

Govt.Medical College Akola (Maharashtra)

Ist MBBS ADMISSION 2023-24 CONTACT DETAILS.

- 1) Dr. Suresh Ghangale – Nodal Officer Mob. No.-9921442566
- 2) Dr. Sachin Gadge- Chairman Mob No.- 9284363886
- 3) Dr.Pravin Shekokar – Member- Mo.No.-982292310
- 4) Dr.Umesh Kavalkar – Member- Mo.No.-9730196442
- 5) Shri Shrawan Jarange- Office Super. Mo.No-9823506473

GOVT. MEDICAL COLLEGE, AKOLA
Admission to First Year MBBS (2023-24)

Sr. No.	Particulars	OPEN Category. (STATE QUOTA & ALL INDIA QUOTA)	RESERVED Category. (Scholarship/Freeship holder (STATE QUOTA only)
1	Tuition Fee	1,25,700/-	--
2	Development Fee	5,000/-	5,000/-
3	Admission Fee	1,500/-	1,500/-
4	Library Fee	1,000/-	1,000/-
5	Gymkhana Fee	500/-	500/-
6	Hostel Fee	4,000/-	4,000/-
7	Caution Money Deposit	3,000/-	3,000/-
8	Laboratory Deposit	500/-	500/-
9	Library Deposit	2,000/-	2,000/-
10	Hostel Deposit	300/-	300/-

(Open Category): Three Demand Draft.

- 1) Separate Demand Draft for Admission fee, Library fee, Gymkhana fee, Tuition fee & Development fee Amount: **Rs.1,33,700/-**
- 2) Separate single demand draft for C.C. Money Deposit, Laboratory deposit, Library deposit Amount: **Rs.5,500/-**
- 3) Separate Demand Draft for Hostel fee & Hostel Deposit: **Rs.4,300/- (if Applicable)**
(Any Nationalized/Scheduled Bank)

(Reserved Category): Three Demand Draft.

- 1) Separate Demand Draft for Admission fee, Library fee, Gymkhana fee & Development fee Amount: **Rs. 8,000/-**
- 2) Separate single demand draft for C.C. Money Deposit, Laboratory deposit, Library deposit Amount: **Rs. 5,500/-**
- 3) Separate Demand Draft for Hostel fee & Hostel Deposit: **Rs.4,300/- (if Applicable)**
(Any Nationalized/Scheduled Bank)

- Note: 1) DD should be drawn in the favour of The Dean, Govt. Medical College, Akola
2) DD should be drawn from Nationalized/Scheduled bank only payable at Akola.
3) Hostel will be made available depending on the vacancy position.
4) Students wanting to avail the facility of Hostel
i- Boys should contact the Chief Warden, (Boys Hostel) GMC Akola
ii- Girls should contact the Chief Warden, (Girls Hostel) GMC Akola.

Akola

Date: 28.07.2023

Sd/-
DEAN,
Govt. Medical College,
Akola.

GOVT. MEDICAL COLLEGE, AKOLA
Admission Fee Scheduled to First Year MBBS
EWS Quota (2023-24)

Sr. No.	Particulars	Fee Details For EWS/EBC (ALL INDIA QUOTA)	Fee Details For EWS/EBC (STATE QUOTA)
1	Tuition Fee	1,25,700/-	62850/-
2	Development Fee	5,000/-	5000/-
3	Admission Fee	1,500/-	1,500/-
4	Library Fee	1,000/-	1,000/-
5	Gymkhana Fee	500/-	500/-
6	Hostel Fee	4,000/-	4,000/-
7	Caution Money Deposit	3000/-	3,000/-
8	Laboratory Deposit	500/-	500/-
9	Library Deposit	2,000/-	2,000/-
10	Hostel Deposit	300/-	300/-

Three Demand Draft (STATE QUOTA)

- 1) Separate Demand Draft for Admission fee, Library fee, Gymkhana fee, Tuition fee & Development fee Amounts: **Rs. 70,850/-**
- 2) Separate single demand draft for C.C. Money Deposit, Laboratory deposit, Library deposit Amount: **Rs.5,500/-**
- 3) Separate Demand Draft for Hostel fee & Hostel Deposit: **Rs.4,300/- (if Applicable)**
(Any Nationalized/Scheduled Bank)

Three Demand Draft. (ALL INDIA QUOTA)

