



Annexure - 02

**MGM INSTITUTE OF HEALTH SCIENCES**

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

**Accredited by NAAC with 'A++' Grade**

Sector-01, Kamothe, Navi Mumbai - 410 209

Tel 022-27432471, 022-27432994, Fax 022 - 27431094

E-mail : [registrar@mgmuhs.com](mailto:registrar@mgmuhs.com) ; Website : [www.mgmuhs.com](http://www.mgmuhs.com)**Admission (MD / MS) 2023-24**

No. Acad. 16/2023

Date: / /2023

All India NEET Rank No. 

Name: Dr. \_\_\_\_\_

NEET Score: 

PG Course \_\_\_\_\_

**Check List**

Please submit the following original documents and two setsofself attested photocopy of each of the to the respective college at the time of reporting. One set should be additionally kept by the candidate himself/herself for reference/use during the course.

Note: Please put  in the appropriate check box below for the original documents received from the student.

Please put X in the appropriate check box where no original document received from the student.

1.	<input type="checkbox"/>	Admit Card of NEET PG - 2023												
2.	<input type="checkbox"/>	Mark Sheet of NEET PG - 2023												
3.	<input type="checkbox"/>	Bonafide Certificate from Institute where qualified for M.B.B.S. / Diploma												
4.	<input type="checkbox"/>	Nationality Certificate or valid Passport												
5.	<input type="checkbox"/>	SSC Passing Certificate / 10 <sup>th</sup>												
6.	<input type="checkbox"/>	HSC Passing Certificate / 12 <sup>th</sup>												
		Statement of MBBS Marks of :												
		<table border="1"><thead><tr><th>7.</th><th>8.</th><th>9.</th><th>10.</th></tr></thead><tbody><tr><td>First Year</td><td>Second Year</td><td>Third Year – Part I</td><td>Third Year – Part II</td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr></tbody></table>	7.	8.	9.	10.	First Year	Second Year	Third Year – Part I	Third Year – Part II	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	8.	9.	10.											
First Year	Second Year	Third Year – Part I	Third Year – Part II											
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											
11.	<input type="checkbox"/>	MBBS Degree Certificate												
12.	<input type="checkbox"/>	MBBS Passing Certificate												
13.	<input type="checkbox"/>	Attempt Certificate of all University Examinations												
14.	<input type="checkbox"/>	Internship Completion Certificate												
15.	<input type="checkbox"/>	Migration Certificate												
16.	<input type="checkbox"/>	Transfer Certificate												
17.	<input type="checkbox"/>	Provisional / Permanent Registration Certificate of MMC / State Council / MCI												
18.	<input type="checkbox"/>	Medical Fitness Certificate from registered Medical Practitioner (No fix format for it)												
19.	<input type="checkbox"/>	A copy of Gazette, in case of any change in the name of the candidate												
20.	<input type="checkbox"/>	Photocopy of Aadhaar Card & PAN Card (Student and Parent)												
21.	<input type="checkbox"/>	Four Passport Size photographs												
22.	<input type="checkbox"/>	Caste Certificate												
23.	<input type="checkbox"/>	Caste Validity Certificate												
24.	<input type="checkbox"/>	Valid Non Creamy Layer Certificate (For ST, SC and OBC candidate)												
25.	<input type="checkbox"/>	Tuition Fee: DD No. _____ Dated: / /2023 Bank: _____ Amount: _____ Tuition Fee: DD No. _____ Dated: / /2023 Bank: _____ Amount: _____ Tuition Fee: DD No. _____ Dated: / /2023 Bank: _____ Amount: _____												
26.	<input type="checkbox"/>	Foreign Medical Graduates are required to bring their FMGE Pass Certificate issued by NBE												
27.	<input type="checkbox"/>	Competed Bond documents (7 Bonds on Rs. 500 Bond Paper)												
28.	<input type="checkbox"/>	Tuition Fees Two postdated cheques – Date : 10 <sup>th</sup> July 2024 & 10 <sup>th</sup> July 2025												

P.T.O

29. For NRI Quota admissions: (As per of DGHS/Govt. of India guidelines)

1.	Notarized Affidavit of the person who is NRI and the Sponsorer
2.	Document claiming that the Sponsorer is an NRI (Valid passport, Visa of the sponsorer)
3.	Relationship of NRI with the candidate (Notarisedaffidiavit of family tree)
4.	Notarized Affidavit from Sponsorer that he /she will sponsor the entire duration course fee of the candidate
5.	Embassy Certificate of the Sponsorer

**For office use only:-**

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

<b>Note: Admission will be confirmed on payment of Tuition Fee at the time of reporting and on completion of other formalities at the respective Medical College</b>
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**DECLARATION**

I solemnly affirm and state that:

- (i) Attached / submitting documents mentioned at Sr. No. \_\_\_\_\_ are authentic documents.
- (ii) I shall be held solely responsible for genuineness of my original documents which are submitted and shall not hold the MGM Institute of Health Sciences liable in any manner.
- (iii) 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.
- (iv) In case my admission is cancelled because of fraudulent practices, I undertake to pay the entire fee for the course of study / Bond.
- (v) Candidates who are registered with their local state council or MCI will have to compulsorily register themselves with Maharashtra Medical Council within 15 days of getting admission. Otherwise their admission may get cancelled as per the rules of MGM Institute of Health Sciences/MMC/MCI.

Solemnly affirmed at: \_\_\_\_\_

On this: \_\_\_\_\_ day of \_\_\_\_\_ 2023

Deponent: (Signature of student): \_\_\_\_\_

(Name of Student): \_\_\_\_\_