



महाराष्ट्र शासन

शासकीय वैद्यकीय महाविद्यालय व सर्वोपचार रुग्णालय, बारामती

प्लॉट पी- १०७, एम.आय.डी.सी. आवार, महिला रुग्णालया समोर, बारामती पिन नं - ४१३१३३

**GOVERNMENT MEDICAL COLLEGE, BARAMATI
FIRST YEAR MBBS FEE STRUCTURE ACADEMIC YEAR 2019-20
DEMAND DRAFT**

RESERVE CATEGORY

1) PLA

Sr No.	Particular	Amount Rs.
1	Admission fee	1500
2	Library Fee	1000
3	Gymkhana Fee	500
4	Library Deposit	2000
5	Development Fee	5000
	TOTAL	10000/-

DD IN FAVOUR OF - DEAN GOVERNMENT MEDICAL COLLEGE, BARAMATI

PAYABLE AT BARAMATI



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**GOVERNMENT MEDICAL COLLEGE, BARAMATI
FIRST YEAR MBBS FEE STRUCTURE ACADEMIC YEAR 2019-20
DEMAND DRAFT**

EWS AND SEBC CATEGORY (Parents income less than 8 lakh)

1) GOVERNMENT FEE

Sr No.	Particular	Amount Rs.
1	Tuition Fee	42900/-

DD IN FAVOUR OF- DEAN GOVERNMENT MEDICAL COLLEGE, BARAMATI

2) PLA

Sr No.	Particular	Amount Rs.
1	Admission fee	1500
2	Library Fee	1000
3	Gymkhana Fee	500
4	Library Deposit	2000
5	Development Fee	5000
	TOTAL	10000/-

DD IN FAVOUR OF - DEAN GOVERNMENT MEDICAL COLLEGE, BARAMATI

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GOVERNMENT MEDICAL COLLEGE, BARAMATI

FIRST YEAR MBBS FEE STRUCTURE ACADEMIC YEAR 2019-20

DEMAND DRAFT

GENERAL CATEGORY

1) GOVERNMENT FEE

Sr No.	Particular	Amount Rs.
1	Tuition Fee	85800/-
	TOTAL	85800/-

DD IN FAVOUR OF- DEAN GOVERNMENT MEDICAL COLLEGE, BARAMATI

2) PLA

Sr No.	Particular	Amount Rs.
1	Admission fee	1500
2	Library Fee	1000
3	Gymkhana Fee	500
4	Library Deposit	2000
5	Development Fee	5000
	TOTAL	10000/-

DD IN FAVOUR OF - DEAN GOVERNMENT MEDICAL COLLEGE, BARAMATI

Payable at Baramati



GOVT. OF MAHARASHTRA

GOVERNMENT MEDICAL COLLEGE, BARAMATI
DISTRICT-PUNE-413 133.

MBBS Admission for the Year 2019-2020.

"Welcome to this Prestigious Medical Course"

☺ Please follow the instructions strictly before taking the admission

➔ **MAKE ENOUGH PHOTO COPIES (50 EACH)** of all your original documents before submitting to this college. Keep all sets of Xerox copies with you only and should not be sent / kept with parents (Home Town) as you need to submit Xerox copies of certificates frequently

➔ **PLEASE NOTE THAT :**
THE FILE OF YOUR ALL ORIGINAL DOCUMENTS WILL NOT BE GIVEN BACK TO YOU FOR FURTHER 4 to 5 YEARS AND ALSO WILL NOT BE MADE AVAILABLE FOR XEROXING. If student have not submitted any required certificate in original within time he/she should pay fine charged by University.

1. Get One File From Stationary Shop.
2. Put all original certificates and two set of Attested Xerox copies serially with page no.1. (As per the "Checklist of Certificates")
3. Get verified all the original certificates by the Gazzeted Officers present from 10 a.m. to 1 p.m. and 2 p.m. to 5 p.m.
4. After verification of certificates get the Signature of Dy. Dean, on

Page No.1. ("Checklist of Certificates")

5. **Important:-** Every student must submit their all Original Documents Soft copy in Pendrive at the time of admission process.

➤ State Quota Students who will not be appearing for the next round and will be staying at G.M.C. Baramati, should get the signature of Dy. Dean on Status Retention form also.

- For All India Quota Students: They have to confirm their willingness for next round at the time of online reporting at U.G. Student Section.

