**PG(MD/MS) - (2026-27).**

# VERIFICATION FORM OF DOCUMENTS FOR ADMISSION TO MD/MS COURSE AT GOVT.MEDICAL COLLEGE, HINGOLI.

**TERM STARTING FROM : _____ , 2026.**

| SR. NO. | PARTICULARS | | STATUS OF CERTIFICATES |
|---|---|---|---|
| | Name of Candidate | :: | |
| | Duration of Course | :: | 3 Years |
| | Category | :: | |
| | **Certificates Verified :** | :: | **[ YES / NO ]** |
| **1.** | Nationality / Domicile Cert. | :: | |
| **2.** | Aadhar Card Photocopy | :: | |
| **3.** | Attempt Cert. | :: | |
| **4.** | Degree/ Passing Cert. | :: | |
| **5.** | Internship Completion Cert. | :: | |
| **6.** | Registration Cert. | :: | |
| **7.** | Caste Cert. | :: | |
| **8.** | Caste Validity Cert. | :: | |
| **9.** | Non Creamy Layer Cert. | :: | |
| **10.** | EWS Cert. | :: | |
| **11.** | PWD Cert. | :: | |
| **12.** | Educational Gap Cert. | :: | |
| **13.** | Migration Cert. | :: | |
| **14.** | Affidavit for Service Bond | :: | |
| **15.** | Medical Fitness Cert. | :: | |
| **16.** | Transfer / Leaving Cert. | :: | |
| **17.** | MBBS All Year Marksheets | :: | |
| **18.** | Date of Birth Proof | :: | |
| **19.** | Admit Card Issued by PGNEET | :: | |
| **20.** | Rank Letter issued by PGNEET | :: | |
| **21.** | 12th Marksheet | :: | |
| **22.** | MCI Recognition Cert. of Previous College | :: | |
| **23.** | Any Other Cert(s) **:** | | |

Above certificates have been verified and found correct – Remarks if, any. ***ADMITTED*.**

**Sign:** _____

Verifying Clerk,
GMC, HINGOLI.

**Sign:** _____

Verifying Officer
GMC, Hingoli.

***DEAN,***
***GOVT. MEDICAL COLLEGE, HINGOLI***

# Government Medical College, Hingoli.

**Passport Size Photograph**

## Application Form for admission to Post-graduate Courses at

**NEET(PG) – 2026 SML / RANK NO. _____ ,**

**NEET Marks : _____ (Out of _____)**

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## ***INSTRUCTIONS***

1. Incomplete application form will not be accepted in any circumstances.

2. Two sets of attested photocopies of all certificates to be submitted by the Candidate along with required all original certificates for the admission.

3. Those students are going to take PG seat in this College then, he / she has to submit Demand Draft(s) of prescribed fees i.e. **For (MD/MS):** Rs.1,73,300/- & Rs.11,300/- *in favor of* "**THE DEAN, Government Medical College., HINGOLI**".

4. ***Note :*** *In-service student(s)* has to submit Demand Draft(s) of prescribed fees of Rs. *11,300/- & Rs.6000/- in favor of* "**THE DEAN, Government Medical College., HINGOLI**"

   As per directives of R.B.I., validity of Demand Draft is only for 03 months hence, Demand Draft as submitted by you to this College for Prescribed Fees, it is sole responsibility of concerned candidate to re-validate the same *(if, validity expires)* in due course of time otherwise, suitable action will be taken against him / her for the same.

5. Admitted Candidate should have visit to Websites of DMER, Mumbai www.dmer.org.com and MUHS, Nashik – www.muhs.ac.in time-to-time for new updating, new circulars, notifications etc.

6. Those Candidate(s) admitted for Degree Course should have to submit his / her ***Title & Synopsis*** with DD of prescribed fees within ***six*** months along with signatures of allotted P.G. Guide and concerned HOD and after successfully completion of the said course in time, he / she should submit his / her ***Thesis*** as per rules and regulations laid down by the University time-to-time.
7. Concerned students are hereby directed / instructed to submit his / her any type of application or representation through proper channel i.e. through its; Prof. & HOD of respective dept., application *without proper channel* will not be entertained.
8. Applicants must specify if any, of his / her original certificate is *Bonafide Certificate* or *DUPLICATE* certificate issued by the Competent Authority.
9. Candidate desires to cancel his / her admission after the cutoff date of admission process or admission cancelled due any other reason like; any lapses / abscond / breach of Residency Rules; he / she will have to pay penalty as per rules prescribed in Information NEET-PG Brochure vide Rule No. 21.1 and Rule No. 21.2, 21.3 , 21.4 & 21.5 respectively.
10. All Concerned PG Students have to submit their required all original certificate(s) for the completion of Eligibility to be done by the MUHS, Nashik within ***03*** (three) months from the date of joining of the said PG course. W*hat so ever reason if, any CERTIFICATE remains for submission then,* it will be the sole responsibility of Candidate to complete all the formalities in due time-limit so that his / her eligibility could be done by MUHS, Nashik [***Like ;*** penalty charged for eligibility purpose by MUHS, Nashik for delay in submission of any original certificate(s) / document(s).]

