**MUNICIPAL CORPORATION OF GREATER MUMBAI**

**Hinduhridaysamrat Balasaheb Thackeray Medical College, Juhu, Mumbai**

**APPPLICATION FOR SUBMISSION OF ORIGINAL CERTIFICATES TO THE COLLEGE**

To, **Date: -\_\_\_\_\_\_\_\_\_\_**

The Dean,

H.B.T. Medical College

Mr./Ms.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_All India RankNo.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NEET NO. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Admitted Category \_\_\_\_\_\_\_\_\_\_\_ have been provisionally selected through NEET-2022(M.B.B.S.) at Hinduhridaysamrat Balasaheb Thackeray Medical College, Mumbai.

**2) I am submitting my original documents with 3 set of self-attested Xerox copies to office, as under**

**(Tick). also, I herewith submit scanned original documents in pen drive.**

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| Sr. No. | **Original Documents with 3 set of attested Xerox copies** | Student Use (Tick) | Office Use |
|  | **(MANDATORY DOCUMENTS) FOR RESERVED AND UNRESERVED CATEGORY CANDIDATES** |  |  |
| 1 | Admit Card of NEET UG-2022 |  |  |
| 2 | Copy of Online Application Form (Latest) filled on [www.mahacet.org](http://www.mahacet.org) |  |  |
| 3 | NEET UG-2022 Mark sheet  |  |  |
| 4 | Selection/Allotment Letter from Competent Authority (DMER)/(15% AIQ Prov.Allotment letter) |  |  |
| 5 | Nationality Certificate issued by District Magistrate/Addl. District Magistrate or Metropolitan Magistrate (Competent Authority for issue of such Certificate)/ valid Indian Passport/ School Leaving Certificate of HSC/12th Std. indicating the nationality of the candidate as ‘Indian’ |  |  |
| 6 | Domicile Certificate issued by District Magistrate/Metropolitan Magistrate/Addl. District Magistrate or Competent Authority for issue of such Certificate. |  |  |
| 7 | S.S.C (or equivalent)passing certificate (for Date of Birth) |  |  |
| 8 | H.S.C (or equivalent)examination Mark Sheet |  |  |
| 9 | H.S.CPassing Certificate (mandatory for 12th passed before academic year 2022) \* |  |  |
| 10 | College (12th) Leaving/ Transfer Certificate |  |  |
| 11 | Migration Certificate/ Transference certificate (mandatory for 12th passed from other then Maharashtra State board) |  |  |
| 12 | Student Affidavit for Educational Gap (Affidavit from Students) |  |  |
| 13 | Aadhar Card |  |  |
| 14 | Medical Fitness Certificate (As per DMER Format- Annexure  |  |  |
| 15 | Student Report of Blood (Hemogram or C.B.C.) |  |  |
| 16 | Ration Card  |  |  |
| 17 | Student Election Card Copy (If not fill annexure ‘C’ attached) |  |  |
| 18 | Student PAN Card Copy  |  |  |
| 19 | Proof of Current Residential Address Electric bill, etc. |  |  |
| 20 | Demand Drafts  |  |  |
|  | **MANDATORY DOCUMENTS FOR CONSTITUTIONAL RESERVED CATEGORY CANDIDATES** |  |  |
| 21 | Caste Certificate issued by authority from within the State of Maharashtra |  |  |
| 22 | Caste Validity Certificate (If your state do not issue CVC, you have to submit the letter from Competent Authority as per attached proforma) |  |  |
| 23 | Non-Creamy Layer Certificate valid **upto 31/03/2023** (For VJ, NT1, NT2, NT3, & OBC including SBC) Not required for SC and ST. |  |  |
| 24 | Income Certificate for the year 2021-22 from competent authority (SC, ST, NT-1,2,3, VJ/OBC/SBC/SEBC & EWS category students should submit Tahsildar Income Certificate for FREESHIP/SCHOLARSHIP Purpose) |  |  |
|  | **MANDATORY DOCUMENTS FOR PWD CATEGORY CANDIDATES** |  |  |
| 25 | Disability Certificate of Authorized Medical Board as per **National Testing Agency MCC**. Any certificate issued by authorities other than Authorized Medical board is **NOT valid.** |  |  |
|  | **MANDATORY DOCUMENTS FOR EWS CATEGORY CANDIDATES** |  |  |
| 26 | Recent Eligibility Certificate for EWS category issued by Competent Authority as per State Government Format. Certificate in **Central Government format will not be accepted.** |  |  |
|  | **MANDATORY DOCUMENTS FOR HILLY AREA CATEGORY CANDIDATES** |  |  |
| 27 | **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. The **candidate should pass SSC/HSC** (or equivalent) examination from School/Junior College situated in the hilly area of his/her parent’s domicile or if not so, at the most, from a School/Junior College situated in the taluka of his/her parents’ domicile. |  |  |
| 28 | Proof showing that candidate has passed SSC/HSC from the same Tehsil/Taluka in the hilly area of his/her parents’ domicile. i.e SSC/HSC passing certificate of School leaving certificate. |  |  |
|  | **MANDATORY DOCUMENTS FOR D-1 CATEGORY CANDIDATES** |  |  |
| 29 | Certificate of parent form Zillah Sainik Board |  |  |
| 30 | Domicile certificate of parent, it should be from within state of Maharashtra |  |  |
|  | **MANDATORY DOCUMENTS FOR D-2 CATEGORY CANDIDATES** |  |  |
| 31 | Certificate of parent from competent authority form Defence services stating that parent is serving as per Army/Navy/Air force act. |  |  |
| 32 | Domicile certificate of parent, it should be from within state of Maharashtra |  |  |
|  | **MANDATORY DOCUMENTS FOR D-3 CATEGORY CANDIDATES** |  |  |
| 33 | Certificate of parent from competent authority from Defence services stating that parent is serving as per Army/Navy/Air force act & transferred and posted in the state of Maharashtra. Domicile certificate of parent of other than Maharashtra is only accepted. |  |  |
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**I have not submitted following documents: -**

