

**Rajiv Gandhi Medical College, Kalwa,
Thane – 400 605**

[Affiliated to Maharashtra University of Health Science, Nashik]

M B B S A D M I S S I O N F O R M

Academic Year : 20__ - 20__

Caste / Category [Please tick ✓ relevant box]

SC ☐ ST ☐ VJ ☐ NT ☐ [Specify] _____
SBC ☐ OBC ☐ PH ☐ Sports ☐ Defence ☐ 1-2-3
Desert / Hilly area ☐ Project affected ☐ EWS ☐
Open (UR) Other [Specify] _____

35 mm x 45 mm
RECENT CLEAR
COLOUR
Photograph
WITH WHITE
BACKGROUND

EMERGENCY

FULL Name of contact person: _____

Relationship with applicant: _____

Mobile: [1] _____ [2] _____

Landline (with STD): _____

Applicant's Blood Group: _____

NEET- UG Merit List

No.: _____

State Merit List

No.: _____

Aadhar Card Number:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Voter ID :-

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

(for those who don't have Voter ID fill Annexure ' C ')

Name of the applicant in **CAPITALS – ENGLISH** – *EXACTLY as per 12th Std Mark sheet*

Above-mentioned name of the applicant in **DEVNAGARI** (Hindi / Marathi) **SCRIPT**

Gender: M ☐ F ☐ TG ☐ Mother tongue: _____ Religion: _____

Domiciled in the State of _____ Date of Birth : ____ / ____ / ____

Place of Birth : _____ District : _____ State : _____

Name of Last School / College attended : _____

Postal address of Last School / College attended : _____

PIN Code : _____

Date : ____ / ____ / 20 ____

To,
The Dean,
Rajiv Gandhi Medical College,
Kalwa, Thane-400 605

Name of the applicant in **CAPITALS – ENGLISH** – *EXACTLY as per 12th Std Mark sheet*

1. I, the above-named applicant, hereby apply for admission to the First MBBS Course at Rajiv Gandhi Medical College (RGMC), Kalwa, Thane.
2. I have appeared and qualified at the NEET-UG Examination and I am submitting the documents as mentioned in Annexure-2. I shall immediately pay all the prescribed Tuition fees, Deposits, Caution Money, and other dues.
3. I am aware that my admission is provisionally valid till it is approved by the appropriate authority. If my admission is **NOT** approved by the Maharashtra University of Health Science or any other appropriate authority, for whatever reason, I will abide by the given decision as regards my admission. I am aware that in such a case, my admission will be cancelled at any time without assigning any reason.
4. I have read the Rules and Regulations and have understood the contents therein. I shall abide by all the Rules and Regulations in force, and any changes made therein from time to time, as framed by the appropriate authority.
5. I am **NOT** employed anywhere and I have **NOT** taken admission to any other course.
6. I categorically and specifically undertake to maintain the **minimum attendance** in lectures, tutorials, and Practicals as prescribed by the Maharashtra University of Health Sciences, Nashik failing which, I am aware that I will **NOT** be eligible to appear for the examinations.
7. I undertake to obtain **prior written permission** of the Dean, RGMC in case of my absence due to personal circumstances.
8. I undertake to behave in the college and hospital premises and in the public in a manner befitting the prestige of this institution. I will **NOT** be indulging in any activity that will be detrimental to the interest of this college and hospital and tarnish its good name. I will **not** participate in any strike or demonstration or union activities.
9. I am aware that the institution will **NOT** be responsible for loss of valuables, mobile phone and my other personal belongings.
10. I undertake to inform the Head of my department and Dean, RGMC **in writing**, in case of any change in the contact phone numbers and postal addresses of myself and that of my emergency contact persons, Parents and Local Guardian immediately.
11. I will fill the Online Anti Raging Undertaking form at www.antiragging.in and I am aware that without submitting Anti Ragging Form Admission process will not be complete.
12. I confirm and state that the information furnished by me in this Admission Form and Annexures-1 to 2 is true. In case it is found to be false, I am aware that I will be liable for legal action and that my admission may be cancelled.

Signature of the Applicant: _____

Signature of Parent / Guardian: _____

Annexure-1

UNDERTAKING FROM PARENT / GUARDIAN

To,
The Dean,
Rajiv Gandhi Medical College, Kalwa, Thane

The applicant, _____
Name of the applicant in CAPITALS- ENGLISH – EXACTLY as per 12th Std Mark Sheet

Who is my Son / Daughter / Ward, has applied for admission to the First MBBS Course at Rajiv Gandhi Medical College, with my consent.

1. I undertake to ensure that Son / Daughter / Ward, abides by the Rules and Regulations Framed by RGMC / University / Government authorities, and attends classes regularly, completes all assignments properly and behaves in the college and in public in a manner befitting the prestige of your college.
2. I also undertake to ensure that my Son / Daughter / Ward, abides by the institutions and will not be indulging in any activity that will be detrimental to interest of this college and tarnish its good name.
3. I hereby confirm that I am well aware that Ragging is a punishable offence under the *Maharashtra Prohibition of Ragging Act, 1999 (No. XXXIII)*, and its relevant amendments and the Medical Council of India's Prevention and Prohibition of Ragging Regulations, 2009. I am aware that the punishment can range from suspension, expulsion from the college and fine and imprisonment. I agree to abide by the terms of these laws and rules and I will not indulge in the act of ragging other students indirectly or directly.
4. I will fill the Online Anti – Raging Undertaking form at www.antiragging.in and I am aware that without submitting Anti Ragging Form Admission process will not be complete.
5. I also undertake to ensure that my son/ daughter / ward will not participate in any Strike or demonstration or union activities.