11. To avoid penalty of MUHS, Nashik, Enrollment / Eligibility Form with prescribed fee of MUHS has to submit by the concerned candidate, admitted for respective P.G. Course to this Office within **10 days** after the *cut-off* date of University admission *(Form is available with Students Consumer Co-operative Stores, G.M.C., HINGOLI).*
12. All post-graduate students should have to complete their course without any absentee in their respective dept(s) during his / her academic session. Due to shortage of course duration / period (prescribed term) i.e. needs minimum attendance of Theory / Practical 80% and above if, any P.G. Student detain from the MUHS exam (Summer / Winter) then, he / she will be fully responsible for the loss of academic term and further consequences arises, if any.
13. Candidate should have to submit his / her Log-book and Post Residency Completion Certificate of Concerned HOD along with MUHS, Nashik Examination Form.
14. Applicant is required to pursue progress of Registration / Eligibility process by diligently observing notifications issued by the Dean as displayed on notice board time-to-time. No individual correspondence will be made for the same.
15. All students Must Have to Submit MBBS Registration Certificate From Maharasahtra Medical Council(MMC) For Eligibility Purpose failing which Student is responsible for Extention of Term from University.
16. Students those who have Registration from other than Maharashtra State council should apply to MMC within 15 days from date of confirmation of Admission .

**17. EVERY ADMITTED CANIDIDATE MUST SUBMIT A PEN DRIVE CONTAINING PDF OF ALL REQUIRED DOCUMENTS UNDER 400 KB AND EVERY CERTIFICATE SHOULD BE SCANNED SAPARATELY AND NAMED.**

**" I have read all above instructions carefully and is abide to complete all formalities for the Eligibility of my admission to this course and if, I fail to do the same within time then, I will be held fully responsible for further consequences arises, if any. "**

Hingoli.
Date: / /2026.

Signature : _____

Name of Student :

Address :-

Mobile & Ph. No.
E-mail ID:

## INFORMATION TO BE FILLED BY THE CANDIDATE IN BLOCK LETTERS.

1. a) Name in full **:** _____

   **[Surname] [Name] [Middle-name]**

   b) Sex **:** Male / Female.

   c) Date of Birth **:** _____ [In-words _____ ]

   d) Caste _____ Category **:** _____ **[SC / ST / VJ / NT / NT-2 / NT-3 / OBC / OPEN ]**

   *** (Proof necessary if applicant want to be considered under reserved class)**

2. Name and address of lawful guardian**:**

   _____

   _____.

3. Name & Current Address of Local guardian for with Telephone No._____

   _____.

4. Resident Telephone with Code No. _____.

5. Mobile No.: Candidate _____ , Parents _____ .

6. E-mail Address : Candidate _____ ,

   Parents _____ .

7. Occupation of Parents **:** _____
   & Post Held **:**_____

8. Annual Income of Parents **:** _____

9. ***OTHER INFORMATION*** **:**

| SR.NO. | INFORMATION TO BE FILLED | FURNISH DETAILS |
|---|---|---|
| a. | Date of admission to 1st MBBS Course | |
| b. | Whether you have been admitted to MBBS course through All India Entrance Examination or as Govt. of India Nominee or nominee on seat Border are of reciprocal basis. If yes, furnish details | |
| c. | Name of Medical College from which graduated. | |
| d. | Name of the University from which graduated. | |
| e. | Registration Number with NMC/MCI/ Maharashtra Medical Council / Relevant State Medical Council. | |
| f. | Have you obtain any Post- graduate qualification. If yes, give details. | |
| g. | State if you are Registered now for any Post-graduate course in any Medical College. If any, give details. | |
| h. | State if you are employed. If yes, state the Name of Employer and the post held ***OR*** State whether you have completed Govt. Service as per rules. If yes, give the details. | |
| i. | Whether you have cancelled admission to any post-graduate course or your admission has been cancelled by the Dean / University. If yes, give details. | |

a. Date of starting and completion of Internship _____

**Contd.03/. . . .**

I, hereby declare that, the information furnished above by me is true.