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1. Please give me the acknowledgement for the same.

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**Students have to submit scanned copies of all theOriginaldocuments mentioned above including Demand Draft of MBBS Tuition Fees, in separate folder with student name. Each document should be labeled separately.**

**For e.g: Allotment Letter, Nationality certificate,Xth Passing,XIIthMark sheet etc. ( Submit Each original scanned document should be75 kb To 150 kb inPDF format in pen drive ) as per MUHS,Nashik guidelines.**

Yours faithfully,

 Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Mobile No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Res.Tel. No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Dr. Manisha Khare Dr. Mehra Bhoir Dr. Ninad Gaikwad**

**Academic Dean (UG) & Professor & HOD Anatomy Professor & HOD ENT**

**Professor & HOD Pathology**

**Dr. Kishor Bisure Dr. Shivaji Mane Dr. Sachin Sonawane**

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**MUNICIPAL CORPORATION OF GREATER MUMBAI**

**Hinduhridaysamrat Balasaheb Thackeray Medical College and**

 **Dr. R.N. Cooper General Hospital , Juhu, Mumbai 400 056)**

**FEES FOR M.B.B.S. COURSE 2022-23**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sr. No.** | **Type of fees** | **Open Category****Fees in Rs.** | **Economically Weaker Section****Fees in Rs.** | **Reserve Category****Fees in Rs.** |
| **A** | **College Fees D.D. in favour of "BRIHANMUMBAI MUNICIPAL CORPORATION"Payable at MUMBAI** | **123200/-** | **66050/-** | **8900/-** |
| **B** | **(Gymkhana + MUHS) Fees D.D. must be in favour of "Dean H.B.T Medical College" Payable at Mumbai.** | **Rs.5770/--** |
| **C** | **College Deposit D.D. must be in favour of "BRIHANMUMBAI MUNICIPAL CORPORATION" Payable at Mumbai.** | **Rs.4,000/-** |
| **D** | **Admission Form Fee (Cash-Nonrefundable)** | **Rs.590/-** |
| **AFTER COMPLETION OF ADMISSION PROCESS** |
| **E** | **Hostel Deposit D.D. must be in favour of "BRIHANMUMBAI MUNICIPAL CORPORATION" Payable at Mumbai. (After confirmation of Hostel)** | **Rs.3000/-** |
| **F** | **Hostel Fees for 6 months(Non-refundable) D.D. must be in favour of "BRIHANMUMBAI MUNICIPAL CORPORATION" Payable at Mumbai.** | **Rs.2120/-** |
| **G** | **Bond Form Fee (Cash-Nonrefundable) (After Admission Process-Only confirmed students)** | **Rs.118/-** |
| **H** | **Admission Cancellation Fee (Cash-Non refundable)** | **Rs.1500/-** |

**MUNICIPAL CORPORATION OF GREATER MUMBAI**

**Hinduhridaysamrat Balasaheb Thackeray Medical College, Juhu, Mumbai**

**APPPLICATION FOR SUBMISSION OF ORIGINAL CERTIFICATES TO THE COLLEGE**

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The Dean,

H.B.T. Medical College

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 Res.Tel. No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Dr. Kishor Bisure Dr. Shivaji Mane Dr. Sachin Sonawane**