Date : __ / __ / 20 __

Signature of Parent / Guardian: _____

APPLICANT'S PERSONAL DATA

Applicant's Mobile No. _____ & WhatsApp No.: _____

Applicant's E-mail ID: _____

Father name: _____ Father Mobile No.: _____

Father E-mail ID: _____

Mother name: _____ Mother Mobile No.: _____

Mother E-mail ID: _____

Father Occupation: _____ Annual Income: _____

Mother Occupation: _____ Annual Income: _____

Permanent / Native Place POSTAL Address: _____

_____ PIN Code: _____

[COMPULSORY FOR OUTSTATION & HOSTEL APPLICANTS]

Local Guardian Name: _____

Relationship with Applicant: _____ Mobile No.: _____

Local Guardian Email ID: _____

Local Guardian POSTAL Address: _____

_____ PIN Code: _____

Annexure-2

DOCUMENTS

Name of the applicant in **CAPITALS – ENGLISH** – EXACTLY as per **12th Std Mark sheet**

Above-mentioned name of the applicant in **DEVNAGARI** (Hindi / Marathi) **SCRIPT**

- The applicant should scan and retain COLOUR soft copies of each document **BEFORE** he/she submits the **ORIGINAL** hard copies. Once submitted, the **ORIGINAL** hard copies of documents will be returned only **AFTER completion of the MBBS course Only**.
- Submit **ORIGINAL** hard copies + **TWO** sets of photocopies in **SERIAL ORDER** as shown below –

FOR ALL APPLICANTS			Certificate No.	Dated
A	<input type="checkbox"/>	Photocopy of Aadhar Card	
B	<input type="checkbox"/>	Photocopy of Voter ID (or Annex 'C')		
1	<input type="checkbox"/>	NEET-UG Admit Card / Hall Ticket		
2	<input type="checkbox"/>	NEET-UG Selection Letter		
3	<input type="checkbox"/>	NEET-UG Statement of Marks		
4	<input type="checkbox"/>	Nationality Certificate Issued by _____		
5	<input type="checkbox"/>	Domicile Certificate Issued by _____		
6	<input type="checkbox"/>	Mark Sheet 12 th Standard Board : _____		
7	<input type="checkbox"/>	Passing Certificate 12 th Standard Board : _____		
8	<input type="checkbox"/>	Grade Equivalence Certificate Board : _____		
9	<input type="checkbox"/>	Mark Sheet 10 th Standard Board : _____		
10	<input type="checkbox"/>	Passing Certificate 10 th Standard Board : _____		
11	<input type="checkbox"/>	Leaving Certificate from LAST School / College. Name of School / College: _____ _____		
12	<input type="checkbox"/>	Migration Certificate Issued by _____		
13	<input type="checkbox"/>	Physical Fitness Certificate* (from MBBS Doctor) (Annexure – H)		

Annexure-2 [continued]

DOCUMENTS

WHERE APPLICABLE			Certificate No.	Dated
14	<input type="checkbox"/>	Caste Certificate Issued by _____		
15	<input type="checkbox"/>	Caste Validity Certificate Issued by _____		
16	<input type="checkbox"/>	Non-Creamy Layer Certificate * (Annexure – G) Valid till :- ____ / ____ / 20 ____ (31/03/2024) Issued by _____		
17	<input type="checkbox"/>	Eligibility Certificate for Economically Weaker Section (EWS) * (Annexure – A) Issued by _____		
18	<input type="checkbox"/>	Certificate of Disability (PwD) * (Annexure – D) Issued by _____		
19	<input type="checkbox"/>	Parent's Defence Certificate (Def-1,Def-2 or Def-3)* (Annexure – C)		
20	<input type="checkbox"/>	Project Affected <input type="checkbox"/> Desert <input type="checkbox"/> Hilly Area <input type="checkbox"/> * (Annexure – F)		
21	<input type="checkbox"/>	Parent's Domicile Certificate * Issued by _____ (For Candidated Selected under Defence Quota [Def-1,Def-2 or Def-3] and Hilly Area)		
22	<input type="checkbox"/>	Sports _____		
23	<input type="checkbox"/>	Gap Affidavit on Rs. 100 stamp paper (Notarized)		
24	<input type="checkbox"/>	Any other certificate: _____		
25	<input type="checkbox"/>	Transfer / Upgraded Candidates: Relieving Letter from Dean of previous medical college : _____		

(**Note** : * Applicant must submit Certificate's as in given Annexure / Proforma as per NEET Information Brochure – 2023)

Applicant

Signature : _____

Name : _____

Parent's / Guardian

Signature : _____

Name : _____

FOR OFFICE USE ONLY

Originals verified by

Clerk :

Signature : _____

Name : _____

Date : _____

**Vice Dean (Signature &
Name & Stamp)**

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.

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.

स्वाक्षरी :

नाव :

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 fulfills 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 Date :	Signature
	Name
	Registration No.
	Seal of Registered Medical Practitioner