Maratha Vidya Prasarak Samaj's

Dr. Vasantrao Pawar Medical College, Hospital & Research Centre, Nashik.

Vasantdada Nagar, Adgaon, Nashik - 422 003.

Phone- 0253-2220500, 2303802 Fax-0253-2303930, Email:dean@drvasantraopawarmedicalcollege.com Website: www.drvasantraopawarmedicalcollege.com

(Recognized by M.C.I., Govt. of Maharashtra & affiliated to the Maharashtra University of Health Sciences, Nashik)

| SELECTION QUOTA - STATE /MGT/NRI. : | (ROUND NO |) Date: / /2022 | | | | |
|--|--|-----------------|--|--|--|--|
| ADM | MISSION FORM | Photo | | | | |
| | | | | | | |
| 1. Course in which you seek admission | : | | | | | |
| a) Name as it appears in MBBS Degree Certificate | : | | | | | |
| b) Name in Devnagri (Marathi) | ÷ | | | | | |
| 3. Personal Information | a) Sex: Male / Female b) Date of birth:/ | | | | | |
| | c) Birth Place: | d) Blood Group | | | | |
| 4. Year & Month of passing M.B.B.S. | Year : | Month : | | | | |
| Examination | Marks:Aggrega | te percentage: | | | | |
| 5. a) Name of University | <i>:</i> | | | | | |
| b) Registered Medical Council Name | : | | | | | |
| 6. NEET PG-2021 | Marks:AIR: | Cat. Rank No | | | | |
| 7. Roll No. | :S | ML NO: | | | | |
| 9. Category (SC/ST/NT/VJ/OBC/OPEN) | :Admitted Quota: | | | | | |
| 10. Postal Address | <i>:</i> | | | | | |
| | Pin | | | | | |
| Student Mobile NO: | | | | | | |
| Parents Mobile NO: | | | | | | |
| E-mail - | | | | | | |

| 11. Permanent Address | | | | · | | | | | | | | | |
|--|------------------------------|------|--------|----------|--------|----------------------|--------|--------|--------|-------|---------------------------------|--------|----------------------------|
| | | | | ••••• | | ••••• | | ••••• | | ••••• | •••••• | | |
| | | | | | | | | | ••••• | | ••••• | PIN | |
| 12. Father's Mobile NO: | | | | | | | | | | | | |] |
| Name & Occupation | | | | : | | | | | | | | | - |
| Mother's Name | | | | : | | ••••• | • | •••••• | ••••• | | | •••••• | |
| 13. Nationality If N.R.I./Foreign Nationality | onal | | | : | | | | | ······ | | | | |
| Please mention State of origin, | | | | | | | | | | | | | |
| Nationality, Address & Passport N | Vo. | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| 14. Father's/Mother's Domicile | | | | <i>:</i> | | | | | | | | | |
| 15. Guardian Details | | | | | | | | | | | | | |
| A) Name | | | | <i>:</i> | | | | | ••••• | ••••• | | | |
| B) Occupation | | | | <i>:</i> | | | | | | | | | |
| C) Postal Address | | | | <i>:</i> | | | | | | ••••• | | | |
| | | | | | | | | ••••• | | | ••••• | | |
| Pin Code - | | | | | | | | | | | | | |
| Mobile NO: | | | | | | | | | | | | |] |
| 16. If any serious medical problems Please mention | | | • | : | | | | | | | | | |
| All the information given about that in case any of the above information cancelled. | | | | | | | | | | | | | |
| Signature of Parent/Guardian | | | | | | Signature of Student | | | | | | | |
| Enclose all original certificates along | with | 1 at | ttesto | ed co | olor X | (erox | сорі | ies as | s pe | er ch | eck li | st. | |
| | A | DMI | TTEC |) / N | OT A | DMI | TTED | | | | | | |
| Reported on | eported on Date of Admission | | | | | | | | | | | | |
| | | | | | | ı | Or.Vas | | | awa | <i>DEAI</i> r Medi th Cen | cal Co | ollege, Hospital ashik. |

