

## **COMMON INSTRUCTIONS TO CANDIDATES FOR ADMISSION TO MBBS COURSE 2024-25**

1. Details regarding the D. D., the list of documents and common formats are attached below.
2. Separate PDF file is uploaded for All India Quota (15%) Candidates and for State Quota candidates. Please confirm it before downloading.
3. Students and parents are advised to go through CET –cell NEET- 2024 Boucher which is available on Maharashtra CET cell website for various rules and formats e.g. Medical fitness, Status Retention etc.
4. Venue of the Admission process will be: Students Section 2<sup>nd</sup> Floor, GMC and Women's Hospital Washim, Nalanda Nagar, Chikhali Road, Washim -444505
5. Timings of admission 9.00 am to 5.30 pm.
6. Only one parent will be allowed in the admission hall along with the candidate. Candidate himself/herself has to undergo admission process; parents will be called in if necessary. Please maintain the silence in the admission hall as utmost attention of the staff is required for carrying out admission process.
7. Take all the necessary original documents, Xerox copies, pen drive, D. D., passport size photos and pens with you before entering the admission hall.
8. Xerox copies will not be provided by the college, so take them well in advance.
9. Each original document should be scanned separately in pdf format not exceeding 150 kb in the pen drive and put them in one folder mentioning your name in capital letters and AIR rank.
10. Parents domicile certificate is required for hilly area, Def 1 & def2 candidates as per NEET Boucher 2024.
11. Relevant affidavit if applicable e, g Gap, religious minority and Name change should be available in original with candidates.
12. Admission process may take whole day so plan your journey accordingly.
13. Make sure you collect all the necessary documents after your admission (Allotment letter, Document submit certificate, Receipt of the D.D. submitted) duly signed by the Dean and then leave the admission hall.
14. Do not leave your personal belongings unattended in the admission hall, College administration will not be responsible for them.
15. Visit our website [www.gmcwashim.in](http://www.gmcwashim.in) for regular updates regarding admission and commencement of classes and other information.

(Sd/-)

Dean

Government Medical College,  
Washim



# GOVT. MEDICAL COLLEGE, WASHIM

## STATE QUOTA FEE SCHEDULE, 1ST MBBS ADMISSION 2024-25

No.	Particulars	STATE QUOTA (OPEN/OBC/VJNT/SBC/EWS/SE BC CATEGORY INCOME ABOVE 8 LAKH)	STATE QUOTA (EWS/SEBC CATEGORY INCOME BELOW 8 LAKH ONLY MALE CANDIDATE)	STATE QUOTA (SCHOLARSHIP/FRESHIP HOLDER ONLY) (OBC/VJNT/SBC CATEGORY INCOME BELOW 8 LAKH ONLY CANDIDATE) & (SC/ST CATEGORY CANDIDATE) & (EWS/SEBC CATEGORY INCOME BELOW 8 LAKH ONLY FEMALE CANDIDATE)
1	Tuition Fee	1,38,300/-	69,150/-	--
2	Development Fee	5,000/-	5,000/-	5,000/-
3	Admission Fee	1,500/-	1,500/-	1,500/-
4	Library Fee	1,000/-	1,000/-	1,000/-
5	Gymkhana Fee	500/-	500/-	500/-
6	Hostel Fee	4,000/-	4,000/-	4,000/-
7	Caution Money	3,000/-	3,000/-	3,000/-
8	Laboratory Deposit	500/-	500/-	500/-
9	Library Deposit	2,000/-	2,000/-	2,000/-
10	Hostel Deposit	1000/-	1000/-	1000/-
11	Hostel Electricity	36/-	36/-	36/-

1) STATE QUOTA:- (OPEN/OBC/VJNT/SBC/EWS/SEBC CATEGORY INCOME ABOVE 8 LAKH)

