महाराष्ट्र शासन
शासकीय वैद्यकीय महाविद्यालय, नाशिक
Government Medical College, Nashik
हिं.व.बा.ठा. हॉस्पिटल आवार, पहिला मजला, दुर्गा माता मंदिरा जवळ, राजवाडा नगर,
देवळाली गांव, नाशिक, जि. नाशिक. पिनकोड: ४२२२१४
फोन नं. (०२५३)२९९०१५९ वेबसाईट: www.gmcnashik.in ई-मेल: deangmcnashik@gmail.com

Instruction Manual for NEET UG - 2026 Admission Process





Disclaimer: The information given in the brochure is subject to addition or deletion subject to orders from Competent Authorities.

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Contact Details: (Between 10.00 to 5.00 PM ONLY)

1. For Scrutiny of Documents Reporting Timing 10.00 am to 5.00 pm
2. Official Email ID: deangmcnashik@gmail.com
3. Official Website www.gmcnashik.in
4. Contact No. (0253) 2990159 Dr.Anita Jadhav-9403159283
   Dr. Sujata Muneshwar-7507526362 Dr.Ganesh Ghuge – 7588846300
   Dr. Smita Avhad - 9763999856 Dr. Girish Jagtap - 9049801010
   Mr. Pradeep Bagde - 9623701505

DO NOT CALL ON THE PERSONAL NUMBER OF THE DEAN / NODAL OFFICER notified on the MCC website; It is given for the administrative use by MCC/DMER ONLY

Land Mark /Address -

Hindu Hridaysamrat Vandaniy Balasaheb Thakare Hospital & Bytco Hospital Near Durga Mata Mandir, Muktidham Road, Nashik Road, Nashik- 422214.

SCAN FOR GOVERNMENT MEDICAL COLLEGE, NASHIK ADDRESS

GOVERNMENT MEDICAL COLLEGE, NASHIK
INSTRUCTIONS FOR NEET-UG 2026 ADMISSION

(FOR ALL INDIA/STATE QUOTA STUDENTS)

All candidates selected through **NEET-UG 2026** and allotted a seat at **Government Medical College; Nashik** are required to carefully read and follow the instructions given below and report to the institute with all documents and information required for completion of the admission process.

A. General Instructions

1. Download and print this PDF and **read all instructions carefully** before reporting for admission.
2. The candidate must **report personally** for admission or cancellation of admission in case of upgradation. **Proxy/representative reporting will not be permitted** for either admission or cancellation.
3. Candidates must bring all required **original documents, photocopies, forms, scanned documents and Demand Draft(s)** as specified below.

B. Original Documents & Photocopies

4. All **original documents listed in the Scrutiny Form are mandatory** for admission.
5. Candidates must bring:
    - All required original documents.
    - **Two sets of self-attested photocopies** of all original documents.
    - Documents arranged strictly in the **sequence mentioned in the Scrutiny Form**.
6. Submit all documents in a **simple button-file folder**. Clearly write the following on the folder using a thick permanent marker:
    - Name of Candidate
    - Category
    - Admission Quota
    - Mobile Number

C. Scanned Documents & Pen Drive

7. All original documents must be **scanned individually in PDF format** using a computer scanner.
8. Each scanned document should:
    - Be clear and legible.
    - Be in **PDF format only**.
    - Be within the prescribed file-size limit (**maximum 500 KB per document**, wherever applicable).
    - Be appropriately renamed.

Example:
Nationality Certificate – Name of Candidate

9. **Please use clear scanner applications** for scanning documents.
10. The candidate's photograph and signature should be saved separately in **JPG format**.
11. Create a folder in pen drive, named with the **candidate's full name** and save all scanned documents and the photograph in this folder.
12. **Submission of scanned documents through a Pen Drive is mandatory.** Scanned documents will be accepted only through a Pen Drive.

D. Forms to be Printed and Filled

13. Print and fill **TWO copies** of the **Application for Admission Form** and submit them at the time of admission. Use appropriate form for application.
14. Print and fill **ONE copy each** of the following:

a. Student Profile
b. Student Life Cycle Management System (SLCMS) Form
c. Pending Documents Undertaking
d. Anti-Ragging Affidavit by the Student
e. Undertaking by Parent/Guardian
f. Undertaking by the Student regarding Physical/Mental Illness
g. Declaration by Student & Parents regarding Hostel Facility (if hostel facility available).
h. Undertaking regarding certificates.
i. Annexure 'C' Form (voter Id).

15. Bring **four recent passport-size photographs**.
16. **Candidates are strictly instructed NOT TO EDIT OR ALTER ANY OF THE PRESCRIBED FORMATS.** All forms must be filled by the candidate in his/her own handwriting.

E. Medical Fitness Certificate

17. The **Medical Fitness Certificate must be submitted only in the prescribed format**.
18. Submit:

- **One original Medical Fitness Certificate**, and
- **Two photocopies** of the certificate.

19. The Medical Fitness Certificate must be issued by a **registered MBBS/MD doctor**.

F. Admission Fees

20. The complete admission fee must be paid through **Demand Draft (DD) only**. **Cash or online payment will not be accepted.**

21. The Demand Draft must be drawn from a **Nationalized Bank** in favor of:

    "DEAN GOVERNMENT MEDICAL COLLEGE NASHIK"
    Payable at: NASHIK

22. Candidates must ensure that there are **no spelling errors or other discrepancies** in the Demand Draft. A DD containing incorrect details or spelling errors will be rejected.

23. Cancellation fee Rs. 1500/-

G. Admission Process

24. The admission process involves **document verification, scrutiny and approval**. Candidates should therefore not expect an immediate joining letter.

25. The institute may require approximately **2–3 days** to complete the admission formalities and issue the joining letter.

26. Any additional letters, declarations or undertakings required under the applicable rules may be obtained from the candidate at the time of admission.

H. Important Instructions Regarding Counselling

27. Candidates are advised to carefully read the **NEET-UG 2026 Information Brochure, FAQs, notifications and advisories** issued by the respective counselling authorities.

28. For **All India Quota admissions**, candidates should refer to the official MCC notifications and guidelines.

29. For **Maharashtra State Quota admissions**, candidates should refer to the official notifications of the State CET Cell/competent counselling authority.

30. For information regarding **Penalty**, candidates must refer to the applicable **NEET-UG 2026 Information Brochure and official notifications**.

31. The institute is responsible **only for completing the admission process for candidates allotted to Government Medical College, Nashik**. The institute will not provide guidance regarding:

- Subsequent counselling rounds
- Choice filling
- Upgradation rules
- All India/State counselling regulations
- Seat allotment or counselling strategy

Candidates must refer to the official websites and notifications issued by the respective counselling authorities for such information.

I. Contact for Admission-Related Queries

32. For genuine queries related to the **institute-level admission process**, please contact:

Landline: 0253-2990159

Candidates are requested **not to contact the Dean on the personal mobile number displayed on the MCC website**. The number is provided for official administrative communication with MCC/DMER only.

