

**MGM INSTITUTE OF HEALTH SCIENCES**

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

Accredited by NAAC with "A⁺⁺" Grade

MGM Educational Campus, Sector 1, Kamothe, Navi Mumbai-410209

No.Acad. /2024

Date: / /2024

Name : _____

NEET All India Rank : NEET Score : 12th PCB % : **Check List**

Please submit the following original documents and two sets of self attested photocopies of each of the document.
One set should be additionally kept attested by the candidate himself / herself for reference/use during the course.

1	<input type="text"/>	Allotment Letter (Online generated by MCC)
2	<input type="text"/>	Admit Card of NEET UG 2024
3	<input type="text"/>	Statement of Marks NEET UG 2024
4	<input type="text"/>	Certificate of Birth or any other government document in which date of birth is mentioned
5	<input type="text"/>	10th / SSC Mark Sheet or its equivalent
6	<input type="text"/>	10th / SSC Passing Certificate or its equivalent
7	<input type="text"/>	12th / HSC Mark Sheet or its equivalent
8	<input type="text"/>	12th / HSC Passing Certificate or its equivalent
9	<input type="text"/>	Bonafide & Character Certificate from the Head of the Institution Last attended.
10	<input type="text"/>	College Leaving/Transfer Certificate
11	<input type="text"/>	Migration Certificate (if applicable)
12	<input type="text"/>	Age, Nationality & Domicile Certificate/Photo copy of Valid Passport
13	<input type="text"/>	Affidavit Regarding Educational Gap (if passed 10+2 in or before 2023)
14	<input type="text"/>	Four Recent Passport Size Photographs
15	<input type="text"/>	Medical fitness Certificate from a registered Medical Practitioner
16	<input type="text"/>	Caste Certificate, Caste Validity Certificate & Non-Creamy layer Certificate
17	<input type="text"/>	PAN Card (Parent) & Aadhar Card Photocopy (Parent & Student Both)
18	<input type="text"/>	Gazatte Copy (In case of any change in the name of the candidate.)
19	<input type="text"/>	Undertaking/Declaration (duly notarized) as per attached formats (A, B, C, D)
20	<input type="text"/>	Four (4) Crossed Post dated cheques of Tuition fees each Dt.10th July 2025,2026, 2027 & 2028

For NRI Quota Admissions (As per DGHS/Govt. of India Guidelines)

21	<input type="text"/>	Notarized affidavit of the person who is NRI and the Sponsorer
22	<input type="text"/>	Document claiming that the Sponsorer is an NRI (Valid passport, Visa & Indian Embassy letter situated in that country)
23	<input type="text"/>	Relationship of NRI with the candidate (Notarised affidavit of family tree)
24	<input type="text"/>	Affidavit from Sponsorer that he/she will sponsor the entire course fee of the candidate
25	<input type="text"/>	Embassy Certificate of the Sponsorer

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Tuition Fees can be paid in multiple DD's/RTGS/NEFT with amount totaling to the total fees

Tuition Fees Details

1	DD./UTR No.	Date	Rs.
	Name of Bank	Branch	
2	DD./UTR No.	Date	Rs.
	Name of Bank	Branch	
3	DD./UTR No.	Date	Rs.
	Name of Bank	Branch	
4	DD./UTR No.	Date	Rs.
	Name of Bank	Branch	
5	DD./UTR No.	Date	Rs.
	Name of Bank	Branch	

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Other fees DD details

1	DD./Cheq/UTR No.	Date	Rs.
	Name of Bank	Branch	
2	DD./Cheq/UTR No.	Date	Rs.
	Name of Bank	Branch	

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Tuition fees Post Dated Cheque details

1	Cheque No.	Date:	Rs.
2	Cheque No.	Date:	Rs.
3	Cheque No.	Date:	Rs.
4	Cheque No.	Date:	Rs.
5	Cheque No.	Date:	Rs.
6	Cheque No.	Date:	Rs.
7	Cheque No.	Date:	Rs.
8	Cheque No.	Date:	Rs.
	Name of Bank	Branch	

For office use only:-

1. Mr/Ms. _____ All India NEET Rank No. _____ is eligible / not eligible for admission & certified that the above tick (✓) marked original documents (Total: _____ documents) are retained by MGMIHS.

2. This checklist only shows that, the original documents are retained by MGMIHS for ascertaining authentication and doesn't indicate admission to the course in any manner.

Verified by a Member of Scrutiny Committee: Dr. _____ Signature: _____

DECLARATION

I solemnly affirm and state that:

(i) I am very well aware that I have been given admission to the MBBS course inter-alia on the basis of the above said original documents submitted by me.

(ii) The documents mentioned at Sr. No. 1 to 28 are the original documents and their true copies are duly authenticate/attested by me.

(iii) I shall be held solely responsible for genuineness of my original documents listed at Sr. No. 1 to 28 which are submitted to the MGM Institute of Health Sciences and shall not hold the MGMIHS liable in any manner.

(iv) In case any of the said documents is not found to be authentic or genuine, I shall be liable for appropriate legal action and also for cancellation of my admission or withdrawal of my degree, even if the degree is already conferred.

(v) In case my admission is cancelled because of fraudulent practices, I undertake to pay the entire fee for the course of study.

Solemnly affirmed at: _____

On this: _____ day of _____ 2024

Deponent: (Signature of student): _____

(Name of Student): _____