*Two Demand Draft* (Any Nationalized/Scheduled Bank) (*STATE QUOTA*)

a) Separate Demand Draft for Admission fee, Library fee, Gymkhana fee, Tuition fee, Development fee, C.C. Money Deposit, Laboratory deposit, Library deposit Amount: Rs.1,51,800/-

b) Separate Demand Draft for Hostel fee & Hostel Deposit & Hostel Electricity charges: Rs.5,036/- (*if Applicable*)

2) STATE QUOTA: EWS/SEBC CATEGORY (INCOME BELOW 8 LAKH ONLY MALE CANDIDATE)

*Two Demand Draft* (Any Nationalized/Scheduled Bank) (*STATE QUOTA*)

a) Separate Demand Draft for Admission fee, Library fee, Gymkhana fee, Tuition fee & Development fee, C.C. Money Deposit, Laboratory deposit, Library deposit Amount: Rs.82,650/-

b) Separate Demand Draft for Hostel fee & Hostel Deposit & Hostel Electricity charges: Rs.5,036/- (*if Applicable*)

3) STATE QUOTA: (OBC/VJNT/SBC CATEGORY CANDIDATE & EWS/SEBC CATEGORY CANDIDATE INCOME BELOW 8 LAKH ONLY

FEMALE CANDIDATE) & (SC/ST CATEGORY CANDIDATE) (*SCHOLARSHIP/FRESHIP HOLDER*)

*Two Demand Draft* (Any Nationalized/Scheduled Bank) (*STATE QUOTA*)

a) Separate Demand Draft for Admission fee, Library fee, Gymkhana fee, & Development fee, C.C. Money Deposit, Laboratory deposit, Library deposit Amount: Rs.13,500/-

b) Separate Demand Draft for Hostel fee & Hostel Deposit & Hostel Electricity charges: Rs.5,036/- (*if Applicable*)

**:DD should be drawn in the favour of "Dean, Government Medical College, Washim"**

प्रमुख अधिकारी

शासकीय वैद्यकीय महाविद्यालय,  
वाशिम

## Govt. Medical College, Washim (Maharashtra)

**DOCUMENT LIST FOR 1ST MBBS ADMISSION FOR ACADEMIC YEAR 2024-25**

**Originals with 2 attested photocopies of the following certificates are to be submitted at the time of admission**

<b>Sr.No</b>	<b>Document Name</b>
1	Copy of Online Application form of NEET-2024 examination
2	Nationality Certificate & Domicile Certificate (Essential document for state Quota)
3	SSC Mark sheet & Board Certificate
4	HSC (12 <sup>th</sup> ) Mark sheet
5	HSC (12 <sup>th</sup> ) Passing/Board Certificate
6	NEET- 2024 Score Card
7	Admit card NEET-2024 examination
8	Provisional Allotment Letter
9	Leaving/Transfer Certificate
10	Medical Fitness Certificate (Annexure-H)
11	Migration Certificate
12	Gap Affidavit (Self Name education period June-2024 ( If Applicable)
13	Cast Certificate ( If Applicable)
14	Cast Validity Certificate ( If Applicable)
15	Non Creamy Layer Certificate (With Valid Up to 31.03.2025) ( If Applicable)
16	EWS Certificate (With Valid Date) ( If Applicable) 2024-25
17	Defense Certificate 1,2,3 ( If Applicable)
18	Physically Handicapped Certificate ( If Applicable)
19	MKB/Hilly Area Certificate ( If Applicable) The format of Certificate is annexed in the Information Bulletin / Information Brochure 2024
20	Adhar Card Photocopy
21	Voter ID Card
22	Affidavit belonging to religious minority community ( If Applicable)
23	Income Certificate (if Applicable)
<b>Candidate have to submit scanned PDF (100KB to 150 KB) copy of each document (One by one) separately in pen drive.</b>	

