

GOVERNMENT MEDICAL COLLEGE,
AMBERNATH – 421501

Instruction Manual for NEET UG-2024 Admission Process

Welcome

Undergraduate Students Joining Our Institute for the
Academic Year 2024-25

Contact Details:

1. Official Email ID: deangmcambarnath@gmail.com
2. Official Website: www.gmcambarnath.com
3. Nodal officer – Dr. Pankaj Kamble -7709474828

MBBS ADMISSIONS PROCESS

All the selected students of **NEET-UG-2024** who have been allotted seat at **Government Medical College, Ambernath** should follow following instructions and accordingly report with all details required for admission process.

1. **Download & print this PDF file. READ CAREFULLY ALL DETAILS.**
2. **Student should report personally for admission / admission cancellation in case of upgradation. PROXY will not be allowed for admission process/Cancellation of admission.**
3. **Print and fill 2 copies of Application Form.**
4. **Print and fill 2 copies Original document Holding Certificate.**
5. **Print and fill 1 copy of Candidate information.**
6. **Print and fill 1 copy of Medical Fitness issue by Registered Medical Practitioner in the prescribed format ONLY .**
7. **Print and fill 2 copies of Declaration for Hostel Accommodation.**
8. **All original documents** enlisted in the holding certificate will be compulsorily required for admission. Additionally, student should submit **2 sets of SELF ATTESTED Xerox/photo copies** of all original documents.
9. **All original Documents INDIVIDUALLY SCANED in PDF format only** will be compulsorily required during admission. Student should scan document properly through computer scanner (Max. Size 500 kb only).
10. **Kindly, don't use mobile scanner for scanning documents.** Individual Original Documents should be scanned and renamed appropriately. **e.g.** Nationality certificate after scanning should be renamed as **Nationality - Name of Student**.
Prepare Folder and rename it with Name of the student, keep all scan documents in this folder for submission during admission. **Scan documents will be accepted only in Pen Drive.**

- Other Letters/undertakings if required will be taken at the time of admission if permissible within the rules thereof.
- Kindly note: Admission Process requires verification and approval. No student will be given Joining letters urgently.
- **Students are advised to read details of admission process in information brochure/FAQs/other notifications available on www.mcc.nic.in website. For state admissions (Maharashtra state) refer state commissioner & admission regulating authority official website (www.mahacet.org).**
- For Service Bond & Penalty read NEET-UG-2024 Information brochure available on www.mahacet.org
- **The institute is responsible for only admission process. We will not be available/responsible to guide any students for further rounds or rules & regulations of All India/State. The student should read information brochure/Notifications/Advisory issued by different agencies on official websites. Please don't contact institute admission cell for any such information.**
- Students are strictly advised NOT TO EDIT ANY FORMATS. All formats should be filled by student in his/her own hand writing.
- **Kindly Note: Other website (Govt/Private) is NOT ALLOWED to display this information on their personal websites. All Candidates to note, Government Medical College, Ambernath has NOT appointed any agency (Govt/Private) for admission process/Facilitation or guidance center.**
- Submit all documents in a simple button folder as below:
On folder, write your Name, Category, admission Quota & Mobile Number with thick permanent marker.



- **Late Fee of Rs. 50/- Per week per document will be applicable for all pending documents which is not available at the time of admission as per MUHS Eligibility Circular.**

APPLICATION FOR ADMISSION

STUDENT'S DETAILS (ALL IN CAPITAL)

RECENT PASSPORT
SIZE
PHOTOGRAPH

NAME: _____

FULL ADDRESS: _____

_____ PIN _____

MOBILE NO.: _____

EMAIL ID: _____

PHONE NUMBER OF RESIDENCE WITH STD CODE OR

PARENT'S CONTACT DETAILS: _____

DATE: /10 /2024

To,
The Dean,
Government Medical College, Ambernath.

Sub. : Joining in First Year M. B. B. S. Course at
Government Medical College, Ambernath.
Ref. : Allotment Letter No./ List & Serial No
Date: / /2024.