I, hereby agree if, admitted to be confirmed to the Residency Rules and Regulations in force from time-to-time. I will do nothing either inside or outside the college that will interfere with these. I have carefully gone through all the rules and give an undertaking that; I shall abide to the decisions of the Dean / Director. I understand that, I am at risk of getting deregistered if, I do not diligently pursue my post-graduate study to the satisfaction of my teachers and the Institution.

I will not apply or pursue any other Course or any type of Service during the period of this course without prior permission of Dean / Director.

I will not participate in any strike as per Residency Rules.

Signature: _____

Name of Applicant:

Correspondence Address:
with Phone (Res.)/ Mobile
and E-mail.

***Note*:** Applicants are requested to note that; they must fill relevant information in every column or Para given above. No column should be left unfilled or filled by graphics like (_____) etc. otherwise; it will amount to suppression of facts and would eligible for disciplinary action including rejection of application form.

# ***U N D E R T A K I N G.***

I the Undersigned _____ R/o (Permanent / Address for Correspondence) _____ _____admitted for Post graduate course in the subject of _____ through ( 1st / 2nd & 3rd or Final ) _____ round through NEET-PG at Govt. Medical College, HINGOLI, do hereby take oath as follows ;

1. That, If I got admission in another Medical College, through Common Entrance Examination of Other-state or through AIQPG, I will take necessary prior permission to leave this college within a stipulated period as decided by the Govt. of Maharashtra for the cancellation of admission and I will follow the rules & regulations laid down by the Govt. of Maharashtra for the same.

2. That, I will be vigilant about the cut-off date declared by the Govt. of Maharashtra as per the directives of Hon'ble Supreme Court of India as well as by the Maharashtra University of Health Sciences, Nashik for the Post-graduate admissions time to time.

3. If, I want to cancel my present admission of this institution, I will cancel it before cut-off date declared by MUHS, Nashik and Govt. of Maharashtra and in any case I will not cancel my admission in such a way that, my seat will go lapse in any way and If I do so, I will be liable for penalty as per rules and regulations laid down by govt. of Maharashtra and will pay full requisite fees i.e. Tuition as well as College fees with the penalty towards the cancellation of respective course (Degree / Diploma) from your College.

Signature _____

Name & Address with

Resident Phone Nos. & :-

Mobile No. :-

# **SERVICE BOND.**

**Date:**

**[AFFIDAVIT TO BE EXECUTED ON RS.100/- STAMP PAPER]**

I, _____ (Name)

Admitted to _____ Post-graduate Course at Government Medical College in the year ***2026-27*** do solemnly affirm and admit that, I shall be Serving the Government of Maharashtra or Local Self Government or Defense Services for a period of ***ONE*** year, failing which, I will pay to Government of Maharashtra a sum of Rs.50,00,000/- (In words Rs. Fifty lacs only) for the default.

Signature _____

Name & Address with

Resident Phone Nos. & :-

Mobile No.:-

Date: / /2026

# UNDERTAKING.

I, _____ admitted for Post Graduate Course of MD / MS

_____ for the academic year ***2026-27*** at Govt. Medical College, HINGOLI, is hereby undertake that, following document(s) is / are to be submitted within 15 days from the date of admission.

1. _____
2. _____
3. _____
4. _____

If, I fail to submit above certificates in due time-limit, hence, if any penalty charge by MUHS, Nashik then I will be ready to pay the same and also, if my admission to the said course is Cancel by the Competent Authority; I will be fully responsible for further consequences.

Signature : _____

Name of Student :

Address, Mobile & Ph. No.:

Sign: _____
Verifying Officer,
GMC, Hingoli.

Sign: _____
Prof. & HOD of**:** _____ GMC, Hingoli.

**DEAN,**
**GOVT. MEDICAL COLLEGE, HINGOLI.**

**DETAILS OF FEES TO BE PAID BY POST GRADUATE STUDENTS AT THE TIME OF ADMISSION TO GOVT. MEDICAL COLLEGE, HINGOLI FOR THE YEAR *2026-27*.**