## 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.

<b>CERTIFICATE OF MEDICAL FITNESS</b>	
This is to certify that I have conducted clinical examination of <span style="float: right;">Mr./Ms</span> ..... 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.	
<ul style="list-style-type: none"><li>(1) Absence of any incapacitating and /or progressive systemic disease/disorder/condition,</li><li>(2) Absence of any disability of upper limb/s.</li><li>(3) Absence of any major visual/ auditory disability.</li><li>(4) Absence of psychosis/neurosis/mental retardation,</li><li>(5) Ability to maintain erect posture,</li><li>(6) Reasonable manual dexterity.</li></ul>	
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. <b>(Strike, which is not applicable):</b>	
1. ....	
2. ....	
3. ....	
Address of the Registered Medical Practitioner	Signature
	Name
	Registration No.
	Seal of Registered Medical Practitioner
Date :	

**PROFORMA**  
(For Def-1, Def-2 Candidates)

**CERTIFICATE**

This is to certify that Shri. / Smt. ....  
(Full Name of the Employee with Rank of the employee)  
is / has been a member of Defence Forces of India. He / She has put in ..... years of  
service in Indian Army / Indian Navy / Indian Air Force from ..... to .....  
and is currently working / retired from services on ..... / permanently disabled since  
..... / killed in action on .....

This certificate is issued for the purpose of his / her son / daughter / spouse  
.....s' admission to First Year in Health Science Courses  
for the academic year 2023-2024.

Date :  
Place :

(Signature)  
Name and Designation of the Authority  
(who is authorized to issue such certificate) /  
District Sainik Welfare Officer  
Seal of the Office

Note: This proforma is not valid for civilian staff working in the Indian Army, Navy & Air Force.

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**PROFORMA**  
(For Def-3 Candidates)  
(For son/daughter/spouse of Active defence service personnel domiciled in other than Maharashtra State)

**CERTIFICATE**

This is to certify that Shri. / Smt. .... is a member of  
(Full Name of the Employee with Rank of the employee)  
Defence Forces of India, and is currently working in Indian Army / Indian Navy / Indian Air Force.  
Shri / Smt. .... is transferred to .....  
(Place of posting)  
in Maharashtra State vide transfer order No. .... Date .....  
He / She has joined duty in Maharashtra on ..... and is currently working in the same post.  
(Date of Joining)

This certificate is issued for the purpose of his / her son / daughter/spouse  
..... admission to First Year in Health Science Courses for the  
academic year 2023-2024.

Date :  
Place :

(Signature)  
Name and Designation of the Authority  
(who is authorized to issue such certificate)  
Seal of the Office

Note: This proforma is not valid for civilian staff working in the Indian Army, Navy & Air Force.

Appendix-VIII-A

**CERTIFICATE OF DISABILITY**

[As per Gazette Notification No. MCI-18(1)/2018-Med./187262 dated 5<sup>th</sup> Feb 2019/13<sup>th</sup> May 2019 for Admission to Medical Courses in All India Quota]

Recent Passport size Photograph of the candidate (same as given in the online Application Form) duly attested by the issuing authority

Certificate No. \_\_\_\_\_ Dated \_\_\_\_\_  
 Name of the Designated Centre (as per Appendix-VIII-B) \_\_\_\_\_  
 This is to certify that Dr. /Mr. /Ms. \_\_\_\_\_  
 Aged \_\_\_\_\_ Years Son/Daughter of Mr. \_\_\_\_\_  
 R/o: \_\_\_\_\_

NEET Application No. \_\_\_\_\_ NEET Roll No. \_\_\_\_\_ Rank No. \_\_\_\_\_  
 has the following Disability (Name of the Specified Disability) \_\_\_\_\_  
 [percentage] of \_\_\_\_\_ [in words] \_\_\_\_\_  
 Figures)

\* Please tick on the "Specified Disability"

[Assessment to be done in accordance with the Gazette Notification No. 5.075 (E) dated 4<sup>th</sup> January 2018 of the Department of Empower of Person with Disability (Divyangjan), Ministry of Social Justice & Empowerment ]

