

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

**PG ADMISSION FORM**

**Academic Year: 20\_\_ - 20\_\_**

**FOR COLLEGE OFFICE  
USE ONLY**

MD ☐ DNB Prim ☐ DNB Sec ☐

CPS Diploma ☐ FCPS ☐

Subject: \_\_\_\_\_

**Caste / Category** [ Please tick ☐ relevant box] SC ☐ ST ☐ SBC ☐ VJ ☐ NT ☐ [Specify] \_\_\_\_\_  
OBC ☐ PH ☐ Sports ☐ Defence ☐  
Desert / Hilly area ☐ Project affected ☐  
Open (UR) Other [ Specify] \_\_\_\_\_

RECENT Clear  
Colour Photograph  
35 mm x 45 mm  
WHITE  
BACKGROUND

**EMERGENCY**

FULL Name of contact person: \_\_\_\_\_

Relationship with applicant: \_\_\_\_\_

Mobile: [1] \_\_\_\_\_ [2] \_\_\_\_\_

Landline (with STD): \_\_\_\_\_

Applicant's Blood Group: \_\_\_\_\_

NEET-PG Merit List  
\_\_\_\_\_

State Merit List  
No.: \_\_\_\_\_

**PAN Card Number:**

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**Aadhar Card Number:**

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Name of the applicant in **CAPITALS - ENGLISH** – *EXACTLY as per Final MBBS 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 previous medical college attended: \_\_\_\_\_

Postal address of previous medical 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 Final MBBS Mark sheet*

I, the above-named applicant, hereby apply for admission to the Course in [subject]  
\_\_\_\_\_ at Rajiv Gandhi Medical College (RGMC), Kalwa,  
Thane.

1. I have appeared and qualified at the NEET-PG 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.
2. 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 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.
3. 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.
4. I am **NOT** employed anywhere and I have **NOT** taken admission to any other course.
5. I categorically and specifically undertake to maintain the **minimum attendance** as prescribed by the Maharashtra University of Health Sciences, Nashik / National Board of Examinations, New Delhi / College of Physicians and Surgeons, Mumbai, failing which, I am aware that I will **NOT** be eligible to appear for the examinations.
6. I undertake to obtain prior written permission of the Head of my department and the Dean, RGMC in case of my absence due to personal circumstances.
7. 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.
8. I am aware that the institution will **NOT** be responsible for loss of valuables, mobile phone and my other personal belongings.
9. 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.
10. I confirm and state that the information furnished by me in this Admission Form and Annexures-1 & 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: \_\_\_\_\_

## **Annexure-1**

### **UNDERTAKING**

Name of the applicant in **CAPITALS - ENGLISH** – *EXACTLY as per Final MBBS Mark sheet*

I, the above-named applicant, 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.

Date : \_\_\_\_/\_\_\_\_/ 20 \_\_\_\_

\_\_\_\_\_  
Signature of the Applicant

### **APPLICANT'S PERSONAL DATA**

Applicant's Mobile No. [1] \_\_\_\_\_ Mobile No. [2] \_\_\_\_\_

WhatsApp No.: \_\_\_\_\_ Applicant's E-mail ID: \_\_\_\_\_

Father's name: \_\_\_\_\_

Father's Mobile No.: \_\_\_\_\_ Father's E-mail ID: \_\_\_\_\_

Mother's name: \_\_\_\_\_

Mother's Mobile No.: \_\_\_\_\_ Mother's E-mail ID: \_\_\_\_\_

Father's Occupation: \_\_\_\_\_ Mother's Occupation: \_\_\_\_\_

Permanent / Native Place POSTAL Address: \_\_\_\_\_

\_\_\_\_\_  
PIN Code: \_\_\_\_\_

Local POSTAL Address: \_\_\_\_\_

\_\_\_\_\_  
PIN Code: \_\_\_\_\_

\_\_\_\_\_  
Signature of the Applicant

## Annexure-2 DOCUMENTS

Name of the applicant in **CAPITALS - ENGLISH** – *EXACTLY as per Final MBBS Mark sheet*

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

1. 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 PG course.
2. Submit ORIGINAL hard copies + **TWO** sets of photocopies in **SERIAL ORDER** as shown below –

FOR ALL APP LICANTS			Certificate No.	Dated
A	<input type="checkbox"/>	Photocopy of PAN Card		.....
B	<input type="checkbox"/>	Photocopy of Aadhar Card		.....
1	<input type="checkbox"/>	NEET-PG Admit Card / Hall Ticket		
2	<input type="checkbox"/>	Selection Letter from Competent Authority		
3	<input type="checkbox"/>	NEET-PG Statement of Marks / Rank Letter		
4	<input type="checkbox"/>	Nationality Certificate Issued by _____		
5	<input type="checkbox"/>	Domicile Certificate Issued by _____		
6	<input type="checkbox"/>	HSC Passing Certificate _____		
7	<input type="checkbox"/>	Mark Sheet Final MBBS University: _____		
8	<input type="checkbox"/>	Passing Certificate Final MBBS		
9	<input type="checkbox"/>	University-issued Internship Completion Certificate		
10	<input type="checkbox"/>	MBBS Degree Certificate		
11	<input type="checkbox"/>	PG Diploma / Degree Certificate University: _____		
12	<input type="checkbox"/>	MMC Permanent Registration Certificate		
13	<input type="checkbox"/>	MMC Registration Renewal Valid till - ____/____/ 20 ____		
14	<input type="checkbox"/>	Physical Fitness Certificate (from MBBS doctor) in DMER format _____		

**Annexure-2 [continued]**  
**DOCUMENTS [continued]**

<b>WHERE APPLICABLE</b>			Certificate No.	Dated
15	<input type="checkbox"/>	Leaving Certificate from LAST Medical College; Name of LAST Medical College:		
16	<input type="checkbox"/>	Migration Certificate Issued by _____		
17	<input type="checkbox"/>	Caste Certificate Issued by _____		
18	<input type="checkbox"/>	Caste Validity Certificate Issued by _____		
19	<input type="checkbox"/>	Non-Creamy Layer Certificate: Valid till - ____/____/ 20 ____ Issued by _____		
<b>OTHER DOCUMENTS</b>				
20	<input type="checkbox"/>	Gap Affidavit on Rs. 100 stamp paper (Notarized)		
21	<input type="checkbox"/>	Applicant's Defence Certificate		
22	<input type="checkbox"/>	Parent's Defence Certificate		
23	<input type="checkbox"/>	Sports <input type="checkbox"/> PH <input type="checkbox"/>		
24	<input type="checkbox"/>	Project Affected <input type="checkbox"/> Desert <input type="checkbox"/> Hilly Area <input type="checkbox"/>		
25	<input type="checkbox"/>	Leave sanction / Relieving Letter from previous employer / Organization _____		
26	<input type="checkbox"/>	For Transfer / Upgraded Candidates: Relieving Letter from Dean of previous medical college:		
27	<input type="checkbox"/>	Any other certificate: _____		

Date : \_\_\_\_/\_\_\_\_/ 20 \_\_\_\_

\_\_\_\_\_  
Signature of the Applicant

**FOR OFFICE USE ONLY**

Originals verified by: