उमेदवारांसाठी सूचना

- Detail Information of Candidate हया नावाचा फॉर्म पूर्ण वाचून सदरील फॉर्म अचूक भरावा. तसेच Document holding certificate दोन प्रतीत सादर करण्यात यावे.
- अपूर्ण फॉर्म स्वीकारल्या जाणार नाहीत.
- Document Holding अर्जामध्ये दिलेल्या प्रमाणे मूळ प्रमाणपत्र व स्वतः साक्षांकित केलेल्या झेरॉक्स दोन प्रती मध्ये (२ Sets) सादर करावेत. तसेच तीन पासपोर्ट साईज फोटो मूळ प्रमाणपत्रासह सादर करण्यात यावेत.
- सर्व मूळ शैक्षणिक प्रमाणपत्र व पासपोर्ट साईज फोटो स्कॅन करुन पेनड्राईव्ह मध्ये PDF & JPG फॉरमॅट मध्ये प्रवेशाच्यावेळी घेवून यावे. स्कॅन केलेल्या प्रत्येक प्रमणपत्राची साईज प्रत्येकी ३०० केबी पेक्षा कमी असावी.
- प्रत्येक प्रमाणपत्र वेगळे स्कॅन करुन save करावे.तसेच प्रत्येक प्रमाणपत्राला विद्यार्थ्याचे नाव ,
 AIR व प्रमाणपत्र कोणते आहे ते नाव व्यवस्थित लिहीणे आवश्यक राहील.
- महाविद्यालयात प्रवेश निश्चीत झाल्यानंतर कोणत्याही कारणास्तव मूळ प्रमाणपत्र परत मिळणार नाहीत याची नोंद घ्यावी.
- प्रवेश घेते वेळी SC/ST/VJ/OBC/SBC या प्रवर्गाच्या विद्यार्थ्यांनी जात व जातवैधता प्रमाणपत्र (Information Bulletin मधील Annexure प्रमाणे) सादर करणे बंधनकारक राहील. जातवैधता प्रमाणपत्राशिवाय कोणत्याही विद्यार्थ्याला प्रवेश दिला जाणार नाही.
- PWD Category विद्यार्थ्यांनी PWD प्रमाणपत्र All India Brochure / MHCET माहितीपुस्तकातील नमुद केलेल्या ठिकाणाहुन आणि विहीत नमुन्यातच आणणे बंधनकारक राहील.
- खाली दिलेला Physical Fitness चा नमुना सक्षम वैद्यकीय अधिकाऱ्याच्या सही आणि शिक्क्यासहीत आणावा.
- EWS प्रवर्गाच्या विद्यार्थ्यांनी प्रवेशावेळी EWS प्रमाणपत्र (Information Bulletin मधील Annexure प्रमाणे) सादर करणे बंधनकारक राहील.
- शैक्षणिक शुल्काचा राष्ट्रीयकृत बॅकेचा धनाकर्ष (Demand Draft) " Dean, Dr. Shankarrao Chavan Govt. Medical College, Nanded "या नावे काढावा.

महत्वाची सूचना:- सर्व विद्यार्थी व पालकांनी All India Information Bulletin आणि Maharashtra State माहितीपुस्तक काळजीपूर्वक वाचून त्याप्रमाणे प्रमाणपत्र सादर करणे आवश्यक राहील.

Name of concerned officials in admission cell

Nodal Officer: - Dr. Umesh Atram Mobile No. 9890365552 Nodal Officer: - Dr. Sanjiv Zangade Mobile No. 9890942630

