

	<p>महाराष्ट्र शासन GOVT. MEDICAL COLLEGE, AURANGABAD. शासकीय वैद्यकीय महाविद्यालय, औरंगाबाद . Telephone: 0240-2402412 – 19, Ext: 510 Fax.No. 0240-2402418, 2402419 website: www.gmcaurangabad.com</p>
--	---

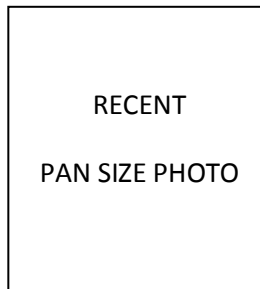
Date: 25/04/2017

NOTIFICATION (For NEET PG Students)

All the selected students for PG admission from State Quota of NEET PG - 2017 at Govt. Medical College, Aurangabad (M.S.) should follow following instructions and accordingly report with all details required for admission process.

1. Download & print this PDF file.
2. Print and fill two copies of Application Form, Holding Certificate and Candidate information.
3. Print and fill 6 copies of Admission office Order.
4. Print and fill one copy each of Medical Fitness.
5. All original documents enlisted in the holding certificate and two sets of SELF ATTESTED photocopies of all original documents to be submitted in Simple FOLDER.
6. Students to note that the Demand Drafts (D.D.) of desired Fees should not have any error/spelling mistakes in the name of DD desired. This will not be acceptable. No cash will be acceptable.
7. Other Letters/undertakings if required will be taken at the time of admission.
8. Kindly note.... Admission Process requires verification and approval. No student will be given essential letters urgently. The office may require 2-3 days to complete the process.

Sd/-
DEAN
Govt. Medical College, Aurangabad

Candidate Information**GOVT. MEDICAL COLLEGE, AURANGABAD 431 001****ADMISSION FOR THE YEAR 2017-18**

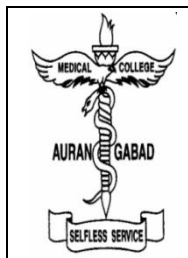
1	Name of the Student (In Capital words)	
2	Date of Birth	
	Place of Birth	
3	Date of Admission	
4	Category: SC/ST/VJ/NT-1/NT-2/NT-3/OBC/OPEN/other	
	Caste	
	Sub-Caste	
5	Domicile	
6	Course Name	
7	Quota	
8	SML No of State/NEET Rank No.	SML No : NEET Rank No.
9	Percentile score of NEET PG 2017	
10	Blood Group	
11	Mark of Identification (Two)	1. 2.
12	Guardian / Father's Full Name	
13	Name of Mother	
14	Residential Detail Address	
15	Telephone No. With Code (Residential)	
16	Mobile No.	Student : Parent :
17	Guardian / Father's Occupation	
18	Registered Medical Council Name	
19	Medical Council Registration No	
20	MBBS passing year	
21	Marks Obtained in MBBS	/ = % =

Above information is true and correct....

Date : / /2017

Place : Aurangabad

Signature of Candidate



महाराष्ट्र शासन
GOVT. MEDICAL COLLEGE, AURANGABAD.
शासकीय वैद्यकीय महाविद्यालय, औरंगाबाद .
Telephone: 0240-2402412 – 19, Ext: 510 Fax.No. 0240-2402418, 2402419
website: www.gmcaurangabad.com

No. GMCA/ACAD/NEETPG 2017-ADM-17/

/17

Date:-

HOLDING CERTIFICATE

Received following Original Certificate from Dr. _____
admitted for post-graduation in the Subject of _____ on / /2017 at
Govt. Medical College, Aurangabad through NEET PG 2017 State quota.

Sr.No.	Essential Documents Required	Yes/No
01	Nationality Certificate or Valid Passport	
02	S.S.C.(10 th) Passing Certificate	
03	NEET PG - 2017 Mark Sheet	
04	NEET PG - 2017 Allotment Letter/List	
05	MBBS Passing Certificate	
06	MBBS Degree Certificate	
07	Internship Completion Certificate	
08	Registration Certificate of MBBS from State/MCI	
09	Caste Certificate (If applicable)	
10	Cast Validity (If applicable)	
11	Non Creamy layer Certificate (NCL) (If applicable)	
12	MBBS College Leaving Certificate (T.C.)	
13	Attempt Certificate of MBBS from Principal/DEAN	
14	Gazette for Change in Name (If applicable)	
15	Migration Certificate issued by respective University (If applicable)	
16	Self-Education Gap Certificate after completion of Internship (If applicable)	
17	Medical Fitness Certificate in prescribed format only	
18	Physical Handicapped Certificate (If applicable)	
19	First to Final year MBBS Mark Sheets	
20	Bond Release Certificate/Bond Break payment receipt (if applicable)	
21	Undertaking if any required will be taken during admission	
22	Demand Draft Details 1) DD No - Dt/ /2017 Rs - 2) DD No - Dt/ /2017 Rs - 3) DD No - Dt /2017 Rs -	

DEAN
Govt. Medical College, Aurangabad.