J. Important Advisory

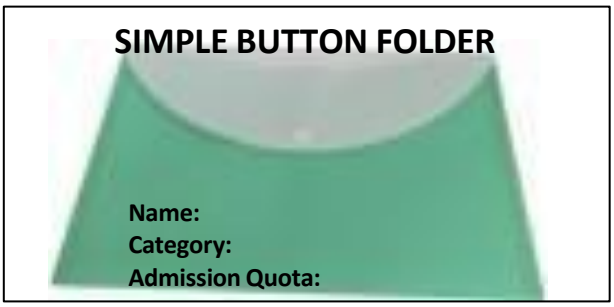
33. **Government Medical College, Nashik has not appointed or authorized any Government/Private agency, facilitation center, consultant or intermediary for the admission process or admission guidance.**

34. Candidates should rely only on information published by the **official counselling authorities and Government Medical College, Nashik**.

35. No third-party Government/Private website is authorized to reproduce or display the institute's admission instructions without permission.

Candidates are advised to verify all documents, forms, photocopies, scanned files, Pen Drive and Demand Draft before reporting for admission.

- **HOSTEL FACILITY IS NOT AVAILABLE FOR BOYS AND GIRLS .**



Sd/-
DEAN
Government Medical College,
Nashik

GOVERNMENT MEDICL COLLEGE, NASHIK

ORIGINAL DOCUMENTS HOLDING CERTIFICATE

Received following original documents from Miss/Mr. _____admitted Through All India quota/State quota to1st Year MBBS course on 2026 - 27 for the academic year at Government Medical College, Nashik.

This Certificate is the Proof that all original documents mentioned below are submitted by the student to the institute. Once admitted original documents will not be given to student. Original documents will be retained by the institute till the student completes MBBS.

Sr. No.	Original Documents Required	Yes	No
1	NEET-UG-2026 Admit card issued by NTA		
2	NEET-UG-2026 score Card/Result issued by NTA		
3	SSC (10th) Mark sheet		
4	SSC (10th/ or equivalent) Passing Certificate		
5	HSC (10+2 or equivalent) Examination Mark sheet		
6	HSC (10+2) Passing Certificate		
7	Nationality Certificate		
8	Domicile Certificate		
9	Medical Fitness Certificate as per information Brochure Annexure -H		
10	Leaving Certificate OR Transfer Certificate		
11	Caste Certificate (if applicable) (SC, ST, VJ/DT-NT(A), NT(B), NT(C), NT(D), SEBC, OBC, SBC)		
12	Caste Validity Certificate (if applicable) (SC, ST, VJ/DT-NT(A), NT(B), NT(C), NT(D), SEBC, OBC, SBC) For outside Maharashtra students (OMS) Letter from magistrate that your state does not issue caste validity certificate will be compulsory as per attached proforma (Annexure E)		
13	Non-Creamy Layer Certificate (if applicable) (VJ/DT-NT(A), NT(B), NT(C), NT(D), SEBC, OBC, SBC)		
14	Economically Weaker Section (EWS) certificate as per Maharashtra State Format Only, Central Government Format not accepted. (Annexure-A) by Competent Authority issued after 31.03.2026 (If applicable)		
15	Orphan Certificate (Certificate from Women and child welfare Department)		
16	Person with Benchmark Disability Certificate issued by Authorized Medical Board declared by MCC …. (If applicable)		
17	Defense Certificate as per information Brochure Annexure Defense claim(D1/D2/D3): All certificates as per NEET-UG-2026 Information Brochure… (For State quotastudents only)		
18	Hilly Area Certificate… (for State quota students only) 1. Parents /Candidate Dongari Certificate 2. Domicile Certificate of the parent stating that he/she is domicile in the village declared as a Hilly area 3. The candidate should pass SSC/HSC (or equivalent) examination from School/Junior College situated in the hilly area of his/her parent's domicile or if not so, at the most, from a School/Junior College situated in the taluka of his/her parent's domicile.		
19	Maharashtra-Karnataka Border (MKB) 1. Domicile Certificate of the Candidate from MKB area issued by Karnataka State 2. College/School principal/headmaster certificate regarding candidate mother tongue is Marathi.		

20	Minority Status 1. School leaving certificate stating that Candidates belongs to Jain / Muslim / Christian Minority/ mentioning mother tongue or 2. Certificate from Religious place that they belong to Jain / Muslim / Christian Minority and 3. Affidavit stating that they belong to Jain / Muslim/Christian Minority. 4. For linguistic minorities: A certificate from the school recording the mother tongue, if the school-leaving certificate does not mention it. 5. Affidavit stating that they belong to Gujrati / Sindhi / Hindi Minority.		
21	Aadhar Card / PAN Card / Passport (Photocopy) Photo identify card		
22	PARENT'S DOMICILE **(If applicable)**		
23	Provisional allotment letter generated online (for All India students) For state quota candidates, Allotment letter / Selection list page.		
24	Income certificate issued by competent authority of financial Year 2025-2026. (For Maharashtra candidates only-Claiming EBC for fees)		
25	Migration Certificate …. for outside Maharashtra state (OMS) candidates only		
26	Self-Education Gap Certificate (AffidavitonRs.100/-Bond) if applicable		
27	Hostel accommodation declaration (if applicable)		
28	Student's Hemogram Report (Two Copies)		
29	Passport size Photographs- 04 Nos.		
30	Election Card (Annexure-C if less than 18 Years)		
31	Character Certificate		
Tuition Fees & Other Fees: Demand draft: 1) D.D. No: of Rs. Dt. / /			
2) D.D. No: of Rs Dt. / /			
Original Document & Xerox sets to be prepared exactly as per above sequence.			

Eligible /Not Eligible: -……

Copy to: Concern Student.

CLERK **SCRUTINY OFFICER** **DEAN**
Government Medical College, Nashik

APPLICATION FOR ADMISSION

STUDENT'S DETAILS (ALL IN CAPITAL LETTERS)

RECENT PASSPORT SIZE PHOTOGRAPH

NAME: _____

FULL ADDRESS: _____

_____

PIN CODE: _____

MOBILE NO.: _____

EMAIL ID: _____

PHONE NUMBER OF RESIDENCE WITH STD CODE OR PARENT'S CONTACT DETAILS: _____ DATE: / /2026,

To,

The Dean,

Government Medical College,

Nashik.

Sub. : Joining in First Year MBBS Course at Government Medical College, Nashik

Ref. : NEET All India Rank……...…….

NEET UG Roll No…….....

Respected Sir/Madam,

I, the undersigned Shri/Kum. (Full Name in Capital) _____ _____ have been selected for First Year MBBS Course in Government Medical College, Nashik as per the selection letter of All India / State list. Kindly enroll me in your esteemed college as First Year MBBS student for the Academic year 2026-27.