**Professor & HOD Microbiology Professor & HOD Biochemistry Professor & HOD Forensic**

**UNDERTAKING**

**Name of the candidate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(as per 12th Marksheet)**

AIR/NEET Rank No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ AIR/NEET Roll No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Category under which admitted: \_\_\_\_\_\_\_\_\_\_\_\_\_ NEET Marks: \_\_\_\_\_\_\_/720

To,

The Dean

Hinduhridaysamrat Balasaheb Thackeray Medical College

Juhu, Mumbai 400 056.

Subject: - M.B.B.S. admission at H. B. T. Medical College during the academic year 2022-23.

Sir, Madam,

 I hereby agree to confirm the rules and regulations at present in force or hereafter be made for the administration of the College, I will do nothing unworthy of the student of the college either inside of outside or anything that will interfere its orderly working and I have carefully read and understood criteria for eligibility for University Examination i.e. I) 75% attendance in lectures and 80% attendance in non-lecture teaching programme. II) Minimum of 50% score in the internal assessment in theory and practical taken together.

 I do hereby undertake to comply with the above-mentioned criteria and have noted that if I fail to fullfill the requirements as above, my form of application for admission to the University Examinations will not be accepted and I will not be sent up for the University Examinations. **I Will submit the service agreement and surety bond as per rule for admission year 2022-2023 within one month from the date of issuing the form.**

 Subsequent to admission & payment of fess for First term, I have to pay fees and other dues every term per notification. I have noted that, I have to keep valid identity Card with me during college hours including examination time and should be produced whenever required by college authority.

 I have noted that, I will not allow filling the University examination form if I fail to pay the fees as per notification. I undertake that, I will fill up B.C. freeship/scholarship form every year i.e., June/July or Immediately after result as the case may be. I have noted that I will be required to pay college tuition fees and other charges as per schedule with fine. I have noted that no individual Intimation/letter will be send in this regard.

 I have kept sufficient number of certified copies of all original certificates for my use for 5 & ½ years, as original certificates are kept in the Nashik University office till completion of the Surety Bond.

 The present fees are under revision and I have noted that I will have to pay the fees and other charges as per revised rate from the academic year 2022-2023 subsequent to revision.

 **I am completely aware that if I will cancel my admission after the Cut-off date, I have to pay the (10,00,000/-) entire course fees and the amount of security Deposit of Rs. 4000/- shall be forfetted by the corporation.**

 **I am completely aware that after completion of MBBS Course I have to compulsory serve the Maharashtra Government for the period of one year. Further, candidate cannot go abroad up the Five years after completion of MBBS Course.**

 **I am completely aware that after completion of MBBS Course I cannot break Bond by paying Rs. 10,00,000/-.**

Signature of the Father, Signature of the Candidate:

 Mother/Guardian& their name. Corresponding Address

 Student Telephone No / Mobile No. :- \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Students Email Address :-\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Student Native Place address :-\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 Mother Email address & Phone/Mobile No. :- \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Father Email address & Phone/Mobile No. :- \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MUNICIPAL CORPORATION OF GREATER MUMBAI**

H.B.T. MEDICAL COLLEGE,JUHU,VILEPARLE(WEST),MUMBAI-400056

**U N D E R T A K I N G**

 I agree, if I am admitted to the **M.B.B.S.** course at any Municipal Medical College, Mumbai. I will diligently prosecute and complete the said course at the said college and after completion of the said course I will serve the Brihan Mumbai Mahanagar Palika or the Government in such grade or remuneration as may be prescribed for a minimum period of One years and I shall not go abroad within a period of 5 years from the date of completion of the said course.

**PENALTY FOR LAPSE OF SEAT**

 Any candidate responsible for lapse of M.B.B.S. seat will have to pay a penalty of Rs.10,00,000/- (Rupees Ten Lakhs only). This penalty is applicable to all thosecandidate who do not join during last round or cancel seat after last round of admission. This penalty is also applicable to any candidate resigning a seat after cutoff date for M.B.B.S. course irrespective or admission quota of the candidate.

MUMBAI

Parent Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**HINDUHRIDAYSAMRAT BALASAHEB THACKERAYMEDICAL COLLEGE,JUHU,VILEPARLE(WEST),MUMBAI 56**

Shri/Miss.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is admitted provisionally at the Hinduhridaysamrat Balasaheb Thackeray Medical College on \_\_\_\_\_\_\_\_\_\_\_\_\_

 He/she is therefore directed to pay the required fees in the office of the Dean, Hinduhridaysamrat Balasaheb ThackerayMedical College,Juhu,Vile Parle(West) Mumbai today.