Senior Clerk: Shri. Suresh Tamlure Mobile No. 9623910680

Clerk: Shri Siddhant Bhandare Mobile No. 7972478359

Clerk: Shri Subham Pawar Mobile No. 8208182097

Instructions For Candidates

- Fill Detail **information of Candidate** form & submit with two copies of document holding certificate.
- Submit the set of original documents, three Passport size photos and two sets of photo copies (self-attested) of original documents in the sequence mentioned in **Document Holding Certificate.**
- Scan original documents and passport size photo in PDF & JPG format and submit the pen drive containing soft copies of above said documents at the time of admission. Size of each documents must be less than 300 KB.
- Scan each document separately in PDF & JPG and name the document accordingly (Ex Aadhar card, caste certificate).
- SC/ST/VJ/NT/OBC/SBC candidates must submit Caste Certificate & Caste Validity Certificate at the time of admission. (as per annexure in Information bulletin)
- SC/ST/OBC candidates from All India Quota should bring Caste Certificate and Certificate in lieu of Caste Validity certificate if Caste Validity certificate is not issued in their State.
- PWD category candidates must bring PWD certificates from specified centers and in prescribed format given in AIQ / State brochure.
- Candidate should bring Physical Fitness Certificate in given proforma.
- EWS Candidate must submit EWS Certificate. (As per annexure in Information bulletin.)
- Fees Should be paid through Demand Draft in favour of Dean, Dr. Shankarrao Chavan Govt. Medical College, Nanded.
 - **❖** Important Note: All Students & their parents should read information brochure very carefully and bring documents as per Annexures mentioned in Information bulletin 2024

Name of concerned Officials in admission cell

Nodal Officer: - Dr. Umesh Atram Mobile No. 9890365552

Nodal Officer: - Dr. Sanjiv Zangade Mobile No. 9890942630

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Clerk: Shri Subham Pawar Mobile No. 8208182097

Admission Process Venue

Community Medicine Department,

Dr. Shankarrao Chavan Government Medical College, Vishnupuri, Nanded

Detail Information of Candidates

Passport Size

Photograph

ADMISSION TO PG COURSE	FOR THE ACAD VR 2024 - 25
ADMISSION TO TO COOKSE	
A) NAME OF CANDIDATE	
(As Per 12 th Marksheet)	
EMAIL ID:	
MOBILE NO	
AADHAR NO:	
VOTER ID NO:	
B) FATHER'S NAME: Shri	
EMAIL ID:	
MOBILE NO	
C) MOTHER'S NAME: Smt.	
D) PERMANENT ADDRESS:	
PIN	CODE:
Domicile State :	
ADDRESS FOR CORRESPONDENCE:	
DIN CO	DDE:

E) CANDIDATES DATE OF BIRT	TH: /	
PLACE OF BIRTH:	TALUKA:	
DISTRICT:	STATE:	
F) MOTHER TONGUE:		
G) CASTE:	CATEGORY:	
RELIGION:	_ ALLOTTED QUOTA	
H) COLLEGE FROM WHICH MB	BBS PASSED:	
	UNIVERSITY :	
ADDRESS OF COLLEGE:		
I) NEET PG APPLICATION FOR	RM NO.:	
J) NEET PG ROLL NO :		
K) NEET PG MARKS: /7	720 , PERCENTILE :	
L) ALL INDIA RANK:	State Rank	
M) DATE OF COUNSELING BY	MCC /MAHACET:	
N) QUOTA ALLOTTED (All India	ı, State):	

PARENT'S SIGNATURE

STUDENT'S SIGNATURE

VERIFING OFFICER

Dr. Shankarrao Chavan Govt. Medical College, Vishnupuri, Nanded

Ref. No. Dr.SCGMCN/Acad /NEET/PG Adm/ /2024. Dated: / /2024.

Document Holding Certificate

Received all Original Documents From	for FIRST
YEAR PG COURSE admission through NEET-2024 exam in.Dr S.C.G.M.C	C Nanded Under All
India Quota / State Quota / (2024-25) as follows - CategoryQuota	Alloted
Quota	

	uota							
Sr.		List of Origina	Documents		Available			
No					YES/NO			
01	Photo Identity Proo							
02	Voter ID							
03		omicile Certificate / \		ort				
04		;), III (final) marksho	eets					
05	Internship completion							
06	MBBS Passing certif	ficate / MBBS degree						
07	MBBS registration (Permanent /Provisiona	al)					
08	S.S.C. Passing certification	ficate/Birth Certificate	ate (Date of Birth	Proof)				
09	Admit Card of NEI	ET-2024-25						
10	NEET 2024 Mark s	sheet /Rank Letter						
11	Selection Letter MO	CC/MAHACET						
12	Caste certificate (A	As Per Annexure in I	nformation Bulleti	in 2024)				
13	Caste Validity certi	ficate (As Per Anne	xure in Informati	on Bulletin 2024				
14		certificate up to 31/						
	OBC,SBC) (As Per	4)						
15								
16		ertificate (As Per Pro	oforma Provided)					
17	Migration Certifica							
18	Gap certificate. (If							
19	Disability Certifica	Bulletin 2024)						
20	EWS Certificate (A	in 2024)						
21	Undertaking Form/ Joi	,						
22	BOND RELEASE CE	ted Their internship						
	from Maharashtra State							
		(Mandatory For VJ.	NT-1,2,3 and OBC,S	SBC & EBC)				
	D.D No	Name of Bank	Amount	Date	Remark YES/NO			
			Rs.1,38,300/-	/ / 2024				
			Rs. 12500/-	/ / 2024				
	Admission Rec. No:-	/ / 2024						

Note: Keep The All Original Documents Clearly Scanned In PDF File Format (Size: Up to 300 Kb each) In Pen Drive (With proper Name) And Submit This Pen Drive In College At The Time of Admission Process For Eligibility purpose.