Respected Sir/Madam,

I, the undersigned Shri/Kum. (Full Name in Capital) _____
_____ have been selected for First Year M. B. B. S. Course in
Government Medical College, Ambernath as per the selection letter of All India / State list. Kindly enroll
me in your esteemed college as First Year M. B. B. S. student for the Academic year 2024-25.

Thanking you.

Yours Faithfully,

(Sign with name)

	 <p style="text-align: center;">महाराष्ट्र शासन शासकीय वैद्यकीय महाविद्यालय, अंबरनाथ, जि.ठाणे-421 501 GOVERNMENT MEDICAL COLLEGE, AMBERNATH, DIST. THANE - 421 501 e-mail - deangmcambernath@gmail.com</p>	
NO./GMCA/UG-Admin/2024-25/ /2024		Date: /10 /2024

ORIGINAL DOCUMENTS HOLDING CERTIFICATE

Received following original documents from Miss/Mr. _____
_____ admitted through All India quota/State quota to
1stMBBS course on /10 / 2024 for the academic year 2024-25

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 & Compulsory Bond service.

Sr. No.	Original Documents Required	Yes	No
1	Nationality Certificate OR Valid Passport attested by Dean		
2	Domicile Certificate		
3	Aadhar Card (Photocopy)		
4	SSC (10th) Passing Certificate		
5	HSC (10+2) Mark sheet		
6	HSC (10+2) Passing Certificate		
7	Admit card NEET-UG-2024 issued by NTA		
8	Result NEET-UG-2024 issued by NTA		
9	Proof of identity (PAN/Driving License/Passport)-Photocopy (The candidate must be born on or before 31.12.2007 to be eligible)		
10	Provisional allotment letter generated online (for AI students). For state quota candidates, Allotment letter/Selection list page.		
11	Caste Certificate (if applicable)		
12	Caste Validity Certificate (if applicable) 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 Valid up to 31.03.2025 (if applicable)		
14	Eligibility Certificate for EWS category issued by appropriate authority, for the year 2024-25.		
15	School Leaving OR Transfer Certificate		
16	Defense claim(D1/D2/D3): All certificates as per NEET-UG-2024 Information Brochure... (For State quota students only)		
17	Physically Handicapped Certificate.... (If applicable)		
18	<ul style="list-style-type: none"> • MKB: Disputed area certificate, • Mother tongue certificate, • SSC/HSC from MKB Area.... (For State quota students only)		
19	Hilly Area Certificate.... (for State quota students only)		
20	Medical Fitness Certificate in prescribed format		
21	Income certificate issued by competent authority of financial year 2024-2025. (For Maharashtra candidates only-Claiming EBC for fees)		
22	Migration Certificate for Outside Maharashtra State (OMS) candidates only		
23	Self-Education Gap Certificate (Affidavit on Rs.100/-Bond) ...if applicable		
24	Hostel accommodation declaration (compulsory for all)		
Tuition Fees:			
D.D. No: _____ of Rs. _____			
Miscellaneous Fees:			
D.D.No: _____ of Rs. _____			
<i>Original Document & 2 Xerox sets to be prepared exactly as per above sequence.</i>			

DEAN,
GOVERNMENT MEDICAL COLLEGE,
AMBERNATH – 421501

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 fulfils 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.
	Seal of Registered Medical Practitioner
Date:	

DECLARATION: BY STUDENT & PARENTS **HOSTEL FACILITY (If applied/allotted)**

I, _____ is admitted for _____ course in the academic year _____ at Government Medical College & Hospital, Ambernath.

I and my Parents/Legal guardian have gone through the SOP for hostel accommodation given in the admission manual at the time of Joining. We have clearly understood all rules and regulations mentioned in SOP.

I hereby declare that I am suffering from _____

Disease (s) and on treatment. I am receiving following _____

_____ drugs for my disease element since _____ days/Months/Years. I also declare that I am not hiding any information related to my health issues.

