

**OFFICE OF THE DEAN
INDIRA GANDHI GOVT. MEDICAL COLLEGE, NAGPUR.**

MBBS ADMISSION – YEAR 2017-18

(FILL ALL INFORMATION IN CAPITAL LETTERS)

ATTACH
STUDENT
LATEST
PHOTO

- | | | | |
|---|----|-------------------------|-------------------------------|
| 1. NAME OF STUDENT
(As per 12 th Marksheet) | :- | | |
| 2. NATIONALITY | :- | | 3. SEX :- MALE / FEMALE |
| 4. CATEGORY | :- | | 5. BLOOD GROUP :-..... |
| 6. CASTE | :- | | 7. SUB CASTE :- |
| 8. DATE OF BIRTH | :- | | 9. QUOTA :- GOVT./ AIEE / GOI |
| 10. SML NO./ MERIT NO. | :- | | |
| 11. CET / AIEE MARKS&
PERCENTAGE | :- |
.....% | 12. HSC PCB MARKS :- |
| 13. HSC BOARD NAME | :- | | PERCENTAGE :- |
| 14. PASSING MONTH &
YEAR (12 th Standard) | :- | | |
| 15. MEDIUM | :- | | 14. GRADE DIVISION:-..... |
| 16. PERMANENT ADDRESS
OF STUDENT | :- |
.....
..... | |
| 17. STUDENT MO. NO. | :- | | PIN..... |
| 18. PARENTS MOBILE
& PHONE NO. | :- | | |

19. PARENTS OCCUPATION :- SERVICE/BUSINESS/FARMER/LABORER/RETIRED
 OFFICE ADDRESS :-
 OFFICE PHONE NO :-
 DESIGNATION :-
 ANNUAL INCOME :-

Sub Category SC/ST/OBC/ GEN/VJ/NT/ Others	Marks Obtained by the student in 10+2 (PCB) along with maximum marks (i.e. out of which)					CET / AIEE		
	PCB Mark		PCB %	English Marks		English %	Obt.	Max.
	Obt.	Max.		Obt.	Max.			

DATE:- / /2017

SIGNATURE OF STUDENT

PARENTS SIGNATURE
 (NAME :-)

SIGNATURE OF ACADEMIC
 SECTION

SIGNATURE
 OFFICER IN-CHARGE

FIRST M.B.B.S. ADMISSION – 2017-18

Arrange following Original Certificates and its 2 attested Xerox sets in a File.

1. Nationality Certificate/Domicile/Passport Xerox/ Birth Cert.
2. 10th Passing Certificate
3. 12th Marksheet
4. 12th Passing Certificate (AIEE Student)
5. Entrance Exam. Marksheet (MHT-CET/AIEE)
6. AIEE/G.O.I. Selection letter
7. Admit Card
8. Rank Letter (AIEE Student)
9. Caste Certificate (if applicable)
10. Caste Validity Certificate (if applicable)
11. Non Creamy Layer Certificate (if applicable)
12. College Leaving Certificate
13. Migration Certificate (if applicable)
14. Self Gap Affidavit (if applicable)
15. Defence Certificate (if applicable)
16. Hilly Area Certificate (if applicable)
17. Physical Fitness Certificate

- NOTE :**
- 1) Student Should Bring colour Soft Copy / Scan Copy of all Original Certificate in JPEG Image In Pen Drive
 - 2) Student should keep themselves Xerox copies of all above mentioned certificates, no original or Xerox copy of certificates will be issued after admission process completes

FEE SCHEDULE OF MBBS ADMISSION

YEAR-2017-18

- | | | |
|-------------------|---------------|---|
| 1. Tution Fee | - Rs. 70800/- | (Only to Open/UR Category and whose Domicile is other than Maharashtra) |
| 2. <u>Library</u> | - Rs. 1000/- | . |
| TOTAL | | - Rs. 71800/- |

D.D. In favor of 'Administrative Officer, I.G.G.M.C. Nagpur.
(Note :- Tution fee is exempt to reserve Category student)

- | | | |
|------------------------------|--------------|----------------------|
| 1. Development Fee | - Rs. 5000/- | |
| 2. Hostel Fee | - Rs. 4000/- | |
| 3. Caution Money | - Rs. 3000/- | |
| 4. Library Deposit | - Rs. 2000/- | |
| 5. Gymkhana Fee | - Rs. 500/- | |
| 6. <u>Laboratory Deposit</u> | - Rs. 100/- | |
| TOTAL | | - Rs. 14600/- |

D.D. In favor of 'Dean, I.G.G.M.C. Nagpur.'

- | | | |
|----------------------------|--------------|-------------------------------|
| 1. Admission Fee | - Rs. 1500/- | (By Cash) |
| 2. Student Association | - Rs. 750/- | (By Cash) |
| 3. MUHS Development Fee | - Rs. 150/- | (By Cash) |
| 4. <u>MH-CET Insurance</u> | - Rs. 760/- | (By Cash) |
| TOTAL | | - Rs. 3160/- (By Cash) |

ANNEXURE - I**MEDICAL FITNESS**

A candidate may not apply for admission to the professional course, until s/he is medically fit. The medical fitness must be certified by a Registered Medical Practitioner in the prescribed proforma, as given below on a **Letterhead** :

CERTIFICATE OF MEDICAL FITNESS

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

He/she has not given any personal history of any disease/incapacitating ailment, 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 limbs.
- (3) Absence of any major visual/auditory disability.
- (4) Absence of any serious respiratory/renal/hepatic/renal.
- (5) Absence of any congenital anomaly.
- (6) Absence of any mental defect.

Though, some minor deviations have been noticed, in my opinion, these are not impediments to pursue a career as a Medical/Dental/Awarded/Unani/Occupational Therapy/Physiotherapy/Radiology & Speech/Language Pathology/Prosthetics & Orthotics/BSN/ Nursing (Stroke), which is not applicable:

1. _____
2. _____
3. _____

Address of the Registered Medical Practitioner:

Signature

Name

Registration No.

Seal of Registered Medical Practitioner

Date