



Maratha Vidya Prasarak Samaj's

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

Vasant Dada Nagar, Adgaon, Nashik-422 003 (Maharashtra, INDIA) Phone- 0253-2220500, 2303802

Website: www.drvasantraopawarmedicalcollege.com

(Recognised by NMC, Govt. of Maharashtra & Affiliated to the Maharashtra University of Health Sciences, Nashik)



Round No. _____ Admitted Quota: STATE / I.Q. / NRI

Dt.: / / 2026.

STUDENTS INFORMATION

Photo

Personal Information:

Full Name of Student: _____

(Last Name)

(First Name)

(Middle Name)

Full Name of Devnagri: _____

Sex: Male ☐ Female ☐ Transgender ☐ Mother's Name _____

Admission Details:

Admission Quota: _____ Student Category: _____

Application No. (NEET): _____ State Merit No (SML): _____ NEET Marks: _____

All India Rank _____ Roll No _____

Nationality: _____ Religion: _____

Domicile: _____ Caste: _____

Date of Birth: _____ Birth Place: _____

Blood Group: _____ Father's Occupation: _____

Aadhar NO:

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 Votar ID No.

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Residential Address: _____

_____ Pin Code _____

Phone (STD Code):

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 Mob

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Student Email (CAPITAL LETTER) _____

Continued...2

Permanent Address: _____

_____ Pin Code _____

Phone (STD Code):

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Mobile No:

--	--	--	--	--	--	--	--	--	--	--	--	--

Parents Mobile No:

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Parents Email (CAPITAL LETTER) _____

Son / Daughter of MVP Member: Yes ☐ No ☐

SSC and HSC Details:

SSC Board: _____ SSC School Name: _____

SSC passing year: _____ SSC Total Marks: _____

HSC Board: _____ HSC Passing Year: _____

HSC College Name: _____

Physics Marks: _____ Chemistry Marks: _____ Biology Marks: _____

English Marks: _____ PCB Total: _____ PCBE Total: _____

Date of Admission: / /2026.

Certification: I hereby certify that above information given by me is true to the best of my knowledge and belief.

(Parents Signature)

(Student Signature)

Date: / /2026

Place: Nashik.

Dean

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



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Dt. / / 2026

RECEIPT OF ORIGINAL DOCUMENTS

Ku. _____ is admitted to MBBS Course in the College on / / 2026 NEET UG-2026 Roll No. _____ Category _____ Quota _____ He / She has submitted the following documents in original 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.	Name of the Documents	Original	Attested Copy
1	State CET Cell Selection Letter-2026		
2	Admit Card of NEET UG 2026		
3	CET CELL Online Application Form with Fee Receipt		
4	Nationality, Domicile Certificate or Passport Xerox Attested copy.		
5	NEET - UG 2026 Mark Sheets		
6	Voter ID (Photo Copy) Or Annexure – “C”		
7	Adhar Card (Photo Copy)		
8	HSC (or equivalent) Examination Marksheet		
9	SSC (or equivalent) Passing Certificate (for Date of Birth)		
10	Leaving Certificate (HSC) or T.C.		
11	Cast Certificate (if applicable)		
12	Validity Certificate (if applicable)		
13	Non-Cremay layer Certificate (if applicable) Valid Up to 31/03/2027		
14	Medical Fitness Certificate (As per NEET-2026 Brochure)		
15	Self Gap Certificate (if applicable)		
16	Migration Certificate (if applicable)		
17	If Minority - a) Religion Y/N b) Linguistic - Y/N		
18	If NRI student, a) Affidavit from NRI Sponsor in format, b) Address proof of Sponsor, c) Family Tree, d) Documents for proof of relation between sponsor & student. F) Any other		
19	Income Prof - A) From No. 16 b) IT Return, c) Income Certificate (If Applicable) with Father & Mother Aadhar & PAN Card		
20	PEN Drive and SCAN COPY OF EACH ORIGINAL DOCUMENT IN PDF FORMAT AS PER CHECK LIST (SIZE 300KB), Student Recent Photo		

Tuition fee	DD NO.	Date	Amount	Mess Fee	DD NO.	Date	Amount
Hostel Fee	DD NO.	Date	Amount	Hostel Fee	DD NO.	Date	Amount

Document Verification
Committee Signature

Student Signature

Admission Section
Signature