We, here by undertake and declare that, if hostel accommodation is allotted, I will abide with all the rules and regulation mentioned in the SOP. If I break any rule mentioned thereof in the SOP, I will be liable for appropriate action.

Signature of Student with Date

Name of the Student: _____

Full Address with Pincode: _____

Mobile No. _____

Email Address: _____

Signature of Parents / Legal Guardian with Date

Name of Parents / Legal Guardian: _____

Full Address with Pincode: _____

Mobile No. _____

Email Address: _____

UNDERTAKING-NEET-UG ADMISSIONS 2024-25

(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.

Name & Sign Witness:

(Name & Sign of candidate with date):

Contact No.:

Contact No.:

Place :

Date :

FEES: To be submitted as Demand Draft Details (DD)

For M.B.B.S. Admission in the year 2024-25 Selected students are instructed to submit the DD as follows

*Demand drafts to be drawn from Nationalized banks
(Errors or spelling mistakes in the DD will NOT be accepted)*

Fees demand draft in favor of:

DEAN, GOVERNMENT MEDICAL COLLEGE, AMBERNATH (Payable at AMBERNATH)

M.B.B.S. ADDMISSION DETAILED FEES STRUCTURE 2024-25.

MBBS FEES STRUCTURE	OPEN Category	Reserve Category						EWS (For Maharashtra Student Only) (GR.2018050315 17347613, Dated 03-05-2018) (Income less than 8 Lakh)		SEBC (For Maharashtra Student Only) (GR. 2018050315173476 13, Dated 03-05-2018) (Income less than 8 Lakh)		OPEN Category (For Maharashtra Students Only) Parent's income of Rs. 8.0 lakhs certificate is compulsory (G.R.No.MED1016/47 /3/16/education2/ Dated.03.05.2018)	
		SC	ST	VJ	NT	OBC		Female	Male	Female	Male	Female	Male
						Female	Male						
Tuition Fees (A)	138300/-	00/-	00/-	00/-	00/-	00/-	69150/-	00/-	69150/-	00/-	69150	00/-	69150
Library Fees	1000/-	1000/-	1000/-	1000/-	1000/-	1000/-	1000/-	1000/-	1000/-	1000/-	1000/-	1000/-	1000/-
Misc Fees	50/-	50/-	50/-	50/-	50/-	50/-	50/-	50/-	50/-	50/-	50/-	50/-	50/-
Total (A)	139350/-	1050/-	1050/-	1050/-	1050/-	1050/-	70200/-	1050/-	70200/-	1050/-	70200/-	1050/-	70200/-
Other Fees (B)													
Development Fund	5000	5000	5000	5000	5000	5000	5000	5000	5000	5000	5000	5000	5000
Admission Fees	1500	1500	1500	1500	1500	1500	1500	1500	1500	1500	1500	1500	1500
Caution Money Deposit (CMD)	3000	3000	3000	3000	3000	3000	3000	3000	3000	3000	3000	3000	3000
Library Deposit	2000	2000	2000	2000	2000	2000	2000	2000	2000	2000	2000	2000	2000
MUHS Rashtriya Yojana Fee	10	10	10	10	10	10	10	10	10	10	10	10	10
Gymkhana Fees	500	500	500	500	500	500	500	500	500	500	500	500	500
Ashvamedha Fees	500	500	500	500	500	500	500	500	500	500	500	500	500
University Development Fund	100	100	100	100	100	100	100	100	100	100	100	100	100
Book bank Fee	10	10	10	10	10	10	10	10	10	10	10	10	10
Total (B)	12,620/-	12,620/-	12,620/-	12,620/-	12,620/-	12,620/-	12,620/-	12,620/-	12,620/-	12,620/-	12,620/-	12,620/-	12,620/-
Total (Rs.) A + B	151970/-	13670/-	13670/-	13670/-	13670/-	151970/-	82820/-	151970/-	82820/-	151970/-	82820/-	151970/-	82820/-
After allotment of hostel, following charges will be applicable													
Hostel Deposit (Only Once)	1000/-	1000/-	1000/-	1000/-	1000/-	1000/-	1000/-	1000/-	1000/-	1000/-	1000/-	1000/-	1000/-
Hostel Rent (Per Year)	4000/-	4000/-	4000/-	4000/-	4000/-	4000/-	4000/-	4000/-	4000/-	4000/-	4000/-	4000/-	4000/-
Electricity Charges (Per Year)	36/-	36/-	36/-	36/-	36/-	36/-	36/-	36/-	36/-	36/-	36/-	36/-	36/-