**Recent
Passport size
Photograph**

Student's Name: _____

Address (In Capital): _____

Phone No. (Res.) _____

Mobile No. _____

Date: _____

To,
The Dean,
Govt. Medical College,
Aurangabad.

Sub: - Joining as J.R.-1 in the subject of _____
From NEET PG 2017 State Quota.

Ref:- NEET PG - 2017 Allotment Letter/List.... Dt- / /2017

R/Sir,

I the undersigned Dr. _____ (Full Name in Capital) have been selected for post graduate Degree / Diploma course in the subject of _____ as per the selection order/ List Dated _____.

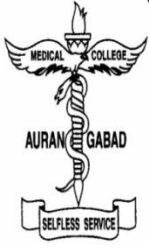
Kindly enroll me in your college as J.R-1 in the subject of _____ for the academic year 2017-2018 on / /2017.

I have been informed that I have to submit bond for one year Maharashtra Govt. Service once admission is confirmed, other wise to pay penalty of Rs.50,00,000/- (Fifty Lakh Only) as per the rules and regulations of PG Admission process of NEET PG 2017.

Thanking you.

Yours sincerely,

(Dr. _____)



महाराष्ट्र शासन

GOVT. MEDICAL COLLEGE, AURANGABAD.

शासकीय वैद्यकीय महाविद्यालय, औरंगाबाद.

Telephone: 0240-2402412 – 19, Etx: 510 Fax.No. 0240-2402418, 2402419

website: www.gmcaurangabad.com

No. GMCA/NEET PG 2017/Adm/

/2017

Date:-

ORDER

Sub: - **Govt. Medical College, Aurangabad**

Post-Graduate admission as JR-I from NEET PG 2017 State Quota

Ref: - 1) Allotment Letter No/Selection List of NEET PG 2017.

2) G.R.No.MED/10/96/Edu., Mantralaya, Mumbai, date 31/01/1996.

Dr. _____ from _____

University is provisionally selected for the Post Graduate (JR-I) admission in the subject of _____ by Competent Authority & State Commissioner CET CELL, Mumbai for the year 2017 subject to the condition that He/She is not registered for any post-graduate course anywhere at present.

1. His/Her terms will be counted from the date of joining.
2. As per MCI recommendation that you will have to undergo 36 months for Degree & 24 months for Diploma course from the date of joining the course. No other equitable exemption will be granted to appear the university examination. Such type of undertaking will have to submit at the time of joining the course to the concerned head of Depts.
3. Late entrance to the scheme or students required to keep extra terms shall be required to do so as non stipendiary student. However such candidate will still be eligible to be appointed under provision of clause 3.1.0 or 3.2.0 if vacancies exist (GR dated 31.01.1996)
4. He/She is also informed that his/her selection is provisional and subject to the final confirmation of MUHS Nashik.
5. **Private practice or any kind is not permitted during the period of post-graduate course.**
6. He/She is therefore, directed to report for his/her study to the Professor & Head of the Dept. of _____ of this college on or before _____ if he/she fails to join the said course within the prescribed time limit, his/her claim will be forfeited and the seat information will be conveyed to State Commissioner CET CELL, Mumbai. No representation what so ever will be entertained. He/She will have to pay Rs. _____ (Open/outside Maharashtra students.) & Rs. _____ (Reserved Category from Maharashtra state only) as term fees etc. before joining the course.
7. **Govt. of Maharashtra hereby prohibits "strike" in the essential services specified in the schedule hereto appended from the date of this order.**

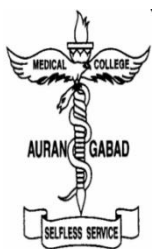
DEAN,

Govt. Medical College, Aurangabad.

To,

Dr. _____

Cc: Prof & HOD/Accounts Dept/Warden.



महाराष्ट्र शासन

GOVT. MEDICAL COLLEGE, AURANGABAD.

शासकीय वैद्यकीय महाविद्यालय, औरंगाबाद.

Telephone: 0240-2402412 – 19, Etx:510 Fax.No.0240-2402418, 2402419

website: www.gmcaurangabad.com

Demand Draft Details

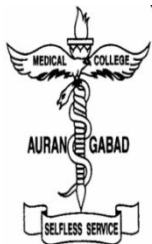
For NEET PG Admission in the year 2017-18 Selected students are instructed to submit the DD as follows, Demand drafts to be drawn from Nationalized banks only (No errors or spelling mistakes in the DD will be accepted)

Only for Three Years Degree course

<u>OPEN CATEGORY FEES</u> <u>(TWO DD AS BELOW)</u>	<u>RESERVE CATEGORY FEES</u> <u>(Maharashtra candidates only)</u>
Note: All India quota students from Outside Maharashtra are required to pay open category fees irrespective of category nominated by NEET-PG allotment	
1. Rs. 70,900/- <u>DD Name:</u> DEAN, GOVT. MEDICAL COLLEGE, AURANGABAD (MS) <i>(Payable at Aurangabad(MS))</i>	1. Rs.14,200/- as one D.D. <u>DD Name:</u> DEAN, GOVT. MEDICAL COLLEGE, AURANGABAD (MS) <i>(Payable at Aurangabad(MS))</i> <u>(Only SC & ST PG Students)</u>
2. Rs.14,200/- <u>DD Name:</u> DEAN, GOVT. MEDICAL COLLEGE, AURANGABAD (MS) <i>(Payable at Aurangabad)</i>	_____