- 1) Separate Demand Draft for Admission fee, Library fee, Gymkhana fee, Tuition fee & Development fee Amount: **Rs.1,33,700/-**
- 2) Separate single demand draft for C.C. Money Deposit, Laboratory deposit, Library deposit Amount: **Rs.5,500/-**
- 3) Separate Demand Draft for Hostel fee & Hostel Deposit: **Rs.4,300/- (if Applicable)**
(Any Nationalized/Scheduled Bank)

- Note: 1) DD should be drawn in the favour of The Dean, Govt. Medical College, Akola
2) DD should be drawn from Nationalized/Scheduled bank only payable at Akola.
3) Hostel will be made available depending on the vacancy position.
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i- Boys should contact the Chief Warden, (Boys Hostel) GMC Akola
ii- Girls should contact the Chief Warden, (Girls Hostel) GMC Akola.

Akola
Date: 28.07.2023

Sd/-
DEAN,
Govt. Medical College,
Akola.

**DOCUMENT LIST FOR 1ST YEAR
MBBS ADMISSION FOR
ACADEMIC YEAR 2023-24**

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

Sr.No	Document Name
1	Application form of NEET-2023 examination
2	Nationality Certificate
3	SSC Mark sheet & Board Certificate
4	HSC (12 th) Mark sheet
5	HSC (12 th) Passing/Board Certificate
6	AIEE -2023 (NEET-Score Card)
7	Admit card NEET-2023 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-2023 (If Applicable))
13	Cast Certificate (for All India Quota see Annexure-A,B)
14	Cast Validity Certificate
15	Non Creamy Layer Certificate (With Valid Up to 31.03.2024)
16	EWS Certificate (With Valid Date) (for All India Quota see Annexure-I)
17	Defense Certificate 1,2,3
18	Physically Handicapped Certificate (Annexure-C)
19	MKB/Hilly Area Certificate
20	Adhar Card Photocopy
21	Voter ID Card
22	
Candidate have to submit scan copy of all each document (One by one) separately in PDF file (100KB to 150 KB) with pen drive	
Any other certificate.....	

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.

<h3 style="margin: 0;">CERTIFICATE OF MEDICAL FITNESS</h3> <p style="margin: 5px 0;">This is to certify that I have conducted clinical examination of Mr./Ms who is desirous of admission to Health Science Courses.</p> <p style="margin: 5px 0;">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.</p> <p style="margin: 5px 0;">Certified that he/she fulfills the following criteria.</p> <ol style="list-style-type: none"> (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. <p style="margin: 5px 0;">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. (Strike, which is not applicable):</p> <ol style="list-style-type: none"> 1. 2. 3. 	
Address of the Registered Medical Practitioner Date :	Signature
	Name
	Registration No.
	Seal of Registered Medical Practitioner

PROFORMA FOR SCHEDULED CASTE AND SCHEDULED TRIBE CERTIFICATE Annexure-A

Form of certificate as prescribed in M.H.A., O.M., No. 42/21/49-N.G.S. dated the 28.1.1952, as revised in Dept. of Per- & A.R. letter No. 36012/6/76-Est. (S.CT), dated the 29.10.1977, to be produced by candidate belonging to a Scheduled Caste or a Scheduled Tribe in support of his/her claim.

CASTE CERTIFICATE

This is to certify that Shri/Smt./Kum.*----- son/daughter* of-----
belongs to the-----Caste/ Tribe which is recognized as a Scheduled Caste/Scheduled Tribe*under:

- The Constitution (Scheduled Caste) Order, 1950
 - The Constitution (Scheduled Tribe) Order, 1950
 - The Constitution (Scheduled Caste) (Union Territories) Order,1951
 - The Constitution (Scheduled Tribe) (Union Territories) Order,1951
1. (as amended by the Scheduled Caste and Scheduled Tribe Lists (Modification) order, 1956, the Bombay Re- organization Act, 1960, the Punjab Re- organization Act, 1966, the State of Himachal Pradesh Act, 1970 the North Eastern Areas (Re-organization) Act, 1971 and the Scheduled Castes and Scheduled Tribes Orders, (Amendment) Act,1976).
- The Constitution (Jammu and Kashmir) Scheduled Caste Order, 1956.
 - The Constitution (Andaman and Nicobar Islands) Scheduled Tribes Order, 1959.
 - The Constitution (Dadra and Nagar Haveli) Scheduled Caste Order, 1962.
 - The Constitution (Dadra and Nagar Haveli) Scheduled Tribes, Order, 1962.
 - The Constitution (Puducherry) Scheduled Caste Order, 1964
 - The Constitution (Uttar Pradesh) Scheduled Tribes, Order, 1967.
 - The Constitution (Goa, Daman & Diu) Scheduled Caste Order, 1968.
 - The Constitution (Goa, Daman & Diu) Scheduled Tribes, Order, 1968.
 - The Constitution (Nagaland) Scheduled Tribes Order, 1970.
 - The Constitution (Sikkim) Scheduled Caste Order, 1978.
 - The Constitution (Sikkim) Scheduled Tribes Order, 1978.
2. Applicable in the case of Scheduled Caste/Schedule Tribe persons who have migrated from one State/Union Territory Administration:

This certificate is issued on the basis of the Scheduled Caste/Scheduled Tribe* certificate issued to Shri/Smt*----- father/m other of Shri/Smt/Kum* - ___of village/town* ___----- in District/Division* -----of the State/Union Territory*----- who belongs to the -----caste/tribe which is recognized as a Scheduled Caste/Scheduled Tribe* in the State/Union Territory* -----issued by the ----- (name of prescribed authority) vide their No----- date -----

3. Shri*/Smt.*/Kum* -----and/or his/her* family ordinary reside (s) in village/town* of the State/Union Territory of -----

Signature

Place----- State/Union Territory

** Designation-----

-----Date----- (With seal of Office)

- Please delete the words which are not applicable.
 - Please quote specific Presidential Order.
- Delete the paragraph which is not applicable.

ANNEXURE-B

PROFORMA FOR OTHER BACKWARD CLASS (OBC-NCL) CERTIFICATE

(Certificate to be produced by Other Backward Class applying for admission to Central Educational Institute (CEIS) under the Government of India)

This is to certify that Shri/Smt./Kum./Dr. _____ Son/Daughter of Shri/Dr.

_____ of Village/Town District/Division in the _____ State belongs to the _____ Community which is recognized as a backward class under:

- (i) Resolution No. 12011/68/93-BCC(C) dated 10/09/93 published in the Gazette of India Extraordinary part I Section I No. 186 dated 13/09/93.
- (ii) Resolution No. 12011/9/94-BCC dated 19/10/94 published in the Gazette of India Extraordinary part I Section I No. 163 dated 20/10/94.
- (iii) Resolution No. 12011/7/95-BCC dated 24/05/95 published in the Gazette of India Extraordinary part I Section I No. 88 dated 25/05/95.
- (iv) Resolution No. 12011/96/94-BCC dated 09/03/96.
- (v) Resolution No. 12011/44/96-BCC dated 06/12/96 published in the Gazette of India Extraordinary part I Section I No. 120 dated 11/12/96.
- (vi) Resolution No. 12011/13/97-BCC dated 03/12/97.
- (vii) Resolution No. 12011/99/94-BCC dated 11/12/97.
- (viii) Resolution No. 12011/68/98-BCC dated 27/10/99.
- (ix) Resolution No. 12011/88/98-BCC dated 06/12/99 published in the Gazette of India Extraordinary part I Section I No. 270 dated 06/12/99.
- (x) Resolution No. 12011/36/99-BCC dated 04/04/2000 published in the Gazette of India Extraordinary part I Section I No. 71 dated 04/04/2004.
- (xi) Resolution No. 12011/44/99-BCC dated 21/09/2000 published in the Gazette of India Extraordinary part I Section I No. 210 dated 21/09/2000.
- (xii) Resolution No. 12015/09/2000-BCC dated 06/09/2001.
- (xiii) Resolution No. 12011/01/2001-BCC dated 19/06/2003.
- (xiv) Resolution No. 12011/04/2002-BCC dated 13/01/2004.
- (xv) Resolution No. 12011/09/2004-BCC dated 16/01/2006 published in the Gazette of India Extraordinary part I Section I No. 210 dated 16/01/2006.
- (xvi) Resolution No. 20012/129/2009/-BC-II dated 04/03/2014 published in the Gazette of India Extraordinary Part I section I no. 63 dated 04/03/2014.

Shri/Smt./Kum. and/or his family ordinarily reside(s) in the _____ District/Division of _____ State.

This is also to certify that he/she does not belong to the persons/section (creamy layer) mentioned in Column 3 of the Scheduled to the Government of India. Department of Personnel & Training O.M. No. 36012/22/93-Estt. (SCT) dated 08/09/93 which is modified vide OM No. 36033/3/2004 Estt. (Res.) dated 09.03.2004 or the latest notification of the Government of India.

