



सत्यमेव जयते
महाराष्ट्र शासन

शासकीय वैद्यकीय महाविद्यालय, चंद्रपूर

GOVERNMENT MEDICAL COLLEGE CHANDRAPUR



07172-277107

RAMNAGAR, CHANDRAPUR - 442401

07172-277103



WWW.GMCCHANDRAPUR.ORG

GMCCHANDRAPUR@GMAIL.COM

NO.GMCC/STUDENT SECTION/ADM/MBBS/ /2020

DATE: / /2020

ADMISSION ORDER

To,

Subject : Admission to the course of MBBS for the year 2020-2021.

Reference : Selection List from Directorate Medical Education & Research Mumbai. Letter No.

Round: _____, Dated: / /2020, Quota: _____ Category: _____

This is to inform you that you have been provisionally selected for the admission to the 1st year in the M.B.B.S. course at Government Medical College, Chandrapur for the academic year of 2020-21 on the terms and conditions mentioned in the above referred selection list from Directorate of Medical Education & Research, Mumbai.

Hence, you are requested to carry in **two sets of the attested photocopies and the originals of the documents listed below** whichever applicable are to be submitted during the time of admission in the college. Also mentioned is the fees structure, for which a **Demand Draft** each is to be made in favor of **THE DEAN, GOVERNMENT MEDICAL COLLEGE, CHANDRAPUR.**

Sr. No.	Original Certificates	Yes/No	Sr. No.	Original Certificates	Yes/No
1	NEET – 2020 Selection letter	Yes/No	11	Non-Creamy layer Certificate	Yes/No
2	Domicile Certificate	Yes/No	12	Gap Certificate	Yes/No
3	Nationality Certificate	Yes/No	13	Medical Certificate	Yes/No
4	10 th Passing Certificate	Yes/No	14	NEET – 2020 Marks Memo	Yes/No
5	10 th Mark sheet	Yes/No	15	NEET – 2020 Hall Ticket	Yes/No
6	12 th Passing Certificate	Yes/No	16	Migration Certificate	Yes/No
7	12 th Mark sheet	Yes/No	17	Hilly area Certificate	Yes/No
8	12 th Leaving Certificate	Yes/No	18	Defense Services Certificate	Yes/No
9	Caste Certificate	Yes/No	19	Aadhar Card	Yes/No
10	Cast Validity Certificate	Yes/No	20	PH Certificate & others	Yes/No

FEES STRUCTURE

1	Tuition Fees : Rs.94400/-	D.D. No	Date: / /2019
2	Other Fees : Rs.18370/-	D.D. No	Date: / /2019
3	Other Fees : Rs.1500/-	D.D. No	Date: / /2019
4	Other Fees : Rs.810/- (Optional)	Amartya Shikshan Yojana Insurance	Date: / /2019

Signature
Verifying Officer

Signature
Nodal Officer

Dean
Government Medical College,
Chandrapur

प्रतिज्ञापत्र

मी नांवे वय वर्ष खालील सही करणार
प्रतिज्ञापत्र सादर करतो/करते की, मी राहत असलेल्या माझ्या मतदारसंघाच्या मतदार यादीत मी माझे नांव
समावीष्ट केलेले नाही. मी लवकरच / वय वर्ष १८ पूर्ण होताच माझे नांव मतदारसंघाच्या मतदार यादीत
समावीष्ट करून त्याबाबतची पोच पावती महाविद्यालयास सादर करील.

पालक (स्वाक्षरी)

विद्यार्थी(स्वाक्षरी)

नांव:-.....

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