Note:

- Please Note cash/cheque/Online transaction will NOT be accepted.
- Changes in fees structure as per the instructions of state Govt will be applicable from time to time.
- The demand draft will be deposited in the institute account only after cut-off date of admission process.
- If students are allotted another college in subsequent rounds of All India / state, DD will be refunded back to the student. All such students will be required to pay an amount of Rs.1500/- cash (admission cancellation fees) to be paid in cash section of institute & receipt to be deposited in CET CELL.
- If required, further instructions regarding fees will be given during admission.
- Candidates should write their **Name and phone number on the back side of each DD.**

Demand Draft Details

Please submit Two Demand Drafts in favor of
“Dean, Government Medical College , Ambernath ”

Account Details : Bank of Baroda
Branch : Ambernath(E), Ambarnath 421501
Account No:37540200001754
IFSC:BARB0AMBEAS

(Note: Corrections/Alterations/Overwriting will not be Accepted and DD should be payable at Ambernath)
(Details of amount to be paid is as mentioned below)

Particulars of Fees	D.D. No. 1	D.D. No. 2
For Open Category of Maharashtra and All India Quota Candidates (UR and Reserved)	139350/-	12620/-
For Reserved Category Candidates of Maharashtra State (SC, ST, VJ, NT)	1050/-	12620/-
For OBC (Males),EWS (Males) SEBC (Males) Category of Maharashtra State Students	70200/-	12620/-
For Female Candidates (Only for OBC, SEBC, EWS CATEGORY with Maharashtra State Domicile)	1050/-	12620/-

SERVICE BOND

To be submitted ONLY after final confirmation of admission/after cut-off date.

Note :

1. It will be the total responsibility of the student to submit the service bond **after final confirmation/Cut-off-date** of admission **within one week**. Non submission of Bond does not mean that you are not bonded. Bond service is mandatory. Any student who is failing to submit the Bond within the stipulated time will not be eligible for appearing the exams & also appropriate action will be initiated by the administration.
2. **Bond should be prepared on Rs.500/-Bond paper & Notarized.**
3. As per Government Resolution (G.R. No. MED 1007/CR-490/07/Ed-2 dated 8th Feb 2008 and any G.R issued in this regard from time to time), candidates joined against the seats of Government/Municipal Corporation colleges for admission to MBBS/BDS Courses either through GOI nominee, All India quota through NEET UG 2024 will be required to sign a bond to serve the Government of Maharashtra or local self-government or Defense services for a period of one year, after the completion of internship. One year bonded service is compulsory as per Maharashtra State GR Dtd. 13th June, 2022. Additionally, he/she will be required to sign an undertaking to the effect that he/she will not leave India within a period of five years from the date of obtaining the degree.
4. **PENALTY FOR LAPSE OF SEAT(MBBS/BDS COURSE):**As per Government Resolution No. CET 3516/CR 169/Edu-2 dated 13/04/2017, Any candidate responsible for lapse of MBBS/BDS seat will have to pay Non-Refundable a penalty of Rs.10,00,000/- (Rupee Ten Lacs Only). This penalty is applicable to all those candidates who do not join during last round or cancel a seat after last round of admission. This penalty is also applicable to any candidate resigning a seat after cut-off date for MBBS/BDS course or also fails to complete the course, irrespective of admission quota of the candidate.