S/No.	Disability Type	Type of Disability	Specified Disability
1.	Physical Disability	A. Locomotor Disability B. Visual Impairment C. Hearing Impairment D. Speech & Language Disability	a. Leprosy cured person, b. Cerebral Palsy, c. Dwarfish, d. Muscular Dystrophy, e. Aids attack victims, f. other such as Amputation, Polio survivors g. Blindness h. Low Vision i. Deaf j. Hard of hearing k. Deafblind/Neurological causes
2.	Intellectual Disability		a. Specific Learning Disabilities (Perceptual disabilities, Dyslexia, Dysgraphia, Dyscalculia, Dyspraxia) b. Developmental Aphasia c. Autism Spectrum Disorders
3.	Mental Behaviour		a. Mental Illness
4.	Disability caused due to	a. Chronic Neurological Conditions b. Blood Disorders	I. Multiple Sclerosis II. Parkinson's disease 1. Haemophilia, 2. Thrombocytopenia, 3. Sickle Cell Disease
5.	Multiple Disability including Dual Disabilities		More than one of the above specified disabilities

\* Conclusion: He/She is Eligible/Not Eligible for admission in Medical/Dental courses as per the aforesaid Gazette Notification(s) subject to his being otherwise medically fit.

\* Functional competency with the aid of Assistive devices in case of Locomotor/Vision/Hearing Impairment, if any

Sign. & Name \_\_\_\_\_  
 [Concerned Specialist]

Sign. & Name \_\_\_\_\_  
 [Concerned Specialist]

Sign. & Name \_\_\_\_\_  
 [Concerned Specialist]

**ANNEXURE - J**  
**Status Retention Form**

(To be sent to Competent Authority by the college)

Candidate's Name : \_\_\_\_\_ All india Neet Rank \_\_\_\_\_  
Category : \_\_\_\_\_ NEET UG Roll.No. : \_\_\_\_\_ Region Code : \_\_\_\_\_  
Address: \_\_\_\_\_  
Pin Code: \_\_\_\_\_ Phone No. \_\_\_\_\_

To  
The Competent Authority,  
NEET UG 2024, Mumbai.

Sir/Madam,  
I, Mr./Miss \_\_\_\_\_ wish to retain the seat allotted  
(Name of Candidate)  
to me at \_\_\_\_\_  
(Name of the College)  
for \_\_\_\_\_ Course in Health Sciences for the academic year 2024-25.  
(Name of the course)

**Declaration**

I am fully aware that after filling this **Status Retention Form** that I will not be considered for any subsequent rounds of selection process for the year 2024-25. I also declare that I will not ask for reconsideration of my name for further selection process.

Date : \_\_\_\_\_  
Place : \_\_\_\_\_ Signature of Candidate

Signature of Parent/Guardian \_\_\_\_\_ Signature of Dean /Principal (with seal)  
(Cut here) - - - - -  
(To be retained by the College)

To  
The Competent Authority,  
NEET UG 2024, Mumbai.

Sir/Madam,  
Mr./Miss \_\_\_\_\_ (All India NEET Rank. \_\_\_\_\_) wish to retain the  
(Name of Candidate)  
seat allotted to me at \_\_\_\_\_  
(Name of the College)  
for \_\_\_\_\_ Course in Health Sciences for the academic year 2024-25.  
(Name of the course)

**Declaration**

I am fully aware that after filling this **Status Retention Form** that I will not be considered for any subsequent rounds of selection process for the year 2024-25. I also declare that I will not ask for reconsideration of my name for further selection process.

