

महाराष्ट्र शासन
श्री वसंतराव नाईक शासकीय वैद्यकीय महाविद्यालय, यवतमाळ.
SHRI VASANTRAO NAIK GOVT. MEDICAL COLLEGE,
YAVATMAL.

Phone Numbers: 07232-241125 ,
Web site: www.vngmcytl.org.in

Fax: 07232- 244148
e-mail: deanvngmctstudentsection@rediffmail.com

Date: /07/2016

NOTIFICATION

All the selected undergraduate students for 1st MBBS admission (All India or State) at Shri V.N. Govt. Medical College, Yavatmal. should follow following instructions and accordingly report with all details required.

- 1) Download & print this PDF file and fill all the details. *(Two copies of Admission Order & Holding Certificate)*
- 2) Holding Certificate & Admission order in two copies.
- 3) All original documents enlisted below to be punched and kept in a simple office file.
- 4) Prepare two sets of attested photocopies of all original documents.
- 5) Students to note that the Demand Drafts (D.D.) of Fees should not have any error/spelling mistakes in the name desired.
- 6) Other Letters/undertakings if required will be taken at the time of admission.
- 7) Before coming to admission student should fill the University enrolment form which is available on website www.muhs.digitaluniversity.ac.in and bring the copy of it.

Sd/-
DEAN
Shri V.N. Govt. Medical College
Yavatmal

Application for admission

**Recent
Passport size
Photograph**

Name: _____

Address (In Capital): _____

Phone No. (Res.) with code _____

Mobile No. Student _____

Mobile No. Parent _____

Date: / /2016

To,
The Dean,
Shri V.N. Govt. Medical College,
Yavatmal.

Sub: - Joining in Ist MBBS Course at Shri V.N. Govt. Medical College, Yavatmal.

Ref:- Selection letter/List : (printout attached)

R/Sir,

I the undersigned Shri./Kum. (Full Name in Capital)
_____ has been selected for Ist MBBS Course in Shri
V. N. Govt. Medical College, Yavatmal as per the Selection letter of All India / State list.

Kindly enroll me in your college as Ist MBBS student for the Academic Year 2016-2017.

Thanking you.

Yours faithfully,

(Name _____)

Candidate Information

**SHRI VASANTRAO NAIK GOVT.MEDICAL COLLEGE,
YAVATMAL - 445001
ADMISSION FOR THE YEAR 2016-2017**

Category: <input style="width: 80px;" type="text"/>		SC/ST/VJ/NT1/NT2/NT3/OBC/OPEN		SML No. : <input style="width: 80px;" type="text"/>	
1	Name of the Student				
	Vernacular Name of the Student				
2	a) Date of Birth				
	b) Place of Birth				
3	Date of Admission				
4	a) Religion				
	b) Caste				
	c) Sub-Caste				
5	Domicile				
6	Blood Group				
7	Guardian / Father's Full Name				
	Name of Mother				
8	Residential Detail Address				
	Telephone No. with code (Residential)				
	Mobile No.		Student:	Parent:	
9	Guardian/Father's Occupation				
10	Previous Academic Record				
	H.S.C. Year of Passing:				
	Name of the HSC/10+2 College				
	Last Exam Board				
	Marks Obtained in H.S.C.(10+2)		<input style="width: 40px;" type="text"/>	/	<input style="width: 40px;" type="text"/>
	(E)English: Marks Obtained		<input style="width: 40px;" type="text"/>	/	<input style="width: 40px;" type="text"/>
	(P)Physics: Marks Obtained		<input style="width: 40px;" type="text"/>	/	<input style="width: 40px;" type="text"/>
	(C)Chemistry: Marks Obtained		<input style="width: 40px;" type="text"/>	/	<input style="width: 40px;" type="text"/>
	(B)Biology: Marks Obtained		<input style="width: 40px;" type="text"/>	/	<input style="width: 40px;" type="text"/>
	Total marks (PCB)		<input style="width: 40px;" type="text"/>	/	<input style="width: 40px;" type="text"/>
11	MH-CET Marks		<input style="width: 40px;" type="text"/>	/	<input style="width: 40px;" type="text"/>

Date: / /2016
Place: YAVATMAL

Signature of Candidate

महाराष्ट्र शासन
श्री वसंतराव नाईक शासकीय वैद्यकीय महाविद्यालय, यवतमाळ.
SHRI VASANTRAO NAIK GOVT. MEDICAL COLLEGE,
YAVATMAL.