6. Submit the following to the student section:-

i) One file containing Set of all (required by D.M.H., Mumbai & M.U.H.S., Nashik) Original Certificates + 2 Set of Attested (Online copy also) Xerox Certificate.

ii) Seven photo copies of Checklist of certificate (Page No. 1) after Dr. Dean's signature.

iii) Single copy of Receipt- Page No. 2

iv) Status Retention Form by State Quota students only - Original + Xerox

(Your work will be done faster if you complete all the procedure timely)

Payment of Fees: Fee accepted only through Demand Draft (Nationalized Bank)

1. Pay all fees to the Accounts Section.

i) For Open Category Two D.D. in favor of DEAN GOVERNMENT MEDICAL COLLEGE, BARAMATI Payable at Baramati (A-B) A- 85,200/- B- 10,000/-

ii) For Reserved Category One D.D. in favor of DEAN GOVERNMENT MEDICAL COLLEGE, BARAMATI (B)-10,000/- only.

2. (After Hostel Allotment) Hostel Rent Cash Rs. 4000/- (Also pay all other fees related to the student's activity).

REPORTING TO THE DEPARTMENT:

After showing the receipt of payment of fees in student section you will be given back total 5 (Five) copies of Page No. (1) List of Original Certificates with Roll No. Submit these copies to the concerned Heads of the following Departments and Hostel I/C after enrolling your name.

1) Physiology 2) Biochemistry 3) Anatomy.

HOSTEL:- For Hostel admission, contact Rector in Gent's Hostel/ Ladies Supd., Ladies Hostel, along with copy of Page No. (1) List of Original Certificate.

MOST IMPORTANT:

✓ Preserve this Information during your stay in this institute. Read it carefully and follow the instructions meticulously.

Sr.No.	Student's Job	Submission date
1	MUHS FORM	With Status Retention form
2	Amartya Shiksha Yojana policy - D.D.Rs 797/- in favor of "National Insurance Co. Ltd. ", Payable at Kolhapur.	Students who retained in this college keep ready this requirements. Submission dates will be displayed on notice board in due course.
3	Indemnity Bond Form (As per format in brochure pg 5-10)	
4	Undertaking regarding Ragging on Rs.100/- Bond Paper (Format available in information booklet page no.11 to 13) & online form submitted print on https://antiragging.in	
5	Registration and Eligibility Form	
6	Scholarship online form- see the information booklet (Contact Scholarship Section)	

Thanking you,

Your's
DR. SANJAYKUMAR. G. TAMBE,
Dean,
GOVT. MEDICAL COLLEGE,
BARAMATI DIST-PUNE

ANNEXURE I

GOVT. OF



MAHARASHTRA

Page No. (1)

GOVERNMENT MEDICAL COLLEGE, BARAMATI-MBBS ADMISSION 2019-20
Checklist of documents to be submitted by the candidate

Student's Name (In Capital): _____

Selection Category: 30%, 70%, 15% _____ SML/Rank No. : _____

Sr. No	Particulars of documents	Original	Attested Photocopy
(#)	marked is additional documents required for all India quota students only		
1	a Nationality Certificate issued by Dist.Mag./Addi.D.M./Chief metropolitan Mag. or		
	b Photocopy of Valid Passport duly attested by Dean or		
	c Birth Certificate endorsed with Nationality as Indian on it &		
	d Domicile Certificate		
2	Secondary School Certificate (SSC) & Marksheet #		
3	Higher Secondary School /Qualifying Exam.Marksheet & Cert.(HSC) #		
4	Entrance Examination Mark Sheet/Rank letter #		
5	CET/AIEE#/GOI Selection Letter/Admit Card#		
6	Cast Certificate		
7	Cast Validity Certificate / Certificate stating caste certificate is valid & "no caste validity committee form in our state"- by auth. #		
8	Valid Non-Creamy-Layer Certificate for VJ, NT,OBC, SBC.		
9	XIIth /College Leaving Certificate (LC/TC)		
10	Copy of Gazette for change in name (if applicable)		
11	Migration Certificate issued by the respective Board/University applicable to		
	a Student who have passed HSC exam. From outside Maharashtra.		
	b After passing HSC/Qualifying exam. students who have joined any other course for period of more than six months		
12	Affidavit Gap Cert. Made by the student certified by Exec. Mag/Notarized		
13	Medical Fitness Cert.(with Registration No./Prescribed format)		
14	Physically Handicapped Cert. as per Prescribed format in Brochure		
15	Students admitted in NRI quota required to submit		
	a Equivalence Cert. issued by Association of Indian Univer.(AIU)		
	b Grade marks/Credit points conversion as per Indian marks issued by respective Boards / University.		
16	Attested photo copy of AADHAAR Card		

This candidate is admitted in this college for first MBBS course for academic year 2019-20 & received from him/her total _____ original certificates with ✓ mark in front of their check box. As this student is bonded candidate of Govt. Of Maharashtra his/her original certificates as mention above remain in college custody until he/she completes bond condition.