INDEMNITY BOND AND UNDERTAKING

Students are requested to go through the instruction carefully before filling the **INDEMNITY BOND AND UNDERTAKING**. The students seeking the admission for the year 2024-2025, have to execute the Indemnity Bond & Undertaking on 100 /- Rupees stamp paper each and duly notarized. Students have to submit the Indemnity Bond & Undertaking within one month after admission Cutoff date.

IDENTITY CARD

Identity card will be issued only after completion of all admission formalities including submission of Service Agreement Bond & Surety Bond with all requisite documents and payment of fees.

H.C.- UG Section

Contact No.

UNDERTAKING

I, selected through All India Quota/ State Quota for Undergraduate admission at Government Medical College, Ambernath. I have reported on Date: - / /2024.

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

- 1)
- 2)
- 3)
- 4)
- 5)
- 6)

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.

Name: -

Signature of Candidate

AIR/Sate Quota: -----

Mobile No.

E-mail.

ANNEXURE - E

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

Annexure 'C'

पदवी, पदव्युत्तर पदवी प्रथम वर्ष अभ्यासक्रमास प्रवेश घेणाऱ्या सर्व मुला/मुलींकडून प्रवेशाच्या वेळीच मतदार यादीमध्ये नाव नोंदणी करण्याच्या अनुषंगाने घ्यावयाचे प्रमाणपत्र / हमीपत्र नमुना

हमीपत्र

मी , अभ्यासक्रम :

महाविद्यालयाचे नाव:

..... या महाविद्यालयात प्रथम वर्षात प्रवेश घेतला असून मी दिनांक ०१/०१/..... रोजी १८ वर्षाचा /वर्षाची झालो / झाले आहे किंवा होणार आहे. १८ वर्ष पूर्ण झाल्याबरोबर मी माझे नाव मतदार यादीत नोंदवुन घेणार आहे अशी मी प्रतिज्ञा करतो/करते. यासाठी सोबत जोडलेला नमुना ६, ७ ८ व ८अ व्यस्थितपणे भरलेला आहे.

स्वाक्षरी

नाव :

फोटो

कुमार/कुमारी _____

पत्ता: _____

दि.: _____

प्रति,

मा.अधिष्ठाता,

शासकीय वैद्यकीय महाविद्यालय,

अंबरनाथ

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

माननीय महोदय / महोदया,

मी कुमार / कुमारी _____ वय _____ वर्ष, राहणार

_____ प्रतिज्ञापुर्वक असे नमुद करतो / करते की, माझे महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक यांच्याशी संलग्नित असलेल्या शासकीय वैद्यकीय महाविद्यालय, अंबरनाथ या ठिकाणी रा. सा. प्र. प. कक्ष, महाराष्ट्र राज्य (CET) अन्वये, AIR क्र. _____, Allotment Letter No.

_____, MBBS या अभ्यासक्रमाकरीता शैक्षणिक वर्ष 2024-25 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

(2) _____ या प्राधिकरणांकडून प्राप्त झालेले आहेत, ते सत्य आहे. हे मी प्रतिज्ञापुर्वक मान्य करते.

सदर प्रमाणपत्र पडताळणी अंतर्गत चुकीचे किंवा खोटे, असत्य किंवा 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 ठरू शकते, याबाबत सुद्धा मी जात आहे.

आपला / आपली विश्वासू

सोबत: प्रमाणपत्रांच्या साक्षांकित केलेल्या

छायांकित प्रती जोडल्या आहेत.

स्वाक्षरी

माझ्या सक्षम माझ्या पाल्याने

प्रतिज्ञापुर्वक स्वाक्षरी केली.

कुमार / कुमारी: _____

आधार कार्ड नं.: _____

मोबाईल नं.: _____

पालकांचे स्वाक्षरी, नाव, व नाते: _____

आधार कार्ड नं.: _____

मोबाईल नं.: _____

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