Date : \_\_\_\_\_  
Place : \_\_\_\_\_ Signature of Candidate

Signature of Parent/Guardian \_\_\_\_\_ Signature of Dean /Principal (with seal)

शासन निर्णय क्रमांक: राज्याधी ४०१९/प्र.क्र.३१/१६-अ

सामान्य प्रशासन विभाग, शासन निर्णय क्र. राज्याधी ४०१९/प्र.क्र.३१/१६ अ. दि. ३१.०५.२०१९

सीवतने सहपत्र

Annexure-A

Government of Maharashtra

Certificate No.:



(valid for Year \_\_\_\_\_)

**Eligibility certificate for Economically Weaker Section**

(For the purpose of 10% reservation prescribed for Economically Weaker Section vide Government Resolution

सामान्य प्रशासन विभाग, शासन निर्णय क्र. राज्याधी ४०१९/प्र.क्र.३१/१६ अ. dated 31-05-2021)

This is to certify that Shri/Smt/Kum \_\_\_\_\_ is son  
/daughter/ward of \_\_\_\_\_ He/She is resident of village / city \_\_\_\_\_  
Taluka \_\_\_\_\_ District \_\_\_\_\_ and he /she belongs to \_\_\_\_\_  
caste/sub caste /class which is not included in the cadres mentioned in the Maharashtra  
State Public services (Schedule Caste, Schedule Tribes, De-notified Tribes (Vimukta Jati),  
Nomadic Tribes, Special Backward category and Other Backward Classes) Act, 2001  
(Maharashtra Act No.8 of 2004).

As per norms prescribed Vide Government of Maharashtra, General  
Administration Department, and Government Resolution No. राज्याधी ४०१९/प्र.क्र.३१/१६ अ.  
dated 12.02.2019. His /Her gross family annual income for Year \_\_\_\_\_ from all source is  
Rs. \_\_\_\_\_/ which is less than Rs.8,00,000/ Therefore it is certified that he/ she is  
within category of Economically Weaker Sections.

Place :

Signature :

Date :

Name :

Designation :

(This certificate has been issued on the basis of following proof evidences/documents)

- 1
- 2
- 3

पृष्ठ २ पैकी २



शासन निर्णय क्रमांक-अनाथ-२०२२/प्र.क्र.१२२/का-०३.

**प्रपत्र**

**अनाथ प्रमाणपत्र**

संदर्भ- १. शासन निर्णय, महिला व बाल विकास विभाग, क्र..... दिनांक.....  
२. ज्वाल कल्याण समिती..... याचे पत्र क्र..... दिनांक..... अन्वये केलेली शिफारस.  
३. जिल्हा महिला व बाल विकास अधिकारी..... यांचे शिफारस पत्र क्र..... दिनांक.....

संकेतांक क्रमांक.....

जवीन फोटो

विभागीय उपायुक्त कार्यालयाचा  
गाल शिक्का

नाव.....

१) संस्थात्मक प्रवर्गातील अनाथांसाठी "अनाथ" असल्याचे प्रमाणपत्र.

प्रमाणित करण्यात येते की, प्रवेशित नामे..... हा/ही मुलगा/मुलगी वय वर्षे.....  
जन्मदिनांक..... दिनांक..... पासून..... संस्था (नोंदणी क्रमांक), पत्ता.....  
या..... विभागाच्या शासकीय / शासनमान्य स्वयंसेवी बालगृहात / अनाथलयात त्या  
संस्थेतील प्रवेशित रजिस्टरमधील नोंदणी क्रमांक..... नुसार दाखल झालेला अनाथ आहे. संस्थेत  
दाखल होण्याची पार्श्वभूमी :- (वर्णन द्यावे)

प्रवेशित नामे..... आई वडील मृत आहेत / याच्या/हिला आई वडीलांचा ठावठिकाणा  
सर्व मार्गांचा अवलंब करू नही अद्याप लागलेला नाही, किंवा लागण्याची शक्यता नाही त्यामुळे संबंधित  
प्रवेशित हा अनाथ असल्याचे प्रमाणित करण्यात येत आहे.