Thanking you,

Yours Faithfully,

(Student Name)

UNDERTAKING - NEET-UG ADMISSIONS 2026-27

(Online admission Process)

(ONLY FOR ALL INDIA CANDIDATES)

I the undersigned hereby confirm that the data submitted during joining (1st/ 2nd /subsequent rounds) for MBBS through the online process was done in my presence and with my full consent. It will be my full responsibility to thoroughly check the data before final submission.

Upgradation: Yes/No

Name & Sign Witness

(Name & Sign of candidate with date)

Contact No.:

Place:

Date:

FEE STRUCTURE - GOVERNMENT MEDICAL COLLEGE, NASHIK FOR THE ACADEMIC YEAR 2026-27

OPEN CATEGORY MALE/FEMALE CANDIDATES (Income More than Eight Lakh)		SC & ST MALE / FEMALE CANDIDATES	VJ & NT MALE/FEMALE CANDIDATES (with NCL)	I. OPEN & EWS (Income ≤ Eight Lakh) II. OBC (including SBC) & SEBC (with NCL)	
Open Category (Maharashtra State Quota) & All outside Maharashtra (OMS) students admitted through AIQ irrespective of category		(For Maharashtra Student Only who are eligible for Scholarship Scheme under MAHADBT)	(For Maharashtra Student Only who are eligible for Scholarship Scheme under MAHADBT)	(For Maharashtra Student Only who are eligible for Scholarship Scheme under MAHADBT)	
				Female	Male
Tuition Fees	1,67,300/-	00/-	00/-	00/-	83,650/-
Library Fees	1000/-	1000/-	1000/-	1000/-	1000/-
Development fees	5000/-	5000/-	5000/-	5000/-	5000/-
Admission Fees (At the time of admission)	1500/-	1500/-	1500/-	1500/-	1500/-
Library Deposit (One time)	2000/-	2000/-	2000/-	2000/-	2000/-
Gymkhana Fees	500/-	500/-	500/-	500/-	500/-
Caution Money	3000/-	3000/-	3000/-	3000/-	3000/-
Misc. & Book Bank Fee	10/-	10/-	10/-	10/-	10/-
Total (Rs.)	Rs.1,80,310/-	Rs.13,010/-	Rs.13,010/-	Rs.13,010/-	Rs. 96,660/-
TO BE WITHDRAWN FROM A NATIONALISED BANK AS FOLLOWS					
	D.D Rs.1,80,310/-	D.D Rs.13,010/-	D.D Rs.13,010/-	D.D Rs.13,010/-	D.D Rs. 96,660/-
AFTER AVAILABLE & ALLOTMENT OF HOSTEL, FOLLOWING DEPOSIT CHARGES WILL BE APPLICABLE					
Hostel Fee (Per Year)	4000/-	4000/-	4000/-	4000/-	4000/-
Hostel Deposit (Only Once))	1000/-	1000/-	1000/-	1000/-	1000/-
Electricity Charges (per Year)	36/-	36/-	36/-	36/-	36/-
Total (Rs.)	Rs.5036/-	Rs.5036/-	Rs.5036/-	Rs.5036/-	Rs.5036/-

- **Other fees will be charged by the college as per College and University rules.**
- **Please check the website of the allotted institute regarding details of the demand draft to be submitted.**
- **Candidates admitted under OBC/SEBC category with family income above ₹8,00,000/- (even if holding a Non-Creamy Layer certificate) must, at the time of admission, submit an undertaking/affidavit stating that if their tuition fee reimbursement is refused through MAHADBT, they shall be required to pay the full tuition fees. Failure to pay the fees may lead to cancellation of admission, and the Institute shall not be responsible for any further consequences.**

. *After final admission all students need to pay the fees mentioned in the below Table fees (MUHS) University fee and eligibility fee pay separate DD of any Nationalized Bank may be drawn in favor of **"DEAN GOVERNMENT MEDICAL COLLEGE NASHIK"** payable at **"NASHIK"** Cash will not be accepted.

1	University Pro- rata (Ashvamedha fees)	530/-
2	University development fee	100/-
3	MUHS Rashtriya Yojana Fee	50/-
4	Eligibility Fee	3200/-
	Total	**3880**

. ***Amartya Siksha Yojana Policy Rs.797/- "National Insurance Co. Ltd" to be Payable at Kolhapur in a separate DD.**

. **Reserved category*: -** Student should submit all category documents for category claim. Undertaking/receipts of proposal submitted to social welfare for category documents will NOT be considered for category documents.

. It will be compulsory to submit Maharashtra Domicile certificate, Caste certificate, Caste validity & NCL valid up to 31.03.2027 (NCL required for all reserve category students of Maharashtra EXCEPT:SC&ST) for fees claim.

Undertaking will NOT be acceptable for Category documents.

Refer information brochure of state for further details.

. All reserve category Student's should fill scholarship form compulsorily.

. **EWS category students: -** Must have claimed and allotted EWS category in selection list. EWS certificate (Annexure-A) by Competent Authority issued after 31/03/2026 will be required. Undertaking will NOT be acceptable for EWS certificate.

. **EBC category students: -** Income certificate issued by competent authority of financial year 2026-2027 will be compulsory for claim. Undertaking for Income certificate will not be accepted.

. **(Note: Corrections/Alterations / Overwriting will not be Accepted and DD should be payable at Nashik)**

. D.D. of any **Nationalized Bank** may be drawn in favor of **"DEAN GOVERNMENT MEDICAL COLLEGE NASHIK"** payable at **"NASHIK"** Cash will not be accepted.

(IDBI BANK - Branch code – 103, IFSC Code – IBKL0000103,

Branch Name – Gangapur Road, Nashik)

. The demand draft will be deposited in the accounts only after confirmation of the admission /status retention by the students

. If students are allotted another college in subsequent rounds of All India / state, in such situation, all the DDs will be given back to the student, all such students will be required to pay an amount of **Rs.1500/-** cash in the accounts section.

. FEE STRUCTURE MIGHT CHANGE DEPENDING ON INSTRUCTIONS FROM GOVT.AUTHORITIES.

- Eligibility fees will have to be paid at the time of admission, by the students as per MUHS norms.

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देवळाली गांव, नाशिक, जि. नाशिक. पिनकोडः ४२२२१४
फोन नं. (०२५३)२९९०१५९ वेबसाईटः www.gmcnashik.in ई–मेलः deangmcnashik@gmail.com

No. GMCN/ACAD SEC/UG-Admission 2026-27/ /2026 Date: - / /2026

OFFICE ORDER

Subject: - Admission to 1st MBBS Course for the year 2026-27
Govt. Medical College, Nashik (MS) 422214.