 **Dean**

 **H.B.T. Medical College&**

**DR.R.N.Cooper General Hospital**

**MUNICIPAL CORPORATION OF GREATER MUMBAI**

H.B.T. MEDICAL COLLEGE,JUHU,VILEPARLE(WEST),MUMBAI-400056

Date:- \_\_\_\_\_\_\_\_\_\_\_\_

**U N D E R T A K I N G**

(To be obtained at the beginning of each academic year by every student)

 I, Shri/Smt. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and my son/ daughter Mr./Miss. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ who has been provisionally admitted to **M.B.B.S.** course during the academic year **2022-23** have read the relevant instructions/ regulations against ragging as well as punishments and that if my ward has been found guilty, he/ she shall be proceeded for the same.

 Due to any circumstances if my war absconds/ leaves from the institute without written information to college authorities, I will not put blame on college authorities.

 Signature of parent/guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: (Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ )

 Signature of Student \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: (Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ )

 **Dean**

 **H.B.T. Medical College&**

 **DR.R.N.Cooper General Hospital**

|  |
| --- |
|  Student Photograph |

**STUDENT’S PROFILE**

**(KINDLY FILL THE FORM IN THE CAPITAL LETTERS ONLY)**

**QUOTA: STATE/ALL INDIA**

SEX: Male/Female DATE OF ADMISSION\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

AIR No. ----------------------------

|  |  |  |
| --- | --- | --- |
| **SR.NO.** | **PARTICULARS** |   |
| **1** | **Last Name** |   |
| **2** | **First Name** |  |
| **3** | **Middle Name** |   |
| **4** | **Mother Name** |   |
| **5** | **Name of the Student as per Last Qualifying Degree** |   |
| **6** | **NAME IN MARATHI** |   |
| **7** | **Date of Admission** |   |
| **8** | **ROUND NO.** |   |
| **9** | **Address For Correspondence\*** |   |
| **10** | **Email ID\*** |   |
| **11** | **Mobile** |   |
| **12** | **Gender\*** |   |
| **13** | **Date of Birth \*** |   |
| **14** | **PLACE OF BIRTH** |   |
| **15** | **Nationality\*** |   |
| **16** | **Country\*** |   |
| **17** | **Aadhaar Card Number** |   |
| **18** | **Do You Have Voting Card?** |   |
| **19** | **Voter ID\*** |   |
| **20** | **Physically Handicapped\*** |   |
| **21** | **Category of the Student** |   |
| **22** | **Admitted under Category** |   |
| **23** | **Domicile State** |   |
| **24** | **Do You Have Caste Certificate?** |   |
| **25** | **Do You Have Caste Validity Certificate?** |   |
| **26** | **Do You Have NCL Certificate?** |   |
| **27** | **Non Creamy Layer Validity Date** |   |
| **28** | **Type of Quota (All India/General/Reservation)** |   |
| **29** | **Special Reservation (PWD/HILLY AREA/ DEFENCE)** |   |
| **30** | **Other Reservation Details** |   |
| **31** | **ALL INDIA RANK** |   |
| **32** | **NEET Marks\*** |   |
| **33** | **NEET Percentile** |   |
| **34** | **Name of HSC / CBSC / ICSE Board\*** |   |
| **35** | **HSC / CBSC / ICSE Board Registration No** |   |
| **36** | **HSC College Name** |  |
| **37** | **Month & Year of Passing** |   |
| **38** | **Marks in English** |   |
| **39** | **Marks in Physics** |   |
| **40** | **Marks in Chem/Math/Comp. Sci.(BASLP)** |   |
| **41** | **Marks in Biology / Maths (BP&O)** |   |
| **42** | **Total Marks(Phy/Chem/Math/Bio)** |   |
|  | **Grand Total** |   |
| **44** | **Percentage** |   |
| **45** | **Student Blood Group** |  |
| **46** | **SSC School Name** |  |
| **47** | **SSC Month & Year of Passing** |  |

**MUNICIPAL CORPORATION OF GREATER MUMBAI**

H.B.T. MEDICAL COLLEGE, JUHU, VILEPARLE(WEST), MUMBAI-400056

**HOSTEL FACILITIES FOR BOYS AND GIRLS**

Due to change in admission rules number of students from outside Mumbai has been increased, therefore, demand for Hostel Accommodation has also increased. In these circumstances it is not possible to consider all the requests for Hostel Accommodation/ The request will be considered on the basis of availability of the accommodation. Please contact Dr.Shivkumar Kolle (Warden Boys Hostel) Mob No.9028306005, Dr. Sarika Puri (Warden Girls Hostel) Mob. No. 9870774200 for further details after giving retention.