२) संस्थाबाह्य प्रवर्गातील मुलासाठी अनाथ असल्याचे प्रमाणपत्र.

प्रमाणित करण्यात येते की, अज्ञेयार नामे..... वय वर्षे..... जन्म दिनांक.....  
हा/ही महिला व बाल विकास विभाग अथवा अन्य विभागांकडून मान्यताप्राप्त संस्थेमध्ये

पृष्ठ १० पैकी ९

## **ANNEXURE-E MAHARASHTRA-KARNATAKA DISPUTED BORDER AREA (MKB) RESERVATION**

Eight seats in Government Medical Colleges, two seats in Government Dental Colleges and five seats in Government and Govt. aided Ayurvedic Colleges in Maharashtra are reserved for the candidates belonging to Maharashtra-Karnataka Disputed border area on the following conditions:

- a) The candidate must be a domicile of place situated in the areas as specified in the list given below, and produce a domicile certificate from the District Collector accordingly.
- b) He should have passed SSC (or equivalent) and/or HSC (or equivalent) examination from an Institution situated in the border area. The candidate must produce a certificate from the Principal/Head-Master of the College/School stating that candidate has passed SSC/HSC (or equivalent) examination from the Institution.
- c) Mother tongue of the candidate must be Marathi. The candidate must produce a certificate from the Principal/Head-Master of the School from which he/she has passed the SSC (or equivalent) examination, stating that the candidate's mother tongue is Marathi as per the original school record.
- d) To avail the benefit of MKB claim, the candidate must have appeared at NEET UG - 2024 examination.
- e) The Competent Authority shall select the candidates claiming MKB Quota, on the basis of their Merit at NEET UG -2024 examination

***Districts, Talukas and villages included under MKB are available at website of [www.mahacet.org](http://www.mahacet.org)***

## **ANNEXURE - F HILLY AREA (HA) RESERVATION**

As per G.R. No.MED-1003/CR 641/03/Edu-2, dated 16/3/2004, 3% seats at Govt. / Municipal Corporation Medical colleges are reserved for the candidates from Hilly areas.

In accordance with G.R. issued by the Govt. of Maharashtra MED Dept. G.R. No. MED-1002/3852/CR-617/02/Edu-2, dated 17/4/2003 and resolutions issued by Govt. of Maharashtra from time to time, the candidates claiming seat under HA claim should satisfy following criteria to be eligible:

- i) **Domicile Certificate of the parent stating that he/she is domicile in the village declared as a Hilly area specified in the Table for the respective Regions (Rest of Maharashtra/Vidarbha /Marathwada, As per the latest list issued by concerned Department) The said certificate should be obtained from the concerned Revenue Department officer (Tehsildar and Above).**
- ii) To avail the benefit of HA claim, the candidate must have appeared at NEET UG -2024 examination.
- iii) The Competent Authority shall select the candidates claiming HA, on the basis of their Merit at NEET UG -2024 examination.
- iv) The constitutional reservation is provided under these HA claim seats.
- v) **The candidate should pass SSC/HSC (or equivalent) examination from School/Junior College situated in the hilly area of his/her parents domicile or if not so, at the most, from a School/Junior College situated in the taluka of his/her parent's domicile.**

***The list of Hilly areas in Maharashtra state is available at website of [www.mahacet.org](http://www.mahacet.org).***

## Contact Details

### **Government Medical College, Washim**

Address: Government Medical College & District Women's Hospital  
Nalanda Nagar, Chikhali Road, Washim, Pin Code 444505

#### Contact person:

- 1) Dr. Pankaj Wadekar – Nodal officer
- 2) Dr. Shrinivas Chitta - 7745850447
- 3) Dr. Sugat Kawle - 9561107040
- 4) Dr. Kishor Pawar – 8879990394
- 5) Mr. Ganesh Pariskar - 7020256776

Dr. Pankaj Wadekar

Nodal officer

MBBS admission 2024-25