Reference: - Letter No._____Date: -

(Allotment Letter/Selection letter/List)

With reference to the above cited subject, you are **provisionally admitted** to the 1st year MBBS course on / /2026 at Govt. Medical College, Nashik for the year 2026-27. Your admission is subject to the following conditions:

1. You will have to pay the complete prescribed fees (Demands Draft only) during admission. Every year, it will be the direct responsibility of the student to pay the yearly fees, Hostel Fees etc. No reminder will be given to the student from the office regarding paying yearly fees. Any student not paying the yearly fees and dues on time will not be allowed to appear in the University examination.
2. Your admission is provisional & subject to final confirmation of eligibility from Maharashtra University of Health Sciences, Nashik.
3. Academic sessions for MBBS Courses will start as per NMC Notification. Students are advised to check NMC official website.

DEAN
Govt. Medical College,
Nashik (MS)

To,
Mr./Miss……

……..

Copy to: Concern Student /Accounts/Warden/others, Government Medical College, Nashik.

ANNEXURE - H

MEDICAL FITNESS

A candidate must be medically fit to undergo the professional course applied for. The medical fitness must be certified by a Registered Medical Practitioner in the prescribed proforma, as given below on a **Letterhead** or on this format with original seal and signature.

CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted clinical examination of Mr./Ms ..... who is desirous of admission to Health Science Courses.

He/she has not given any personal history of any disease incapacitating him/her to undergo the professional course. Also, on clinical examination it has been found that he/she is medically fit to undergo the professional course.

Certified that he/she fulfills the following criteria.

(1) Absence of any incapacitating and /or progressive systemic disease/disorder/condition,
(2) Absence of any disability of upper limb/s.
(3) Absence of any major visual/ auditory disability.
(4) Absence of psychosis/neurosis/mental retardation,
(5) Ability to maintain erect posture,
(6) Reasonable manual dexterity.

Though, following deviations have been revealed, in my opinion, these are not impediments to pursue a career as a Medical / Dental / Ayurved / Homeopathy / Unani / Occupational Therapy / Physiotherapy / Audiology & Speech, Language Pathology / Prosthetics & Orthotics / BSc Nursing. **(Strike, which is not applicable):**

1. .....
2. .....
3. .....

Address of the Registered Medical Practitioner	Signature
	Name
	Registration No.
Date :	Seal of Registered Medical Practitioner

.....
.....

Note:

. A candidate must be medically fit to undergo the MBBS course applied for medical fitness must be certified by a registered medical practitioner in the above- prescribed format ONLY.

. **If the candidate has claimed a PWD seat & is allotted a PWD seat**: He/ She must submit additionally a recent Physically handicapped certificate (PWD) issued by the **Authorized Medical Boards only** as per the instructions of competent authorities of All India/State Quota for the current academic year in information brochures/Notifications/Advisory.

Annexure - A

Self-Declaration

Applicant's Photo

I ..... Son / Daughter of .....aged.....occupation.....resident of.....
.....with UID No. .....
Hereby declare that, I have passed.....course from ..... College during the year ..... and I hereby state that, I have not taken admission during the period of gap from ..... to ..... period, hence, the gap arises in my education.

The information provided above is true and correct to the best of my personal knowledge, information and belief. I fully understand the consequences of giving false information. If the information is found to be false, I shall be liable for prosecution and punishment under Indian Penal Code and / or any other law applicable thereto.

Place :..... Applicant's Signature.....

Date :..... Applicant's Name :.....

INDEMNITY BOND

Rs. 500/- (Rupees Five Hundred Only) Bond (Compulsory)
GOVERNMENT MEDICAL COLLEGE, NASHIK
INDEMNITY BOND

I, Mr./Ms. _____, aged about _____ years, residing at _____, having been admitted to the **First MBBS Course at Government Medical College, Nashik**, for the Academic Year **2026–27**, do hereby execute this Indemnity Bond and undertake as follows:

I have been duly informed of and have understood the terms and conditions governing admission to the MBBS Course and undertake to abide by the rules, regulations, notifications and instructions issued by the Government of Maharashtra, State Common Entrance Test Cell, Directorate of Medical Education and Research, Maharashtra University of Health Sciences, National Medical Commission and other competent authorities from time to time.

1. ADMISSION AND CONDUCT

I shall diligently pursue the MBBS Course at Government Medical College, Nashik and shall abide by the rules, regulations, discipline and conditions prescribed by the College and the concerned competent authorities from time to time.

I shall maintain good conduct and discipline and comply with all academic, administrative and institutional requirements applicable during the period of my studies.

2. PENALTY FOR LAPSE OF SEAT

I understand and agree that, as per the applicable provisions of the **NEET UG-2026 Information Brochure**, any candidate responsible for lapse of an MBBS seat at a **Government/Government Aided/Corporation Medical/Dental College** shall be liable to pay a **Non-Refundable penalty of Rs. 10,00,000/- (Rupees Ten Lacs Only).**

I further understand that this penalty is applicable to any candidate **resigning a seat after the prescribed date for MBBS courses resulting in lapse of seat or also fails to complete the course, irrespective of the admission quota of the candidate.**

This rule shall also be applicable to candidates admitted under the **All-India Quota**, as provided under the applicable admission rules.

Accordingly, in the event of my resignation from the MBBS Course after the prescribed date resulting in lapse of the seat, or in the event that I fail to complete the course, I shall be liable to pay the **Non-Refundable penalty of Rs. 10,00,000/- (Rupees Ten Lacs Only)**, as applicable under the prevailing rules.

3. UNDERTAKING TO ABIDE BY APPLICABLE RULES

I hereby undertake to abide by all the applicable rules, regulations, notifications, Government Resolutions and instructions issued by the competent authorities from time to time in relation to my admission, continuation and completion of the MBBS Course.

I further undertake that I shall be responsible for complying with any financial liability, penalty or other obligation that may become applicable to me under the prevailing rules.

I undertake to the effect that I will not leave India within a period of five years from the date of obtaining the degree, otherwise I will have to pay Non-Refundable Rs.10,00,000/- (Rs. Ten lacs only) as penalty. (NEET UG-2026 Information Brochure for MBBS Course 24.1)

4. INDEMNITY

I hereby agree to indemnify and keep indemnified the **Government of Maharashtra, Government Medical College, Nashik, and the concerned authorities** against any loss, claim, liability or consequence arising due to any breach or violation by me of the applicable rules, regulations, terms and conditions governing my admission and continuation in the MBBS Course.

5. DECLARATION

I declare that I have carefully read and understood the contents of this Indemnity Bond, including the provisions regarding the **Penalty for Lapse of Seat**, and that I execute this Bond voluntarily and without any coercion.

I further undertake to abide by the terms and conditions stated herein and by all applicable rules and instructions issued by the competent authorities from time to time.

IN WITNESS WHEREOF, I have executed this Indemnity Bond on this _____ day of _____, 2026.