**SURETY BOND AND THE SERVICE AGREEMENT**

 Students are requested to go through the instruction carefully before filling the **SURETY BOND AND THE SERVICE AGREEMENT.**  The students seeking the admission for the year 2022-23, have to execute the Service Agreement/ Surety Bond of Rs.10,00,000/- (Rs. Ten Lakh Only)

 Following documents required from **Parents &Guarantor**. Students should Submit the following Attested documents along with agreement bond in respect of sureties: -

1) Xerox copy Income Tax Return with Income Certificate for the year 2022-23.

**(SC/ST/VJNT/OBC/SBC/SEBC category students should submit xerox copy of Tahsildar Income**

**Certificate)**

2) Service Certificate, Employment Identity Card. (certified Photo Copy)

3) Copy of Pan Card, Copy of Aadhar Card

4) Photocopy of the Ration Card/ Telephone Bill/ Rent Receipt/Assessment Receipt/ Shop

and Establishment Certificate/ License,etc.for residential proof.

5) Recent passport size photograph.

6) In case of self-employed person not having either income tax return pan card, submit

the copy of applicable license.

**ABOUT SCHORSHIP**

 It is mandatory to fill the scholarship form for all reserved category students and whose family income is less than or equal to Rs.800000/-. If such students do not fill the scholarship form then they will be considered in the unreserved category and they will have to pay full fees in the college.

 From time to time , the college publishes scholarship notice on notice board and also sends it on the student’s Whats App group. If the student does not fill the scholarship form within period due to lack of attention to the notice, then the college will not be responsible for it.

**IDENTITY CARD**

 Identity card will be issued only after completion of all admission formalities including submission of Service Agreement Bond and Surety Bond with all requisite documents.

**Website:www.hbtmc.edu.in**

**Head Clerk - UG SECTION**

 **Contact No. 022 – 26207254, Ext. No.215, 219**

**MUNICIPAL CORPORATION OF GREATER MUMBAI**

**Hinduhridaysamrat Balasaheb Thackeray Medical College and**

 **Dr. R.N.Cooper General Hospital,Juhu, Mumbai 400 056)**

Date Of Admission \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Admission Round \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**To,**

**Head Clerk (Cash)**

Name of the candidate\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

AIR No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Admitted Category \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Sr.No. | Bank Name & Branch | DD No | Date | MICR Code | Rs. |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |
| 5 |  |  |  |  |  |
| 6 |  |  |  |  |  |
| 7 |  |  |  |  |  |

**Original documents submitted.**

**Please collect required DD, admission form fees & give admission form.**

 **Clerk Head Clerk**

 **(Under Graduate) (Under Graduate)**

**THE OFFICE NAME:**

 **OUTWARD NO. & Date:**

**TO WHOME IT MAY CONCERN CERTIFICATE**

**This is to certify that, the Caste Certificate No.**

**Dated issued to Mr./Miss.**

 **By the Tahsildar/Magistrate/ is Valid.**

 **Further, it is stated that there is no provision of issuing separate Caste Validity Certificate**

 **in \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ State.**

**Office Seal/Stamp Signature of Tahsildar/Magistrate/Issuing Authority**

 **ANNEXURE–“H”**

**Note:**

A candidate must be medically fit tounder go the professional course applied for. The medical fitness must be certified be certified by a Registered Medical Practitioner in the prescribed Proforma,as given belowon a **Letterhead.**

|  |
| --- |
| **CERTIFICATEOFMEDICALFITNESS**This is to certify that I have conducted clinical examination of Dr...................................................................................................whoisdesirousofadmissiontoHealth Science Courses.He/shehasnotgivenanypersonalhistoryofanydiseaseincapacitatinghim/herto undergo the professional course. Also, on clinical examination it has been found that he/she is medically fit to under go the professional course.1. Absence of any in capacitating and/or progressive systematic 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 notimpediments to pursue a career as a medica l/ Dental / Ayurved / Unani / Occupational Therapy / Physiotherapy / Audiology & Speech, Language Pathology / Prosthetics & Orthotics / BSc Nursing. (Strike, which is not applicable): |
| Address of the Registered Medical PractitionerDate | Signature |
| Name |
| Registration No. |
| Seal of Registered Medical Practitioner |