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Date: / /2022 RECEIPT OF ORIGINAL DOCUMENTS is admitted to MD/MS/._____ Course in Dr. the College on / / 2022, NEET-PG-2021, Roll No.______ SML No._____ Student Category (Cast) ______ Admitted in under Quota______ He / She has submitted the following documents in original and Scan Pdf (maximum 300kb) Copy at the time of admission along with 1 attested color Xerox copies of each and prepare additional 2 sets of same and one set of Xerox copies of said documents kept with yourself, and another one set should be submit to HOD of respective department:

| Sr. No. | List of Documents | Original | Attested |
|--------------|--|----------|---|
| | | g | Сору |
| 1. | Nationality Certificate / valid passport or School Laving Certificate of HSC/ 12th Std. | | |
| | indicating the nationality of the candidate as "Indian" | | · · · · · · · · · · · · · · · · · · · |
| 2. | Domicile Certificate / Birth certificate | | *************************************** |
| 3. | NEET-PG 2021 Mark sheet | | *************************************** |
| 4. | Any Photo ID proof (Aadhar Card / Driving License, PAN Card, Pass port) | | |
| 5. | MBBS degree or Passing certificate. | | |
| 6. | Internship completion certificate from University or the Head of the Institution. Internship | | |
| 0. | completion should not be later than 30 September 2021 | | |
| 7. | Valid Permanent Registration certificate of Maharashtra Medical Council or other State | | |
| , , <u> </u> | Medical Councils in India / MCI. | | |
| 8. | Caste Certificate (If applicable) | | |
| 9. | Caste Validity Certificate (If applicable) | | W. (W.) |
| 10. | Non-Creamy Layer Certificate for DT/VJ, NT-1, NT-2, NT-3, OBC, SBC, SEBC | | 90.190.190 |
| 10. | (If applicable) Valid from Date- 31 March 2021 | | |
| 11. | College Leaving Certificate (LC /TC) or if Student is from same College, "Same College | | COMPANIES OF |
| 11. | Continuation letter" as prescribed in Annexure – III is necessary. | | |
| <i>12.</i> | Migration Certificate issued by the respective University. (If applicable) | | # |
| 13. | Self-educational Gap (after qualifying Degree) Affidavit by student certified by Executive | | |
| 13. | Magistrate/ Notary. (If applicable) | | · · · · · · · · · · · · · · · · · · · |
| 14. | Medical Fitness Certificate. (As per Annexure – M) | | , was a second |
| | Certificate by the Dean of concern College of Out of State stating that the certificate was | | |
| <i>15.</i> | admitted for UG Degree is under 15% All India Quota and Domicile Certificate of | | |
| | Maharashtra (for the Students belonging to the State of Maharashtra) | | |
| 16. | Physically Handicapped Certificate (as per the format given in the DMER Brochure i.e. | | - |
| 10. | Annexure –"D") | | |

| Sr. No. | List of Documents | Original | Attested |
|---------|--|----------|----------|
| | | | Сору |
| 17. | Copy of Gazette, Marriage Certificate & Affidavit in case of change in name (If | | |
| | applicable) | | |
| | Documentation for In - Service personnel in addition with abovementioned documents | | |
| 18. | (If applicable) a) Deputation Certificate, b) No Objection Certificate, c) University | | |
| | approval Certificate for teacher in the concerned subject, d) Experience Certificate. | | |
| 19. | Online downloaded Application form for State NEET PG 2021 | | |
| 20. | Copy of downloaded NEET-PG 2021 Admit Card | | |
| | Certificate from Head of Institute showing that the Medical College/ Institute from | | |
| 21. | which the candidate has passed MBBS examination is recognized by Medical Council | | |
| | of India. | | |
| 22. | Attempt Certificate of all examinations in Degree course from Head of the Institute. | | |
| 23. | Bond Complication / Release certificate (If applicable) | | |
| 24. | No Objection certificate Applicable for in Service Candidate Only | | |
| | If NRI student, a) Affidavit from NRI Sponsor in format, b) Address proof of Sponsor, | | |
| 25. | c) Family Tree, d) Documents for proof of relation between sponsor & student. F) Any | | |
| | other | | |
| 26. | EWS Eligibility Certificate | | |

Note- These Certificates required for your registration/Eligibility at Maharashtra University of Health Sciences Nasik.

Document Verification Committee Signature

Signature of Student

| Particular | DD / RTGS No. | Date | Amount |
|--------------|---------------|------|--------|
| Tuition Fees | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Hostel fees | | | |
| Mess Fees | | | |

Signature PG A/C Department

Signature Mess/ Hostel Department Signature Admission Section