Dated:

District Magistrate/Competent Authority Seal

NOTE:

- (a) The Term Ordinarily used here will have the same meaning as in Section 20 of the Representation of the People Act, 1950.
- (b) The authorities competent to issue Caste Certificates are indicated below:
 - (i) District Magistrate/Additional Magistrate/1st Class Stipendiary Magistrate/Sub-Divisional Magistrate/Taluka Magistrate/Executive Magistrate/Extra Assistant Commissioner (not below the rank of 1st Class Stipendiary Magistrate.)
 - (ii) Chief Presidency Magistrate/Additional Chief presidency Magistrate/Presidency magistrate.
 - (iii) Revenue Officer not below the rank of Tehsildar.
 - (iv) Sub-Divisional Officer of the area where the candidate and/or his family resides.

(c) The annual income/status of the parents of the applicant should be based on financial year ending March 31, 2023.

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Annexure-I

Government of
(Name & Address of the authority issuing the certificate)

INCOME & ASSEST CERTIFICATE TO BE PRODUCED BY ECONOMICALLY WEAKER SECTIONS

Certificate No. _____

Date: _____

VALID FOR THE YEAR _____

This is to certify that Shri/Smt./Kumari _____ son/daughter/wife of _____ permanent resident of _____, Village/Street _____ Post Office _____ District _____ in the State/Union Territory _____ Pin Code _____ whose photograph is attested below belongs to Economically Weaker Sections, since the gross annual income* of his/her 'family'*** is below Rs. 8 lakh (Rupees Eight Lakh only) for the financial year _____. His/her family does not own or possess any of the following assets*** :

- I. 5 acres of agricultural land and above;
- II. Residential flat of 1000 sq. ft. and above;
- III. Residential plot of 100 sq. yards and above in notified municipalities;
- IV. Residential plot of 200 sq. yards and above in areas other than the notified municipalities.

2. Shri/Smt./Kumari _____ belongs to the _____ caste which is not recognized as a Scheduled Caste, Scheduled Tribe and Other Backward Classes (Central List)

Signature with seal of Office _____

Name _____

Designation _____

Recent Passport size
attested photograph of
the applicant

*Note1: Income covered all sources i.e. salary, agriculture, business, profession, etc.

**Note 2: The term "Family" for this purpose include the person, who seeks benefit of reservation, his/her parents and siblings below the age of 18 years as also his/her spouse and children below the age of 18 years

***Note 3: The property held by a "Family" in different locations or different places/cities have been clubbed while applying the land or property holding test to determine EWS status.

G. Prasad

Annexure-C

CERTIFICATE OF DISABILITY FOR NEET ADMISSIONS

(As per MCI Gazette Notification No. MCI-18(1)/2018-Med./187262 dated 5th Feb, 2019/14th May,2019 for admission to Medical Courses in All India Quota)

Certificate No :. 2023-July/XXXX
XXX-2023

Certificate Date :. 00-

Name of the Designated Disability Certification Centre				PHOTOGRAPH
This to certify that Dr. / Mr. / Ms.				
Age		Son/ Daughter of Mr.		
NEET Roll No.		Rank No.		

Has the following Disability

Disability Details				
Sr No	Disability Type	Type of Disability	Specified Disability	Disability %
1				

Conclusion: Based on quantification of Disability The Disability of candidate is between 40- 80%. Hence, the candidate is eligible to pursue medical education and also eligible to claim PwD reservation.

The Disability Certification Board certifies that the candidate is Eligible for admission in Medical/ Dental courses and to avail 5% PwD reservation as per the NMC/ MCI Gazette Notification.

Eligible for PWD Quota, Eligible for Medical/Dental Course

Functional competency with the aid of **Assistive devices** in case of **Locomotor*/ Visual*/ Hearing* Impairment**, if any. No

Sign & Name:
Name:

Sign & Name:

Sign &

Assistant Professor
Neurology

Associate Professor
Orthopedics

Associate Professor
Medicine

Disclaimer : This Certificate is Provisional and will be verified by the allotted college authorities at the time of admission. The candidate may be subjected to diagnostic test to specify the level of disability again at the allotted college in case of

any ambiguity. The certificate may be cross verified by the admitting college from the Disability Board from where the certificate has been issued. Hence, the Designated Disability Boards and the candidates are advised to preserve the records for any future reference. The Disability Certificate is valid for this academic session only.

Downloading Date: August
XX, 2023 00:00 PM

QR CODE

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.

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.