Name of the student
Aadhar No.
Address:

Signature with Date

Affix latest passport size photograph

Name of the parent / guardian
Aadhar No.
Address:

Signature with Date

Affix latest passport size photograph

Witness 1:
Name of the witness
Aadhar No.
Address:

Signature with Date

Affix latest passport size photograph

Witness 2:
Name of the witness
Aadhar No.
Address:

Signature with Date

Affix latest passport size photograph

NOTARY

Annexure for Affidavit

100 रु च्या मुद्रांक पत्रावर प्रतिज्ञापत्र व नोटरी

मी याद्वारे घोषित करतो / करते की, खालील शैक्षणिक कागदपत्रे एमबीबीएस पदवीपूर्व अभ्यासक्रमासाठी प्रवेश निश्चित करण्याच्या अनुषंगाने विद्यापीठाची नोंदणी व प्रवेश पात्रता मिळण्यासाठी मा.अधिष्ठाता, शासकीय वैद्यकीय महाविद्यालय, नाशिक यांना खालील शैक्षणिक व इतर संबधित कागदपत्रे सादर करीत आहेत.

शैक्षणिक व इतर संबधित कागदपत्रांची यादी

1) .....

2) .....

3) .....

मी याद्वारे घोषित करतो / करते की वरील शैक्षणिक व इतर संबधित कागदपत्रे खरी आहेत व त्यामध्ये कोणत्याही प्रकारचा बदल किंवा छेडछाड केलेली नाही. सादर केलेली कागदपत्रे/ प्रमाणपत्रे बनावट किंवा चुकीचे आढळून आल्यास माझा प्रवेश रद्द झाला तर त्याची सर्वस्वी जबाबदारी माझी राहिल. व त्याबाबत माझी काहीही तक्रार राहणार नाही.

विद्यार्थ्याची स्वाक्षरी **कायदेशिर पालकाची स्वाक्षरी**

नोटरी / प्रतिज्ञापत्र नोंदणी करणाऱ्या अधिकारी यांची शिक्का व स्वाक्षरी

GOVERNMENT OF (STATE NAME)

Office of the Tehsildar & Executive Magistrate _____ (Districts)

Sr. No ---------- Date / /2026

NATIONALITY CERTIFICATE

This is certify that Applicant _____S/D

of _____ Village _____ Tehsil _____

Dist. _____ State _____ Pin Code_____

_____ He / She is Citizen of India.

Hence this certificate is issued on the basis of Electronic Photo Identity

Card issued by ---------- -----

Tehsildar & Executive Magistrate Office---------

---------- S/D of ----------

VILLAGE ----------, TEHSIL: ----------,

DIST: --------- STATE: ----------,

COUNTRY: INDIA PIN

Tehsildar & Executive Magistrate Office--------

(Only All India Quota Reserve Category Student)
Annexure – III

Office of the ----------

Outward No.: - **Date: -**

TO WHOME IT MAY CONCERN
CERTIFICATE

This is to certify that, the **Caste Certificate No.----------**

Dated..... issued to **Mr./Miss----------**

by the **Tahsildar / Magistrate ----------** is Valid.

Further, it is stated that there is no provision of issuing separate **Caste Validity Certificate in----------**State.

Office Seal / Stamp **Signature of Tahsildar / Magistrate / Issuing Authority**

कार्यालय ----------

जावक क्र. दिनांक:

जो कोई भी इससे संबंधित है उसके लिए प्रमाणपत्र

प्रमाणित किया जाता है की, श्री / कुमारी .....

इनको, तहसिलदार / जिल्हा मॅजिस्ट्रेट .....

कार्यालयद्वारा निर्गमित किया हुया जात प्रमाणपत्र क्रमांक .....

दिनांक..... वैध है ।

तथा, ... राज्य मे अलग से जात वैधता प्रमाणपत्र निर्गमित करने कोई प्रावधान नही है ।

कार्यालयीन मोहोर

तहसिलदार / जिल्हा मॅजिस्ट्रेट तथा
संबंधित अधिकारी के हस्ताक्षर

महाराष्ट्र शासन
शासकीय वैद्यकीय महाविद्यालय, नाशिक
Government Medical College, Nashik
हिं.व.बा.ठा. हॉस्पिटल आवार, पहिला मजला, दुर्गा माता मंदिरा जवळ, राजवाडा नगर,
देवळाली गांव, नाशिक, जि. नाशिक. पिनकोड: ४२२२१४
फोन नं. (०२५३)२९९०१५९ वेबसाईट: www.gmcnashik.in ई–मेल: deangmcnashik@gmail.com

APPLICATION FORM FOR ADMISSION TO FIRST YEAR M.B.B.S. COURSE 2026-27

(Note: Use Capital Letters Only, Use ✓Mark & Strike out whichever is not applicable, do not overwrite)

Paste recent passport size photograph here.

1) CANDIDATE'S NAME (Strictly as per Class XII or Gazette Notification):

(Surname) *(First Name)* *(Father's/ Husband Name)*

2) CANDIDATE'S NAME (in local language i.e. Devnagari (Marathi) :

(Surname) *(First Name)* *(Father's/ Husband Name)*

3) MOTHER'S FIRST NAME:

4) Gender: M A L E ☐	FEMALE ☐				
5) Blood Group (with Rh):					
6) Type of admission (Quota):					
7) Category:	Open / Reserved If Reserved: SC/ ST/ NT(A)/ NT(B)/ NT(C)/ NT(D)/ OBC/ SBC/EWS/SEBC Caste: - _____ CVC- Yes/No				
8) NEET-2026 Roll No.:	9) NEET - 2026 Marks:	Out of 720		Percentile	
10) ALL INDIA RANK -					
11) Allotment Date (CET CELL/ AIQ):					
12) Admission Date at College:					
13) H.S.C Passing Year:					
14) H.S.C Grand Total:					
15) H.S.C Board:					
16) H.S.C Attempts:					

Form Page 1

17) H.S.C PCB Marks:	Out of 300		%	
18) H.S.C. PCBE Marks:	Out of 400		%	
19) English Percentile	Out of 100		%	
20) Religion:				
21) Last School/ College attended:				
22) Date of Birth:				
23) Place of Birth:				
24) Marital Status:	Married / Unmarried			
25) Aadhar No:				
26) Physical Mark:				
27) Height (in cm) & Weight (in Kg)				
28) Permanent Address: PIN Code				
29) Current Address: PIN Code				
State:		District:	Tehsil:	
Students' Location Category:		Rural / Urban / Tribal / Hilly Area		
Contact Details:		Student Mobile No:		
		Parents Phone No: Guardian Phone No:		
Student E-mail ID:				
Parent's Email id: -				
Occupation of Father/ Mother/ Guardian:				
Service/ Business/ Profession/Farmer/Laborer/ Retired				

I hereby declare that, the information filled in by me in this form is true to the best of my knowledge.
I have Attached all the mandatory document as specified in the list documents as specified in the list.

Signature of the Student

Place: -……..

Date: - …….

