ALL INDIA QUOTA STUDENTS [MBBS Course]: (Two DD) A) Rs.139300/- in favour of DEAN,GOVERNMENT MEDICAL COLLEGE, NANDURBAR B) Rs.11630/- in favour of DEAN, GOVERNMENT MEDICAL COLLEGE, NANDURBAR | | | |
| DD | FOR MAHARASHTRA QUOTA STUDENTS [MBBS Course] OPEN CATEGORY (Two DD) A)Rs.139300/- in favour of DEAN,GOVERNMENT MEDICAL COLLEGE, NANDURBAR B)Rs.11630/- in favour of DEAN,GOVERNMENT MEDICAL COLLEGE, NANDURBAR | | | |
| DD | RESERVE CATEGORY (SC,ST,OBC,SBC,VJNT) (Two DD) A)Rs.1000/- in favour of DEAN,GOVERNMENT MEDICAL COLLEGE, NANDURBAR B)Rs.11630/- in favour of DEAN,GOVERNMENT MEDICAL COLLEGE, NANDURBAR | | | |
| DD | GENERAL, EBC, EWS, SEBC CATEGORY (Two DD) (For Girls) A)Rs.1000/- in favour of DEAN,GOVERNMENT MEDICAL COLLEGE, NANDURBAR (Whose Parent's income is above Rs.8 Lacs) B)Rs.11630/- in favour of DEAN,GOVERNMENT MEDICAL COLLEGE, NANDURBAR | | | |
| DD | EBC,EWS,SEBC (Two DD) (For Boys) A)Rs.70150/- in favour of DEAN,GOVERNMENT MEDICAL COLLEGE, NANDURBAR (Whose Parent's income is below Rs.8 Lacs & is domiciled of Maharashtra) B)Rs.11630/- in favour of DEAN,GOVERNMENT MEDICAL COLLEGE, NANDURBAR | | | |

NOTE:

1. Please note cash/ cheque will not be accepted.
2. No errors or spelling mistakes in the D.D. will be accepted
3. D.D. ONLY from NATIONALISED BANKS (such as SBI, AXIS, HDFC, ICICI, CANARA, BOB, BOI etc) will be ACCEPTED.
4. The demand draft will be deposited in the accounts only after cutoff date of admission process.

*If student are allotted another college in subsequent rounds of All India / State, in such situation, D.D. will be refunded back to the student.

*All Such student will be required to pay an amount of Rs.1500/- as cash (Admission Cancellation) in the cash section of accounts department.
Write down student name & Mobile Number on back side each D.D.

ANNEXURE - H

MEDICAL FITNESS

A candidate must be medically fit to undergo the professional course applied for. The medical fitness must be certified by a Registered Medical Practitioner in the prescribed proforma, as given below on a **Letterhead** or on this format with original seal and signature.

| | |
|--|---|
| <h3 style="margin: 0;">CERTIFICATE OF MEDICAL FITNESS</h3> <p style="margin: 5px 0;">This is to certify that I have conducted clinical examination of Mr./Ms who is desirous of admission to Health Science Courses.</p> <p style="margin: 5px 0;">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 professional course.</p> <p style="margin: 5px 0;">Certified that he/she fulfills the following criteria.</p> <ol style="list-style-type: none"> (1) Absence of any incapacitating and /or progressive systemic 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. <p style="margin: 5px 0;">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 / BSc Nursing.</p> <p style="margin: 5px 0;">(Strike, which is not applicable):</p> <p style="margin: 5px 0;">1.</p> <p style="margin: 5px 0;">2.</p> <p style="margin: 5px 0;">3.</p> | |
| Address of the Registered Medical Practitioner | Signature |
| | Name |
| | Registration No. |
| Date : | Seal of Registered Medical Practitioner |