| SR. NO. | PARTICULARS | FOR OPEN / RESERVE |
|---|---|---|
| 01. | Admission Fee & Bonafied Cert.<br>**(to be paid by Cash)(Non Refundable)** | Rs.1500=00<br>Rs. 100=00 |
| 02. | Tuition Fees | Rs.1,67,300=00 |
| 03. | Library Fees **Annual** | Rs.1000=00 |
| 04. | College Development Charges- **Annual** | Rs.5000=00 |
| 05. | Hostel Rent | Rs.4000=00 |
| 06. | Gymkhana Fees **Annual** | Rs.500=00 |
| 07. | Jr. Deposit | Rs.4000=00 |
| 08. | College Caution Money **Deposit** | Rs.4000=00 |
| 09. | Library **Deposit** | Rs.2000=00 |
| 10. | Ashwamegh Fees **(MUHS Welfare Fund)**<br>*For MD/ MS* | Rs.500=00 |
| 11. | University Development Fund<br>**(MUHS, Nashik)** *For MD/ MS* | Rs.100=00 |
| | **FOR All India / Maharashtra Quota :**<br>**FOR Open / Reserve :**<br><br>**FOR MD/MS :** Rs. 1,67,300=00<br>Rs. 11,300=00<br>***Note*** **:** *PG In-service Candidate(s) has to pay College Fee Rs. 11,300/- + Library Fee Rs.6000/- only.*<br><br>D.D. to be prepared in favor of;<br><br>***" THE DEAN, GOVT. MEDICAL COLLEGE, HINGOLI. "*** | |

All types of Fees are to be paid at the College Cash Counter, G.M.C., HINGOLI, from 11.00 a.m. to 01.30 p.m. and from 02.30 p.m. to 04.00 p.m.

University Enrollment and Eligibility Fees are to be paid later on as per the Instructions received from MUHS, Nashik or for the same Please watch website of WWW.MUHS.AC.IN.

Concerned Student(s) want Bonafide Certificate he / she has to pay Rs.100/- at Cash Counter, GMC, HINGOLI, from 11.00 a.m. to 01.30 p.m. and from 02.30 p.m. to 04.00 p.m.

# GOVT. MEDICAL COLLEGE, HINGOLI.

**No. Col/37/C/D-4/ /26,** **Dated : / / 2026**

## ***BONAFIDE CERTIFICATE***

This is to certify that DR. _____ [a bonded candidate to serve the Government of Maharashtra as per rules] has been admitted to this college for _____ course for the academic year 2026-2027 through _____ quota.

His / Her following original Certificates have been retained at this institute.

1) AGE, NATIONALITY & DOMICILE CERTIFICATE
2) S.S.C CERTIFICATE
3) H.S.C MARK LIST
4) NEET Mark List
5) Allotment LETTER (AI/STATE)
6) NEET Admit Card
7) DEGREE/PASSING CERTIFICATE
8) INTERNSHIP COMPLETION CERTIFICATE
9) REGISTRATION CERTIFICATE (MMC / Other State Council)
10) CASTE CERTIFICATE
11) CASTE VALIDITY CERTIFICATE
12) NON-CREAMY LAYER CERTIFICATE (For VJ, NT-1,2,3 and OBC,SBC ) 13) EWS Cert.
14) PWD CERTIFICATE
15) MBBS MARKSHEETS (Ist,IInd, IIIrd-I , IIIrd-II)
16) COLLEGE LEAVING CERTIFICATE /TRANSFER CERTIFICATE
17) PHYSICAL FITNESS CERTIFICATE
18) MIGRATION CERTIFICATE
19) GAP CERTIFICATE
20) NMC RECOG. CERT. FROM PREVIOUS COLLEGE
21) UNDERTAKING FORM / JOINT UNDERTAKING
22) Adhar Card
23) Bond Affiidavite
24) Any Other Cert. _____

***Dean,***
***Govt. Medical College, Hingoli.***

Name of NEET with year :: **NEET-PG : (2026 2027 )**

Percentile of NEET ::

Name of Subject ::

SML/Rank No.(STATE & AI) ::

NEET PG Marks (out of) ::

Category/Caste/Sub-caste :: ***Open / Reserve***

Caste Cert. No. ::
*Date of Issue(if Applicable)*
Caste Validity Done By ::
(District/Authority)
(Issuing Authority)

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Full Name of Student
***(As Per MBBS Degree Cert.)*** **::**

Full Name of Student in **Marathi/Hindi ::**

Mother Name **::**

Date of Birth /Place **::**

Nationality **::** **INDIAN / _____**

DOMICILE STATE **::** _____

Address with Pincode ::

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**UG Registration No.** **::**

**Registration Council Name** **::**

Mobile No. **::**

Aadhar No. **::**

E-mail ID ::_____

1) D. D. No. _____ , Dt. / / , Amt. _____ , _____ Bank

2) D. D. No. _____ , Dt. / / , Amt. _____ , _____ Bank

***Govt. Receipt No. _____ , Dt. / / , for Rs.1500/-***
***Govt. Receipt No. _____ , Dt. / / , for Rs. _____ /-***

***{Note :- Please submit Pen Drive containing all Scanned documents including Signature and passport size photo}.***