List of Documents for Admission

Sr. No.	Name of Document / Certificate	Attached (Yes/No)	Sr. No	Name of Document / Certificate	Attached (Yes/No)
1	Admit Card issued by NEET- UG-2026 Issue by NTA		18	Hilly Area Certificate **(If applicable)**	
2	NEET Result / Score Card-2026 Issue by NTA		19	MKB Certificate	
3	SSC Mark Sheet		20	Minority Status Certificate **(If applicable)**	
4	SSC Passing Certificate		21	Aadhar Card / PAN Card / Passport (Photocopy) Photo identify card	
5	HSC Mark Sheet		22	Parent's Domicile **(If applicable)**	
6	HSC Passing Certificate		23	Provisional allotment letter generated online (for All India students) For state quota candidates, Allotment letter / Selection list page.	
7	Nationality Certificate		24	Income certificate issued by competent authority of financial Year 2025-2026. (For Maharashtra candidates only- Claiming EBC for fees) Income Certificate 2025-26 (For EWS, EBC Students)	
8	Domicile Certificate		25	Migration Certificate …. for outside Maharashtra state (OMS) candidates only	
9	Physical / Medical Fitness Certificate		26	Hostel accommodation declaration **(If applicable)**	
10	Leaving/Transfer Certificate		27	Proof of identity (PAN/Driving License/Passport)-Photocopy	
11	Caste Certificate **(If applicable)**		28	Migration Certificate **(If applicable)**	
12	Caste Validity Certificate **(If applicable)**		29	Self-Educational Gap Affidavit by student certified by Executive Magistrate / Notary. **(If applicable)**	
13	Non- Creamy Layer Certificate **(If applicable)**		30	D.D. of Requisite Fees	
14	EWS Certificate **(If applicable)**		31	Student's Hemogram Report (Two Copies)	
15	Orphan Certificate (**If applicable)**		32	Passport size Photographs- 04 Nos.	
16	Person with Benchmark Disability Certificate (PWD) (Annexure – "D") **(If applicable)**		33	Election Card (Annexure-C if less than 18 Years)	
17	Defense claim(D1/D2/D3): All certificates as per NEET-UG-2026 Information Brochure… (For State quotastudents only)		34	Character Certificate	

[Do not leave any field blank strictly write "Yes" if document attached and "No" if not attached. Write "N.A." if not applicable. All certificates should be submitted in Original and two sets of attested Xerox copy

Verification of Original Documents **(Note: Deficit of any original document found should be strictly mentioned below)**		
(1)	**(2)**	**(3)**
1.	1.	1.
2.	2.	2.
3.	3.	3.
4.	4.	4.
5.	5.	5.
Eligible / Not Eligible:	Eligible / Not Eligible:	Eligible / Not Eligible:
Remarks if any:	Remarks if any:	Remarks if any:
Name:	Name:	Name:
Designation:	Designation:	Designation:
Signature:	Signature:	Signature:

STUDENT'S PROFILE

(KINDLY FILL THE FORM IN THE CAPITAL LETTERS ONLY)

*STATE/ALL INDIA*_____

SEX; M/F_____ DATE OF ADMISSION_____

NEET ROLL NO._____AIR NO _____

NAME OF THE STUDENT (in English)_____

(AS PER HSC MARKSHEET)

NAME OF THE STUDENT (in Marathi)_____

LOCAL ADDRESS_____

_____PIN:_____

PERMANENT ADDRESS_____

_____PIN:_____

DATE OF BIRTH_____PLACE OF BIRTH_____

Nationality_____

DOMICILE STATE_____ PHYSICAL MARK _____

MOBILE NOS: - SELF_____& FATHER/MOTHER_____

LAND LINE NO_____AADHAR CARD NO._____

BLOOD GROUP_____MOTHER TOUNGE_____

PAN NUMBER_____

S.S.C. PASSING MARKS/OUT OF _____PERCENTAGE_____BOARD NAME_____

SCHOOL NAME_____MONTH &YEAR OF PASSING_____

H.S. C, PASSING MARKS/OUT OF _____PERCENTAGE_____BOARD NAME_____

_____

COLLEGE NAME_____MONTH & YEAR OF PASSING_____

MARKS: PHYSICS:_____CHEM:_____BIO:_____ENG:_____

PCB TOTAL:_____PCBE TOTAL:_____PCB PERCENTAGE_____HSC SEAT NO_____

NEET MARKS_____NEET PERCENTAGE_____NEET PERCENTILE _____

ADMITTED CATEGORY/QUOTA_____STUDENT'S CATEGORY_____

SUB CASTE_____(ALSO FOR OPEN CANDIDATES), **SPL RESERVATION**_____

ANNUAL INCOME: FATHER_____MOTHER_____

SIGNATURE: CANDIDATE_____FATHER_____

EMAIL ID: (IN CAPITAL)_____MOTHER NAME_____

NON-CREAMY LAYER VALID UPTO_____

INCOME CERTIFICATE_____

NEAREST POLICE STATION NAME & ADDRESS_____

ELECTION CARD NUMBER_____

FATHER DETAILS:

FULL NAME _____Date of Birth _____

PERMANENT ADDRESS_____

STATE_____DISTRICT_____PIN CODE_____

MOBILE NO_____LANDLINE_____

FATHER EMAIL ID_____

MOTHER DETAILS:

FULL NAME _____Date of Birth_____

PERMANENT ADDRESS_____

STATE_____DISTRICT_____PIN CODE_____

MOBILE NO_____LANDLINE_____

MOTHER EMAIL ID_____

STUDENT BANK DETAILS:

STUDENT NAME **(as per Bank Account)**_____

BANK NAME_____BANK AC NO_____

BANK IFSC CODE_____

BANK ADDRESS_____

STATE_____DISTRICT_____PIN CODE_____

(Kindly fill 2 copies of the above form and bring along with you at the time of Admission)

Signature of Parents **Signature of Students**

Student Life Cycle Management Program

Full Name of Candidate:_____
Mobile No. _____Email ID_____

DOB_____Gender _____
Student Caste Category:_____Student Caste:_____
Marital Status:_____
Nationality:_____ Mother Tongue: _____
Religion:_____
IS Minority:_____ Minority:_____Birth Place: _____
Blood Group:_____Height:_____Weight:_____
Guardian Name:_____
Physical Mark:_____Father Annual income:_____
PAN Card No._____Aadhar Card No._____
Emergency Contact Number:_____
Quota Rank:_____ Medium of Instruction:_____
Instruction:_____ TLC Submitted? Yes/No
Quota:_____Admission Letter No:_____
NEET Exam Date:_____
NEET Roll No:_____ Date of Admission:_____
NEET Marks:_____Percentile:_____
Previous Qualification Details:_____ Course:_
Specialization:_____
Institute Name: _____

Institute Address:_____University/Board:_____
Start Date: _____Enda Date:_____Score:_____

Contact Details:_____
House No:_____Locality:_____Street:_____
Landmark:_____Country:_____State:_____ District:_____
Location Type:_____ Post Office:__PIN Code:_____
Nearest Railway Stn:_____

Nearest Police Station: _ _____
_____ ISD No._____STD No._Telephone No:_____
Family Member Full Name:_____
Gender:_____ Relation:_____
Date of Birth:_____ Occupation:_____
Mobile No. _____
Email ID:_____ Bank Details:_____ Bank:_____
Branch:_____
Account Type:_____ IFSC Code:_____

Signature of Student

UNDERTAKING

Name of Student: - ----------

AIR/Sate Quota: ----------

Rank No. ----------

Roll No. ----------

Mobile No.----------

Date: - ----------

To,
The Dean,
Government Medical College,
Nashik.

