

MGM INSTITUTE OF HEALTH SCIENCES

(Deemed University u/s 3 of UGC Act, 1956)

Accredited by NAAC with 'A++' Grade

Sector-1, Kamothe Navi Mumbai-410209

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Super-specialty(D.M./M.Ch.) Course 2024-25

	Super-sp	beciatty(D.M./M.CII.) C	Julise 2024-25		
Name: Dr			NEET All India Rank No.		
NEET SS Roll		undS.S.	Course		
		Check List		50	
	the following original documents a self / herself to the University. Tw				
A	Note: Please put √ in the appro- the appropriate check box when	priate check box below for the	ne documents received from		
1.	Admit Card of NEET SS – 202	24	^	0	
2.	Mark Sheet of NEET SS -2024	4			
3.	Provisional Allotment letter of	f (MCC) DGHS- 2024	20		
4.	Nationality Certificate/ Domic	eile Certificate/ Photocopy of	Valid Passport		
5.	SSC Passing Certificate				
6.	HSC Passing Certificate		0		
7.	MBBS Passing Certificate				
	Statement of MBBS Marks of :				
8.	(8) First Year	(9) Second Year	(10) Third Year – Part I	(11)Third Year – Part II	
12.	MBBS Degree Certificate	0)			
13.	University Internship Complet	tion Certificate			
14.	Attempt Certificate of all MBI	BS University Examinations			
15.	MD/MS Passing Certificate	Y			
16.	Statement of Marks of MD/MS	S Course			
17.	MD/MS Course Degree Certif	ïcate			
18.	Attempt Certificate of MD / M	IS or its equivalent Examinat	ion from the head of the Inst	titution	
19.	College Leaving /Transfer Cer	rtificate previous college			
20.	Migration Certificate				
21.	Permanent Registration Certification	icate of MMC / State Council	/ MCI		
21.	Certificate from Head of Instit Post Graduate examination is				
22.	Affidavit regarding Educations	•			
23.	Medical Fitness Certificate				
24.	Completed Bond Documents				
25.	Candidate Aadhar& PAN Card	d Photocopy			
26.	Tuition Fee: DD/ UTR No		Dated		
1 20.	Amount	Bank			

_Amt. __

Bank

Two Post-dated Cheques (Dt. 10^{th} May 2026 & 10^{th} May 2027)

Ch. No. 1. ______2. ____

27.

	NEET All India Rank No.	is eligible / not eligible for
dmission. Verified by a	Member of Scrutiny Committee: Dr	Signature:
ote: Admission will be co	onfirmed on payment of Tuition Fee and on completion of other for	rmalities at the respective Medical College
Certified that the above ti	ick ($\sqrt{\ }$) marked original documents (Total: documents) are	retained in the College.
	<u>DECLARATION</u>	Signature of the Student
I solemnly affirm and	d state that:	
(i) The documents attested.	/ enclosures mentioned at Sr. No. 1 to 27 are the original do	ocuments and their true copies are duly se
	olely responsible for genuineness of my original documents liste e MGMInstitute of Health Sciences liable in any manner.	ed at Sr. Nos. 1 to 27 which are submitted an
(iii) In case any of the also for cancella	he said documents is not found to be authentic or genuine, I shation of my admission or withdrawal of my degree, even if the de	nall be liable for appropriate legal action an egree is already conferred.
(iv) In case my admi Bond.	ission is cancelled because of fraudulent practices, I undertake	to pay the entire fee for the course of study
Maharashtra Me	o are registered with their local state council or MCI will have dical Council within 30 days of getting admission. Otherwise institute of Health Sciences/MMC/NMC.	
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