Dean, Dr. S.C.G.M.C., Nanded.

Certificate in lieu of Caste Validity certificate for All India Students

OFFICI	E OF THE					
Outward No:-	Date:	/	/2024			
, -	го wном	IT	MAY CONCER	<u>N</u>		
	<u>CEI</u>	RTI	<u>IFICATE</u>			
This is to certify that,	the caste Certi	fica	ite No.			
issued to Mr./Miss Tahsildar/Magistrate/. valid.	• • • • • • • • • • • • • • • • • • • •				by	the
Further, it is star Validity Certificate in			provision of issui			
Office seal / Stamp						
Signature of Magistrat	e / Issuing Au	tho	rity			
कार्याल	ज्य					
— जवक क्र.				— दिनांकः	/	/२०२४
	जो कोई भी इ		संबंधित है उसके लिए			
प्रमाणित किया जाता है की,	श्री/कुमारी		<u>॥णपत्र</u> 	· • • • • • • • •		इनको,
तहसीलदार/िजल्हामॅजिस्ट्रेट/						
निर्गमित किया हुआ जात प्रम						· • • • •
दिनांकः	,				3.	
जातवैधता प्रमाणपत्र निर्गमित			 । नही है.	• • • • • • •	राज्य में	अलग से
कार्यालय की मोहोर जिल्हा में	ॉ जिस्ट्रट/					
तथा संबंधित अधिकारी के ह	स्ताक्षर					

JOINT UNDERTAKING

(For all newly admitted students)

Name of the PG Student:

Department:
Dr. Shankarrao Chavan Govt. Medical College, Nanded.
We have read Maharashtra Provision of Anti Ragging act 1999 (Maharashtra XXI III
of 1999) and relevant instructions against ragging. We are well aware of punishment under this
If my son / daughter / myself have been found guilty, he shall be punished for appropriate action under the act including imprisonment for a term which may extend to two years with fine upto Rs 10,000 /- (Rs ten thousand) or dismissal from the institute and suspension of student for various periods during inquiry period. I am also aware of the fact that it will be mandatory for the institute to file First Information Report (FIR) to Local Police Authorities in case Victim of ragging or his / her parents / Guardian is not satisfied with the action taken by the Head of the institution or where
head of the institution is of the opinion that the incident ought to be reported
Place: Name & Signature of Student Date:
Name & Signature of Parent
Signature of Member Secretary Anti Ragging Committee Signature of Vice Dean, Dr. SCGMC, Nanded

Note: Student shall submit this undertaking on Rs 100/- stamp paper at the earliest.

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	١	have	conducted	clinical	examination	of
Mr./Ms			•••••					wh	o is desi	rous of admiss	sion
to Health S	to Health Science Courses.										
He/sl	He/she has not given any personal history of any disease incapacitating him/her to										
undergo the	undergo the professional course. Also, on clinical examination it has been found that he/she										
is medically	fit to u	ınde	rgo t	he profe	ssiona	ıl co	ourse.				
Certified the					•						
 Absence of any incapacitating and /or progressive systemic disease/disorder/condition, Absence of any disability of upper limb/s. Absence of any major visual/ auditory disability. Absence of psychosis/neurosis/mental retardation, Ability to maintain erect posture, 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 / 											
								_		juage Patholo	
Prosthetics	& Orth	otic	s/B	Sc Nursi	ing. (S	trik	e, whic	ch is not app	olicable):	:	
1				•••••		•••••				•••••	
2		•••••	•••••			*****					
3	•••••	•••••		•••••		•••••			***********	••••••••••	
Address of the Registered Medical Practitioner				Sig	Signature						
			Na	Name							
					Re	Registration No.					
Date :							Se	al of Registe	red Medi	ical Practitione	er