Subject: - Submission of Undertaking.

Resp. sir/Madam,

I ……..……, selected through All India Quota/ State Quota for Undergraduate admission at Government Medical College, Nashik I have reported on

Date: - / /2026.

I undertake to submit the following certificate(s) with 15 days from the date of admission.

I undersigned declared that the following documents are not submitted for Admission of UG-2026-27 in the subject of ----------

1. ----------
2. ----------
3. ----------
4. ----------
5. ----------

I am aware that if I fail to submit above mentioned documents within 15 days, appropriate action will be initiated against me by the administration. It shall be my responsibility to produce all necessary documents and get eligibility from Maharashtra University of Health Sciences, Nashik.

Signature of Student

Place: -……..

Date: - …….

UNDERTAKING BY THE STUDENT

I, Mr./Mrs./Ms._____ hereby declare that, I am not suffering from

1. Any major physical / mental illness
2. Any communication disease
3. Any familial disease
4. I am willing to undergo mental health assessment as per NMC norms.

Name of candidate .....

Signature of candidate .....

Date .....

Place ....

FORM I

[See sub-clause (a) of clause (i) and sub-clause (a) of clause (ii) of sub-regulation (2) of regulation 7]

ANTI-RAGGING AFFIDAVIT BY THE STUDENT

I _____(Full Name in Block Letters)
Son/ Daughter of Mr./Mrs./Ms._____(Full Name in Block Letters)_____admitted to the Course of _____(Name of Course)_____with Admission No.at_____(Name of College/ Institution) affiliated to (Name of University) _____ have received a copy of the National Medical Commission (Prevention and Prohibition of Ragging in Medical Colleges and Institutions) Regulations, 2021(hereinafter referred to as the said regulations).

2. I have carefully read and fully understood the provisions in the said regulations.

3. I have particularly perused the provisions of regulations3and 4 of the said regulations and have fully understood what constitutes —ragging‖.

4. I have also in particular perused the provisions of Chapter IV and read and understood the administrative and penal actions that may be taken against me in case I am found guilty of ragging or abetting ragging, actively or passively, or being part of a conspiracy to promote ragging.

5. I hereby undertake that—

(i) I will not indulge in any behavior or act that may come under the definition of ragging as may be constituted under regulation3of the said regulations;

(ii) I will not participate in or abet or propagate ragging in any form included but not limited to those that may be constituted under regulation**3** of the said regulations;

(iii) I will not hurt anyone physically or psychologically or cause any other harm.

6. I hereby agree that if found guilty of any aspect of ragging, I may be punished as per the provisions of the said regulations or as per the applicable laws for the time being in force.

7. I also declare that I have never been found to be guilty of ragging or abetting ragging, actively or passively, or being part of a conspiracy to promote ragging and have never been punished in any manner for these offences and further affirm that if this declaration is incorrect or false, my admission is liable to be cancelled / withdrawn.

Signed on this the_____day of _____month of_____year.

Signature

_____

Name: _____

Address: _____

Mobile No: _____

Signature of Witness 1:

(Name of Witness 1)

Address:

Signature of Witness 2:

(Name of Witness 2)

Address:

FORM II

ANTI-RAGGING AFFIDAVIT BY PARENT / GUARDIAN OF THE CANDIDATE/STUDENT

I_____ (Full Name in Block Letters) _____Father Mother/ Guardian of Mr./Mrs./Ms.____(Full Name of Student in Block Letters) admitted to the course of _____ (Name of Course) _____with Admission No _____at_____ (Name of College / Institution)_____affiliated to_____ (Name of University_____

_____hereby declare that I have received a copy of the National Medical Commission (Prevention and Prohibition of Ragging in Medical Colleges and Institutions) Regulations, 2021(hereinafter referred to as the said regulations).

2. I have carefully read and fully understood the provisions in the said regulations

3. I have particularly perused the provisions of regulations3and 4 of the said regulations and have fully understood what constitutes ―ragging‖.

4. I have also in particular perused the provisions of Chapter IV and read and understood the administrative and penal actions that may be taken against my son/ daughter/ward in case he /she is found guilty of ragging or abetting ragging, actively or passively, or being part of a conspiracy to promote ragging.

5. I hereby undertake that my son/ daughter/ ward ―

a. will not indulge in any behavior or act that may come under the definition of ragging as may be constituted under regulations3 and 4 of the said regulations;
b. will not participate in or abet or propagate ragging in any form included but not limited to those that may be constituted under regulations 3 and 4 of the said regulations;
c. will not hurt anyone physically or psychologically or cause any other harm.

6. I hereby agree that if my son/ daughter/ ward is found guilty of any aspect of ragging, he/ she may be punished as per the provisions of the said regulations or as per the applicable law for the time being in force.

7. I also declare that he/she has never been found to be guilty of ragging or abetting ragging, actively or passively, or being part of a conspiracy to promote ragging and have never been punished in any manner for these offences and further affirm that if this declaration is incorrect or false, his/her admission is liable to be cancelled /withdrawn.

Signature

Name: _____

Address: _____

Mobile No: _____

Signature of Witness 1:

(Name of Witness 1)

Address:

Signature of Witness 2:

(Name of Witness 2)

Address:

APPENDIX-D*

AFFIDAVIT

(LOCOMOTOR DISABILITY)
{LOWER EXTREMITY- STABILITY COMPONENTS

I, _____, aged _____ years, son/daughter of _____, resident of _____, holding a valid UDID Card No. _____ issued by _____ on _____, do hereby solemnly affirm and declare as follows:

2. I declare that I am suffering from _____ Disability.

3. The condition causing this disability is diagnosed as .....

4. I am using/not using any assistive device/artificial limb etc.

5. I declare my ability to perform the following functions as below:

Sl. No.	**Functional Ability regarding following Activities declared**	**Candidate Declaration (✓ / X)**
1.	Can you bear weight and stand on both legs?	
2.	Can you bear weight and stand on your affected leg?	
3.	Can you walk on plain surfaces?	
4.	Can you sit on a chair by yourself?	
5.	Can you take turn to the right and left side?	

6. I hereby affirm that I possess the essential competencies and am capable of successfully undertaking the MBBS course.

7. I am aware that any false declaration may result in revocation of my admission.

Deponent Signature: _____
Date: _____
Place: _____

Notarized by:

(**Revised vide Corrigendum Notice of UGMEB, NMC No.* **U-11021/24204/PwBD/2026/UGMEB** *Dated 31.07.2026)*

GMC Nashik

Hostel Rules and Regulations

(If Hostel facility available)

To ensure the safety, discipline, and smooth functioning of the hostel premises, all students are required to strictly adhere to the following rules and regulations:

1. Entry and Exit Timings

- **Monday to Friday:** All hostel residents must return to the hostel by **9:30 PM**.
- **Saturday and Sunday:** The deadline for returning is extended to **10:00 PM**.
- Hostel gates will be locked immediately after these timings.
- Late entries without prior written permission from the hostel warden are strictly prohibited and will be subject to disciplinary action.

