

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 _____ have been provisionally selected through PGP/PGO CET 2024 (M.O.Th./M.P.Th.) at
Seth G.S. Medical College, Mumbai.

2) I am submitting my Original documents with one attested Xerox copies to office, as under (Tick / Cross).

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 / PGO CET Admit Card/Receipt Cum I-Card		
5	Both / B.P.Th Passing Certificate/Degree Certificate		
6	B.O.T.h/B.P.TH 1 ST TO 4 TH Mark sheets		
7	10 th & 12 th Passing Certificate		
8	B.O.Th / 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.O.Th / 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)		
21	Haemogram Report		

3) Please give me the acknowledgement for the same.
Thanking you.

Yours faithfully,

D.D. No.: _____ Date: _____

Rs. _____
Bank Name & Branch _____

I have not submitted following documents:

- | | |
|----|----|
| 1. | 5. |
| 2. | 6. |
| 3. | 7. |
| 4. | 8. |

Signature:: _____

Mobile No.: _____

Res. No. _____

ACKNOWLEDGEMENT

Received the above mentioned original certificates.

DEAN


Seth G.S. Medical College

SETH G. S. MEDICAL COLLEGE, PAREL, MUMBAI 400 012.
MOTH/MPT ADMISSION 2024-25

(MPT Course duration 2 years)

Type	Charges in Rs.	
Admission Fees	Rs. 1,500/-	
Tuition Fees	Rs. 52,200/-	
Development Fee	Rs. 3,000/-	
Library Fee	Rs. 1,000/-	
Gymkhana	Rs. 1,912/-	
Self-Finance Unit	Rs. 20/-	
Disaster Management Fund	Rs. 20/-	
Library Deposit	Rs. 6,000/-	
Security Deposit		
Enrollment & Eligibility	MUHS	Other University Rs.
	Rs. 2,700/-	9,350/-
Total	Rs. 68,352/-	Rs. 75,002/-




 04/10/24
Dean
Seth G. S. Medical College
Seth G. S. Medical College
 Acharya Donde Marg, Parel.
 Mumbai - 400 012, India.

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

Note:-

1. Each documents & D.D. should be Name and scan separately as per check list.
 2. Student should keep Attested Xerox & 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 labelled separately like Nationality & Domicile Certificate, Caste Certificate, Cast Validity & Non-creamy layer etc. which are applicable.....
 3. Demand Draft of fees to be pay 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 PGP & PGO

Dean
Seth G.S. Medical College

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

ADMISSION FOR M.O.T.h / M.P.T.

DATE:

H. C. (CASH)

Shri/Smt.: _____ Course: _____

Catogory: _____ 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.O.T.H / M.P.T.

DATE:

H. C. (CASH)

Shri/Smt.: _____ Course: _____

Catogory: _____ 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.

UNDERTAKING

I, _____ son/daughter/wife of
Shri. _____ Aged ___ years bearing Roll
No. _____ placed PGP/PGO CET Rank _____ through P. G. Admission Academic Year
_____ for admission to MPT / MOTH Course in Seth G. S. Medical College do
hereby solemnly affirm and undertake that I will complete MPT / MOTH 2/3 years course
failing which I will pay Rs. 1.00.000/- (Rs. One Lakh Only) for the default i.e. lapse of Post
Graduation Allied Medical Seat.

SML. No. / Rank No. : _____

Permanent Address : _____

Mobile No. : _____

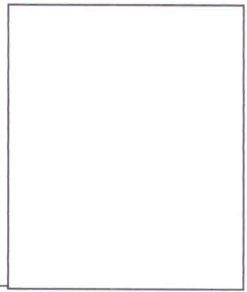
Residential No. : _____

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 :- _____

Permanant Address: _____

_____ Pin :- _____

Mobile No: _____ Parents Mobile No:- _____

Students Email Id:- _____

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

Nationality:- _____ Domecile State:- _____

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

PHYSICALLY HANDICAPPED (PWD) _____ DONATE ORGAN - YES/NO

STUDENT CATEGORY _____ STUDENT'S ADMISSION CATEGORY _____

PGP/PGO CET EXAM PASSING MONTH & YEAR _____ PGP/PGO MARKS _____

INTERNSHIP COMPLETION CERTIFICATE DATE _____

OT/PT COUNCIL REGISTRATION NO. _____ VALID UPTO

LAST DEGREE ACQUIRED FROM MUHS: YES / NO _____

IF YES- UNIVERSITY NAME _____

LAST DEGREE FROM WHICH COLLEGE (NAME) _____

LAST DEGREE PASSING MONTH & YEAR SUMMER/WINTER _____

RETENTION --- YES/ NO _____ DATE _____

SIGNATURE OF CANDIDATE _____ DATE _____

Student Signature

From

Name of Student: _____
Seth G.S.Medical College,
AcharyaDondeMarg,
Parel, Mumbai 400 012.

Residential Address:-

To,
The Principal/ Dean

Sir/Madam,

I have attended _____ Course in your college from _____ and passed the
_____ examination held in _____.

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

This is to request you for issuing a Transference Certificate.

Thanks.

Yours faithfully,

(Signature of the Student)

No.GTR/

Forwarded for favors of compliance for _____ who has
been admitted provisionally for _____ course at this college from
_____ term. Please state the date of birth of the applicant as registered at your college on the
Transference Certificate.

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