Note:

- **At any cost cash / Cheque will not be accepted.**
- The demand draft will be deposit in the accounts only after confirmation of the admission /status retention by the students.
- If applicable students are allotted another college in subsequent rounds of State quota, In such situation, all the DDs will be refunded back to the student; all such students will be required to pay an amount of Rs.1500/- as cash & submit the receipt for getting original documents from CET CELL, GMC, Aurangabad.
- Kindly note the fees structure if changed by the government it will be notified at the time of admission to the student & additional DD will be asked for.
- Any change as per the instruction from competent authority/DMER, Mumbai will be applicable to the students & the same will be informed time to time.



महाराष्ट्र शासन

GOVT. MEDICAL COLLEGE, AURANGABAD.
शासकीय वैद्यकीय महाविद्यालय, औरंगाबाद.

Telephone: 0240-2402412 – 19, Etx: 510 Fax.No. 0240-2402418, 2402419

website: www.gmcaurangabad.com

Demand Draft Details

For PG Admission in the year 2017-18 AIPMT-PG Selected students are instructed to submit the DD as follows Demand drafts to be drawn from Nationalized banks only.. (No errors or spelling mistakes in the DD will be accepted)

Only for Two Years Diploma course

<u>OPEN CATEGORY FEES</u>	<u>RESERVE CATEGORY FEES</u> (Maharashtra candidates only)
<p>Note: All India quota students from Outside Maharashtra are required to pay open category fees irrespective of category nominated by NEET-PG allotment UR /R</p>	
<p>1. Rs. 70,900/- <u>DD Name:</u> DEAN, GOVT. MEDICAL COLLEGE, AURANGABAD (MS) (Payable at Aurangabad(MS))</p>	<p>1. Rs.14,150/- as one D.D. <u>DD Name:</u> DEAN, GOVT. MEDICAL COLLEGE, AURANGABAD (MS) (Payable at Aurangabad(MS)) <u>(Only SC & ST PG Students)</u></p>
<p>2. Rs.14,150/- <u>DD Name:</u> DEAN, GOVT. MEDICAL COLLEGE, AURANGABAD (MS) (Payable at Aurangabad)</p>	

Note:

- **At any cost cash / Cheque will not be accepted.**
- The demand draft will be deposit in the accounts only after confirmation of the admission /status retention by the students.
- If applicable students are allotted another college in subsequent rounds of State quota, In such situation, all the DDs will be refunded back to the student; all such students will be required to pay an amount of Rs.1500/- as cash & submit the receipt for getting original documents from CET CELL, GMC, Aurangabad.
- Kindly note the fees structure if changed by the government it will be notified at the time of admission to the student & additional DD will be asked for.
- Any change as per the instruction from competent authority/DMER, Mumbai will be applicable to the students & the same will be informed time to time.

MEDICAL FITNESS CERTIFICATE FORMAT

CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted clinical examination of Dr. who is desirous of admission to medical postgraduate courses.

He/She has not given any personal history of any disease incapacitation him/her to undergo the professional course. Also, on clinical examination it has been found that he/she is medically fit to undergo the medical postgraduate course (NEET PG – 2017)

- (1) Absence of any incapacitating and / or progressive 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 PG courses applied for. The medical fitness must be certified by registered medical practitioner in the above prescribed format on the letter head.

Bond / Affidavit (Notarized)
(Applicable for State & All India PG Students)

Name of Student :

Permanent Address :

Course : M.D. /M.S. / Diploma in

Admission Year : 2017-18

I the undersigned postgraduate student of **Government Medical College, Aurangabad (M.S.)** hereby submit an undertaking that I will serve the Government of Maharashtra / Corporation / Defense service for a period of **ONE YEAR** after completion of Post Graduate Course, failing which, I will pay **Rs, 50,00,000/- (Rs. Fifty Lac Only)** for the default as per rule.

I am required to complete my residency tenure (2 years in case of Diploma Or 3 years in case of Degree). If I fail to complete my residency tenure and or I opt out of PG course after cutoff date I am liable to pay penalty of Rs.20,00,000/- (Rs. Twenty lacs Only) (Non completion of residency period Rs.10,00,000/- + Lapse of seat Rs.10,00,000/-).

Date:

Place:

In witness where of the above Named.

Name of the students & Address

(Signature of Student)

Sureties (Excluding parents)

1. Name & Address : _____

(Signature)

2. Name & Address : _____

(Signature)

Witness :

1. Name & Address : _____

(Signature)

2. Name & Address : _____

(Signature)

Note :

1. The student has to submit the bond **after final confirmation** of admission in this institute.
 2. The bond amount & penalty amount may change as per the notifications issued from time to time by Director, Medical Education & Research, Mumbai.
-