Roll No.()



Verifying Officer's

Signature and Name : _____

Copy To,

 The Prof. Of Anatomy/Physiology/Biochemistry/
 Rector, Boys Hostel/Ladies Hostel,
 Govt. Medical College, Baramati.

 Dy. Dean
 Govt. Medical College,
 Baramati.

**ANNEXURE I
AFFIDAVIT BY THE STUDENT**

I, _____ (full name of student with admission/registration/enrolment number)

s/o - d/o Mr./Mrs./Ms _____

1) having been admitted to _____ (name of the institution)

have received a copy of the AICTE regulations on Curbing the menace of Ragging in Higher Educational Institutions, 2009, (hereinafter called the "Regulations") carefully read and fully understood the provisions contained in the said Regulations.

2) I have, in particular, perused clause 3 of the Regulations and am aware as to what constitutes ragging.

3) I have also, in particular, perused clause 7 and clause 9.1 of the Regulation and am fully aware of the penal and administrative action that is liable to be taken against me in case I am found guilty of or abetting ragging, actively or passively, or being part of a conspiracy to promote ragging.

4) I hereby solemnly aver and undertake that

a) I will not indulge in any behavior or act that may be constituted as ragging under clause 3 of the Regulations.

b) I will not participate in or abet or propagate through any act of commission or omission that may be constituted as ragging under clause 3 of the Regulations.

6) I hereby affirm that, if found guilty of ragging, I am liable for punishment according to clause 9.1 of the Regulations, without prejudice to any other criminal action that may be taken against me under any penal law or any law for the time being in force. I hereby declare that I have not been expelled or debarred from admission in any institution in the country on account of being found guilty of, abetting or being part of a conspiracy to promote, ragging; and further affirm that, in case the declaration is found to be untrue, I am aware that my admission is liable to be cancelled.

Declared this _____ day of _____ month of _____ year _____

Signature of Deponent
Name

VERIFICATION

Verified that the contents of this affidavit are true to the best of my knowledge and no part of the affidavit is false and nothing has been concealed or misstated therein.

Verified at _____ (place) on this the (day) _____ of _____ (month) _____ (year)

Signature of deponent _____

Solemnly affirmed and signed in my presence on this the _____ (day) of _____ month, (year) after reading the contents of this affidavit.

OATH COMMISSIONER

ANNEXURE II
AFFIDAVIT BY PARENT/GUARDIAN

I, _____
(full name of parent/guardian) father / mother/guardian of _____ Mr./Mrs./Ms.
(full name of student with admission /registration/enrolment number),

- 1) having been admitted to _____ (name of the Institution), have received a copy of the AICTE regulations on Curbing the menace of Ragging in Higher Educational Institutions, 2009, (hereinafter called the "Regulations") carefully read and fully understood the provisions contained in the said Regulations.
- 2) I have, in particular, perused clause 3 of the Regulations and am aware as to what constitutes ragging.
- 3) I have also, in particular, perused clause 7 and clause 9.1 of the Regulations and am fully aware of the penal and administrative action that is liable to be taken against my ward in case he/she is found guilty or abetting ragging, actively or passively, or being part of a conspiracy to promote ragging.
- 4) I hereby solemnly aver and undertake that
- a) My ward will not indulge in any behavior or act that may be constituted as ragging under clause 3 of the Regulations.
- b) My ward will not participate in or abet or propagate through any act of commission or omission that may be constituted as ragging under clause 3 of the Regulations.
- 5) I hereby affirm that, if found guilty of ragging, my ward is liable for punishment according to clause 9.1 of the Regulations, without prejudice to any other criminal action that may be taken against my ward under any penal law or any law for the time being in force.
- 6) I hereby declare that my ward has not been expelled or debarred from admission in any institution in the country on account of being found guilty of, abetting or being part of a conspiracy to promote, ragging; and further affirm that, in case the declaration is found to be untrue, I am aware that my admission my ward is liable to be cancelled.

Declared this _____ day of _____ month of _____ year _____

Signature of Deponent

Name:

Address:

Telephone/Mobile No:

VERIFICATION

Verified that the contents of this affidavit are true to the best of my knowledge and no part of the affidavit is false and nothing has been concealed or misstated therein.

Verified at _____ (place) on this the _____ (day) of _____ (month) and _____ (year)

Signature of deponent

Solemnly affirmed and signed in my presence on this the _____ (day) of _____ month, _____ (year)
after reading the contents of this affidavit.

OATH COMMISSIONER