Phone Numbers: 07232-241125 ,
Web site: www.vngmcytl.org.in

Fax: 07232- 244148

e-mail: deanvngmcastudentsection@rediffmail.com

No.SVNGMCY/ACAD/

/2016,

Date:-

Admission Letter

Sub: - Shri V.N. Govt. Medical College, Yavatmal
Admission to Ist Year MBBS Course for the year 2016-17

Ref: - Letter No. _____ Date:-

NAME : Sh./Ku.

SML No.

Quota :

With reference to above cited subject, you are provisionally admitted to Ist year MBBS course on / /2016 at Shri V. N. Govt. Medical College, Yavatmal for the year 2016-17 subject to the following conditions.

1. You will have to pay prescribed fees (Demands Draft only) as per rules before joining the course.
2. You will have to obtain Eligibility Certificate from the **Maharashtra University of Health Sciences, Nashik.**
3. Your admission is provisionally & subject to final confirmation from **Maharashtra University of Health Sciences, Nashik.**
4. You should report to this College on / /2016 without fail.

DEAN,
Shri V. N. Govt. Medical College,
Yavatmal.

To,
Shri./Kum. _____
COLLEGE ROLL No.

महाराष्ट्र शासन
श्री वसंतराव नाईक शासकीय वैद्यकीय महाविद्यालय, यवतमाळ.
SHRI VASANTRAO NAIK GOVT. MEDICAL COLLEGE,
YAVATMAL.

Phone Numbers: **07232-241125** ,
 Web site: www.vngmcytl.org.in

Fax: **07232- 244148**

e-mail: deanvngmstudentsection@rediffmail.com

HOLDING CERTIFICATE

This is to certify that Shri/Kum. _____
 is admitted in this college on _____ / _____ /2016 to Ist MBBS course for the Academic Year
 2016-17. His/Her following **ORIGINAL CERTIFICATES** are retained in this College.
 (Sets to be prepared in the following sequence)

Sr.No.	Original Documents Required	Available YES/No
1	Nationality Certificate OR Valid Passport	
2	Domicile Certificate	
3	SSC (10th) Passing Certificate	
4	HSC (10+2) Mark sheet	
5	HSC (10+2) Passing Certificate	
6	Online Admit card MH-CET-2016/AIPMT	
7	Selection letter (College Allotment Printout)	
8	Online MH-CET-2016/ AIPMT Mark Sheet	
9	Caste Certificate	
10	Caste Validity Certificate / For outside Maharashtra students (OMS) Letter from magistrate that your state does not issue caste validity certificate... COMPULSARY	
11	Non Creamy Layer Certificate...	
12	School Leaving OR Transfer Certificate	
13	Defense Certificate (for D1,D2,D3 .. for State quota students only) If applicable	
14	Physically Handicapped Certificate.... If applicable	
15	MKB Certificate for State quota students only)If applicable	
16	Hilly Area Certificate.....for State quota students only)If applicable	
17	Medical Fitness Certificate in prescribed Proforma	
18	Migration Certificatefor OMS candidates only	
19	Self Education Gap Certificate (Affidavit on Rs.100/- Bond)	
20	Undertaking if any	
Demand Drafts of Fees as applicable..		
Tuition Fees (For Open Category and all India students irrespective of category i.e.UR or R) D.D. No: Rs. 64400/- Dt. / /2016		
Other Fees: D.D. No: Rs. 12400/- Dt. / /2016		
(Please write-down YES/No carefully)		

Signature of Verification Officer
 Shri V.N. Govt. Medical College,
 Yavatmal

D E A N,
 Shri V.N. Govt. Medical College,
 Yavatmal

To,
 Sh/Ku. _____
 Shri V.N. Govt. Medical College, Yavatmal.

Demand Draft Details

For M.B.B.S. Admission in the year 2016-17
Selected students are instructed to submit the DD as follows
Demand drafts to be drawn from Nationalized banks
(No errors or spelling mistakes in the DD will be accepted)

Tution Fee	1. Rs.64,400/- as one D.D. In Favor of : DEAN, SHRI VASANTRAO NAIK GOVT. MEDICAL COLLEGE, YAVATMAL <i>(Payable at YAVATMAL)</i>	(Only Open/UR Category)
Other Fee	2. Rs. 12,400/- as one D.D. In Favor of : DEAN, SHRI VASANTRAO NAIK GOVT. MEDICAL COLLEGE, YAVATMAL <i>(Payable at YAVATMAL)</i>	

Admission Fee - Rs. 1500/- (By Cash)

Note:

- *At any cost cash/ cheque will not be accepted.*
- *The demand draft will be deposit in the accounts only after confirmation of the admission /status retention by the students*
- *If students are allotted another college in subsequent rounds of All india / state In such situation, all the DDs will be refunded back to the student.*

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** :

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 / 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

Signature

Name

Registration No.

Seal of Registered Medical Practitioner

Date :