INF.	FORM	NO:	
	I CIVIAI	110.	

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 th	ne Candidate :			
Address:				
Date of Bir	th :	Gender:	Male / Female	
Category:_	Mobi	le NO. :		
MARKS OB	TAINED/OUT OF	<u> </u>		
H.S.C:	/	Percentage :		
Physics	Chemistry	Biology	PCB Total	
		PREFERENCE	S (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

GUG/ DATE: 15.10.2024

NOTIFICATION FOR B.Sc. PMT ADMISSION 2024-2025

As per DMER circular under No. DMER-11011/31/2022-CETIT Dated 14.10.2024, applications are invited for B.Sc. in Paramedical Technology (BPMT) Admission.

The last date for fill up the information form at Seth G S Medical College is 30.10.2024 (11.00 AM to 3.00 PM).

DETAILS OF THE FEES.

	Seth G. S. Medical College Parel Mumbai 12			
	Fee St	tructure of Bsc.Paramedical Technology for		
		the year 2024-2025		
Sr	Student	Fees		
NO	Category	(Single D.D. only in favour of Dean, Seth G. S. Medical College)		
1	OPEN, OBC, NT, VJ, EWS, PWD	Rs.74,785/-		
2	SC AND ST	Rs. 7,770/-		

SETH G S MEDICAL COLLEGE, PAREL, MUMBAI-12

GUG/ DATE:15.10.2024

NOTIFICATION FOR B.Sc. PMT ADMISSION

The Merit/Selected Candidates list for BPMT Course will be declared on 07.11.2024

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 11.11.2024 to 15.11.2024 (11.00 AM to 3.00 PM).

Waiting List candidates are also required to be present from 11.11.2024 to 15.11.2024 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 19.11.2024 FOR THE VACANT SEATS IF ANY.

If there will be Vacant seats after Waiting student's admissions, will be declared after 19.11.2024 and admission of those seats will be done from 19.11.2024 to 22.11.2024 between 11.00 am to 3.00 pm.

IF THE STUDENTS CANCEL THEIR ADMISSION AFTER 27.11.2024 NO FEES WILL BE REFUNDED.

HOSTEL FACILITY IS NOT AVAILABLE FOR BPMT STUDENTS

SETH G. S. MEDICAL COLLEGE, PAREL, MUMBAI 12 BSc. PMT ADMISSION 2024-2025

(Checklist)

Shri/Smt		Selected
under category	Sub Caste	has submitted following
ORIGINAL certifi	cates with FOUR (04	1) sets of Attested photo copies with
admission form duly	y filled in the file.	
 05) 12th H.S.C. Ma 06) EWS Certifica 07) Caste Certifica 08) Caste Validity 09) Non Creamy I 	ertificate ificate g Certificate (10 th Std ark sheet ate Certificate	NT – 1,2,3 VJ, OBC/SBC)
(B) Group		
03) Self Education 04) Aadhar Card C	tificate (If HSC Board al Gap certificate (Af	
Date :	Stu	ident'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 durin	ig the academic year 24-25
Sir/Madam,		
I hereby agree to confirm to the runnereafter be made for the Administration of the student of the college either inside or outside or working and I have carefully read and unders Examination i.e. i) 75% attendance in Lectures & programme, ii) Minimum of 50% score in the intaken together. I do hereby undertake to comply worked that if I fail to fulfil the requirements as about the University Examinations will not be accepted Examinations. I have also noted that hostel accordand I have to make my own arrangements of stay fees for First term, I have to pay fees and other noted that, I have to keep valid Identity Card with Time and should be produced whenever required.	College, I will anything that stood criteria 80% attendaternal assessivith the above we, my form or and I will not mmodation at y. Subsequent dues every to me during Coby college aut	do nothing unworthy of the will interfere with its orderly for eligibility for University ance in non-Lecture teaching ment in theory and practical mentioned criteria and have f application for admission to be sent up for the University this college is not available at to admission & payment of the term per notification. I have ollege hours including example, thority.
I have noted that, I will not allow fill to pay the fees as per notification. I undertake form every year i.e. June/July or immediately afte that I will be required to pay college tuition and chave noted that no individual intimation/letter will be I have kept sufficient numbers of contents.	that, I will fill r result as the other charges be send in this	up B.C. freeship/scholarship case may be. I have noted as per schedule with fine. I regard.
my use for Four years as original certificates as		
Internship. The present fees are under revision	n and I have	noted that I will have to pay
the fees and other charges as per revised ra		
subsequent to revision.		adminator after the Cut of
I am completely aware that if I wi date, I have to pay the entire course fees and 2500/- shall be forfeited by the Corporation.		
Name of the Father/Mother/Guardian	Sign	ature 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 2024-25

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

<u>Notice</u>: 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 BLUE 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 St	tructure of Bsc.Paramedical Technology for			
		the year 2024-2025			
Sr	Student	Fees			
NO	Category	(Single D.D. only in favour of Dean, Seth G. S. Medical			
		<u>College</u> Payable at Mumbai)			
1	OPEN, OBC,	Rs.74,785/-			
	NT, VJ, EWS,				
	PWD				
2	SC AND ST	Rs. 7,770/-			

- 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 2024-2025

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 Eng (AS PER HSC MARKSHEET) NAME OF THE STUDENT (in Mar		
LOCAL ADDRESS		
	J	PIN:
PERMANENT ADDRESS	-	
DATE OF BIRTH	PLACE OF BIRTH	
DOMICILE STATE	MOTHER FIRST NA	ME :
MOBILE NOS:- SELF	FATHER/MO	ГНЕR
LAND LINE NO	AADHAR CARD NO.	
BLODD GROUPMOT	HER TOUNGE	_
10th PASSING MARKS/OUT OF	PERCENTAGE	BOARD NAME
SCHOOL NAME	MONT	H &YEAR OF PASSING
12th PASSING MARKS/OUT OF_	PERCENTAGE	BOARD NAME
COLLEGE NAME	MON	TH &YEAR OF PASSING
PCB MARKS/OUT OF	/PERCENTAGE	12 th SEAT NO
ADMITTED CATEGORY	STUDENT'S CATE	GORY
SUB CASTE	(ALSO FOR OPEN CA	ANDIDATES)
ANNUAL INCOME: FATHER	MOTHE	R
SIGNATURE: CANDIDATE	SIGNATU	RE: FATHER
EMAIL Address: (IN CAPITA)	(J)	

FATHER DETAILS	<u>5 :</u>	
FULL NAME		
PERMANENT ADD	RESS	
STATE	DISTRICT	PIN CODE
MOBILE NO		LANDLINE
FATHER EMAIL ID		
MOTHER DETAIL	<u>S :</u>	
FULL NAME		
PERMANENT ADD	RESS	
STATE	DISTRICT	PIN CODE
MOBILE NO		LANDLINE
FATHER EMAIL ID		
FATHER OFFICE I	DETAILS:	
OCCUPATION		OFFICE NAME
OFFICE ADDRESS_		
STATE	DISTRICT	PIN CODE
MOBILE NO		LANDLINE
FATHER OFFICE EN	MAIL ID	
MOTHER OFFICE	DETAILS:	
OCCUPATION		OFFICE NAME
OFFICE ADDRESS_		
STATE	DISTRICT	PIN CODE
MOBILE NO		LANDLINE
FATHER OFFICE EN	MAIL ID	
STUDENT BANK D	DETAILS:	
STUDENT NAME(as	s per Bank Accou	unt)
BANK NAME		BANK AC NO
BANK IFSC CODE_		
BANK ADDRESS		
		PIN CODE
		SC MARKSHEET, SELECTION LETTER AN
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 ME	EDICAL FITNESS				
This is to certify that I have	e conducted clinical examination of Dr.				
	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 clinic	cal examination it has been found that he/she				
is medically fit to undergo the BSc PMT course .					
(1) Absence of any incapacitating and /or progre	essive 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.					
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 Proforma, as given above on a **Letterhead.**

Annexure 'C'

पदवी, पदव्युत्तर पदवी प्रथम वर्ष अध्यासक्रमास प्रवेश घेणाऱ्या सर्व मुला/मुलीकडुन प्रवेशाच्या वेळीच मतदार यादीमध्ये नाव नोंदणी करण्याच्या अनुषंगाने घ्यावयाचे प्रयाणपत्र / हमीपत्र नमुना

हमीपत्र

महाविद्यालयाचे नावः या महाविद्यालयात प्रथम वर्षात प्रवेश घेतला असुन मं दिनांक ०१/०१/ रोजी १८ वर्षाचा /वर्षाची झालो / झाले आहे किंवा होणा आहे. १८ वर्ष पूर्ण झाल्याबरोबर मी माझे नाव मतदार यादीत नोंदवुन घेणार आ अशी मी प्रतिज्ञा करतो/करते. यासाठी सोबत जोडलेला नमुना ६, ७ ८ व ८३ व्यस्थितपणे भरलेला आहे. स्वाक्षरी	मी		ALTERNATION TO A		10.10.2004 5-4	40	4 - 4 - 4	
दिनांक ०१/०१/ रोजी १८ वर्षाचा /वर्षाची झालो / झाले आहे किंवा होणा आहे. १८ वर्ष पूर्ण झाल्याबरोबर मी माझे नाव मतदार यादीत नोंदवुन घेणार आ अशी मी प्रतिज्ञा करतो/करते. यासाठी सोबत जोडलेला नमुना ६, ७ ८ व ८३ व्यस्थितपणे भरलेला आहे.	महाविद्यालयाचे न	वः			******	•••••		
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अशी मी प्रतिज्ञा करतो/करते. यासाठी सोबत जोडलेला नमुना ६, ७ ८ व ८३ व्यस्थितपणे भरलेला आहे.	दिनांक ०१/०१/.	रोजी	१८ वर्षाचा /वष	चि झालो	/ झाले	ते आहे	किंवा ह	ोणार
व्यस्थितपणे भरलेला आहे.	आहे. १८ वर्ष पृ	र्ण झाल्याबरोव	बर मी माझे ना	व मतदार	यादीत	नोंदवुन	घेणार	आहे
	अशी मी प्रतिज्ञा	करतो/करते.	यासाठी सोबत	जोडलेला	नमुना	€, ७	८ व	८अ
स्वाक्षरी	व्यस्थितपणे भरले	ला आहे.						
स्वाक्षरी					=41			
				स्वाक्षरी .				
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(Kindly fill 1 copies of the above form and bring along with you at the time of Admission)