2. Leave and Absence

- **Within city travel** requires: Prior permission from the **Hostel Warden** (approval slip mandatory),
- **Out-of-city travel, overnight stay outside hostel** requires:
  - Prior permission from the **Hostel Warden** (approval slip mandatory), and
  - **Parent/guardian consent** through email, phone, or written message.
- No student is allowed to leave the hostel overnight or out of station without both approvals.
- Students must enter all details (destination, purpose, return time/date, and contact number) in the **Hostel Leave Register**.
- Unauthorized absence will lead to strict disciplinary action.

3. Prohibited Electrical Appliances

The use of heavy electrical appliances inside hostel rooms is strictly prohibited. These include, but are not limited to:

- Microwave ovens
- Refrigerators
- Induction cooktops
- Electric rods/heaters
- Toasters
- Electric kettles

Any such appliances found will be **confiscated immediately** and further disciplinary action may follow.

4. General Conduct

1. Residents must maintain cleanliness and hygiene in rooms **and corridors**.
2. Shoes must be placed in the **designated racks** only.
3. Noise levels should be kept low to avoid disturbance to others, especially during study and sleeping hours.
4. Smoking, alcohol, and drug use within hostel premises are strictly prohibited and will result in expulsion.
5. **Visitors are not allowed inside hostel premises under any circumstances.**

5. Security and Safety

1. Residents must lock their rooms when unattended and avoid leaving valuables unsecured.
2. Any damage to hostel property will be recovered from the concerned student along with penalty.
3. Tampering with fire safety equipment is a serious offence and will invite strict disciplinary measures.

6. Disciplinary Action

Violation of any hostel rule may result in:

- **First violation:** Written warning **or direct expulsion** depending on severity.
- **Any repeated or serious violation:** Immediate expulsion from hostel.
- Confiscation of prohibited items and fines may also apply.

7. Anti-Ragging Policy

- **Ragging in any form is strictly prohibited** in the hostel and on the campus.
- Any student found involved in ragging will face **immediate expulsion** from the hostel and disciplinary action as per the law and institutional regulations.

8. Amendments

The hostel management reserves the right to amend or update the rules as and when necessary. All residents will be informed of such changes accordingly.

Declaration of Self-Responsibility & Compliance

I, the undersigned, hereby declare that:

- I have read and understood the hostel rules, regulations, and leave policy.
- I take full responsibility for my personal well-being and safety during my stay.
- Whenever I leave the hostel premises (daytime or overnight), I will do so at my own risk, with prior approval of the **warden** and **consent of my parent/guardian**.
- I will provide complete and truthful details regarding my leave and record them in the **Hostel Leave Register**.
- I understand that violation of rules, misconduct, or giving false information may result in disciplinary action, including **warnings, suspension, expulsion, and intimation to academic authorities**.

Student Details

Name: _____

Course: _____

Room No.: _____

Contact Number: _____

Parent's Contact Number: _____

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

फोटो

कुमार/ कुमारी----------

पत्ता ----------

दि.

प्रति,

मा.अधिष्ठाता,

शासकीय वैद्यकीय महाविद्यालय,

नाशिक

विषय: - जात प्रमाणपत्र / जात वैधता प्रमाणपत्र / E.W.S. प्रमाणपत्र सत्यतेबाबत.

मा. महोदय,

मी कुमार / कुमारी ……. वय……....….. वर्षे,……राहणार……..-- ……प्रतिज्ञापुर्वक असे नमुद करतो / करते की, माझे महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक यांच्याशी संलग्नित असलेल्या …….. या ठिकाणी रा. सा. प्र. प. कक्ष, महाराष्ट्र राज्य (CET) अन्वये, AIR क्र. ……. Allotment Letter No. …… MBBS या अभ्यासक्रमाकरीता शैक्षणिक वर्ष 2026 - 27 पासून ……जात प्रवर्गा अंतर्गत प्रवेश प्राप्त झालेला आहे. या प्रवेश प्रक्रिये दरम्यान मी माझे जातीचे प्रमाणपत्र क्र. ……..……..……व जात पडताळणी प्रमाणपत्र क्र.……..……..…… जे मला अनुक्रमे (1) …..……व (२) ……..…… या प्राधिकरणांकडून प्राप्त झालेले आहेत, ते सत्य आहे. हे मी प्रतिज्ञापुर्वक मान्य करतो/ करते. सदर प्रमाणपत्र पडताळणी अंतर्गत चुकीचे किंवा खोटे, असत्य किवा बनावट असल्याचे सिध्द झाल्यास, मी महाराष्ट्र शासन / प्रशासकीय नियमानुसार कायदेशिररित्या होणा-या कारवाईस पात्र ठरेन, याची मी ग्वाही देते / देतो. तसेच, सदर प्रवेश प्रक्रिया, प्रवेशाची नोंदणी व पात्रता रद्द ठरु शकते, याबाबत सुद्धा मी ज्ञात आहे.

आपला / आपली विश्वासू,

सोबतः प्रमाणपत्रांच्या साक्षांकित केलेल्या

छायांकित प्रती जोडल्या आहेत.

स्वाक्षरी

स्वाक्षरी

माझ्या समक्ष माझ्या पाल्याने

प्रतिज्ञापुर्वक स्वाक्षरी केली

कुमार / कुमारीः……..…….

आधार कार्ड नं.:……..……..……..….

मोबाईल नं.:……..……..…..…

पालकांचे स्वाक्षरी, नाव,व

नातेः……..……

आधार कार्ड नं.:……..……मोबाईल नं.----------

(Kindly fill 3 copies of the above form and bring along with you at the time of Admission)

Annexure “C”

पदवी प्रथम वर्ष अभ्यासक्रमास प्रवेश घेणा-या सर्व मुला/मुलींकडुन प्रवेशाच्या वेळीच मतदार यादीमध्ये नाव नोंदणी करण्याच्या अनुषंगाने घ्यावयाचे प्रमाणपत्र / हमीपत्र नमुना.

मी_____अभ्यासक्रम:_____

_____महाविद्यालयाचे नाव _____ या महाविद्यालयात प्रथम वर्षात प्रवेश घेतला असुन मी दिनांक: ०१/०१/_____ रोजी १८ वर्षाचा / वर्षाची झालो /झाले आहे किंवा होणार आहे. १८ वर्ष पूर्ण झाल्याबरोबर मी माझे नाव मतदार यादीत नोंदवून घेणार आहे अशी मी प्रतिज्ञा करतो/ करते.

स्वाक्षरी:_____

नाव :_____