

**RAJARSHEE CHHATRAPATI SHAHU MAHARAJ  
GOVT MEDICAL COLLEGE, KOLHAPUR**

Recent  
Photo

1	Name of the Student (Full) (As per XII Mark Sheet)			
2	Name of the Student in Marathi or Hindi (Full) (As per XII Mark Sheet)			
3	Father's Name (Full)			
4	Mother's Name (Full)			
5	Date of Birth & Place			
6	Permanent Address			
7	Students Mobile No:- E mail:-	Father's Mobile No:- E mail:- Mother's Mobile No:- E mail:-		
8	Aadhar Card No. :-		Blood Group:-	
9	Voter ID No. :- (If not available submit Annexure 'C' available at college office)			
10	Nationality:-		Domicile:-	
11	Religion :-	Caste :-	Category :-	
12	Quota (All India / State / GOI):-		Allotted Category of Admission:-	
13	Constitutional Category of Admission:-		Special Reservation :- (Defense / PWD / Hilly / MKB / Other)	
14	12th Marks (out of) Month & Year :- Passing	Name of 12 <sup>th</sup> Board :-		
		Total Marks :-		Percentage :-
		Physics:-	Chemistry:-	Biology:-
		English:-	Total(PCB) :-	PCB Percentage:-
15	NEET Roll No:- Month & Year :- Passing	Total:- / 720 Total Percentile :-		
		Physics (Percentile) :-		Chemistry (Percentile):-
		Biology(Percentile):-		
16	State Merit List No. :-		All India Rank (AIR) :-	
17	Date of Admission (Today's Date) :-		DD No:- 1)	Amount:-
			2)	Amount:-
			Bank Name:-	Date:-
18	School / College last attended (12 <sup>th</sup> College)			
19	Father's Occupation :-		Father's Annual Income :-	
20	Mother's Occupation :-		Mother's Annual Income :-	
21	Willingness for Organ Donation :-		YES / NO	
22	Retention		YES / NO Date :-	
Parent's Signature			Student's Signature	

<b>Quota</b>	State / All India
<b>Allotted Category</b>	
<b>Fees Details</b> (DD No. , Date & Bank Name)	
<b>Clerk 1</b>	Form & Document Verified Paid Fees Verified  Sign _____ Date _____
<b>Verifying Clerk</b>	
<b>Scrutiny Officer 1 Sign</b>	
<b>Scrutiny Officer 2 Sign</b>	
<b>Office Superintendent Sign</b>	
<b>Administrative officer Sign</b>	
<b>Dean / Vice Dean</b>	

**Remark:-**



सत्यमेव जयते

Government of Maharashtra



स्वातंत्र्याचा अमृत महोत्सव

# Rajarshee Chhatrapati Shahu Maharaj Government Medical College, Kolhapur

Tel:(0231) 2641583

email id:- rcsmlib@yahoo.in

Fax : 2645279

No.RCSMGMCK/SS/ /2023

Date:- / /2023

This is to certify that Shri / Kum. \_\_\_\_\_ has been provisionally admitted in this college through State / All India quota for year 2023-24 for I<sup>st</sup> MBBS course under ..... (allotted Category) reservation on / /2023 & following original documents are submitted by him / her will remain with this college till completion of his / her MBBS course.

- 1) Nationality Certificate / Passport (Photo Copy).
- 2) Domicile Certificate.
- 3) S.S.C. Passing Certificate.
- 4) 12<sup>th</sup> Standard (HSC) Mark Sheet.
- 5) NEET - 2023 Mark Sheet.
- 6) AADHAAR CARD (Photo Copy)
- 7) College Allotment Letter Issued by State CET CELL / MCC.
- 8) Physical Fitness Certificate (On Letter Head of MBBS / MD / MS Doctor).
- 9) Caste Certificate. (If Applicable)
- 10) Caste Validity Certificate. (If Applicable)
- 11) Non Creamy Layer Certificate Valid Up to 31/03/2024. (for NT-1,NT-2,NT-3, VJ & OBC).
- 12) Migration Certificate. (If Applicable)
- 13) School/College leaving Certificate / Transfer Certificate.
- 14) Gap Certificate. (If Applicable)
- 15) S.S.C. Mark Sheet.
- 16) NEET Online Application form Print .
- 17) NEET - 2023 admit card.
- 18) Copy of Online Application Form (Latest) filled on www.mahacet.org
- 19) Defense Category Certificate. (If Applicable)
- 20) Person with disability Certificate (PWD) candidates – Medical Fitness Certificate of Authorized Medical Board. (If Applicable)
- 21) MKB Claim Certificate. (If Applicable)
- 22) Hilly Area Certificate. (If Applicable)
- 23) Parents Domicile for Hilly Area Students
- 24) Parents Annual Income Certificate issued by Executive Magistrate (for the year 2023-24 less than Rs. Eight lakhs) for EBC Student
- 25) Eligibility Certificate for EWS (Issued after 31/03/2023)

**Total Documents Submitted ( )**

**Dean**

Rajarshee Chhatrapati Shahu Maharaj  
Government Medical College Kolhapur



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Government of Maharashtra



स्वातंत्र्याचा अमृत महोत्सव

# Rajarshee Chhatrapati Shahu Maharaj Government Medical College, Kolhapur

Tel:(0231) 2641583

email id:- rcsmlib@yahoo.in

Fax : 2645279

No.RCSMGMCK/SS/ /2023

Date:- / /2023

Shri / Kum. \_\_\_\_\_ has been provisionally admitted in this college for year 2023-24 for I<sup>st</sup> MBBS course under ..... reservation on . / /2023. For this course fee structure is as under.

Sr. No.	Particulars	Fee Amount	Open	FOR OBC, SC, ST & NT	EBC& EWS
1	Tuition Fees (Per Annum)	1,25,700/-	1,25,700/-		62,850/-
2	Library Deposit (Refundable)	2,000/-			
3	Library Fee (Per Annum)	1,000/-			
4	Admission Fees ( One time)	1,500/-	14,000/-	14,000/-	14,000/-
5	Development Fee (Per Annum)	5,000/-			
6	Gymkhana Fees (Per Annum)	500/-			
7	Hostel Rent (Per Annum)	4,000/-			
8	Eligibility Fee (One time)	2,900/-	2,900	Mode of Payment of Fees (Online) will be as per MUHS instruction after <b>Final Round</b> .	

### Details of DD to be drawn as follows

	DD Amount	
For Open & All India Candidates (Two Separate DD)	1,25,700/-	14,000/-
For OBC, SC, ST & NT Candidates (One DD)		14,000/-
For EBC & EWS Candidates (Two Separate DD)	62,850/-	14,000/-

Student Welfare, Disaster Management Fund,  
Self Finance Unit, Pro-rata &  
Ashwamedha Fee (MUHS Fee)

Rs. 1500/- (Cash Pay)

\* **Nationalized Bank Demand Draft in favour of :- Administrative Officer, RCSM Govt.**

**Medical College, Kolhapur**

\* **Payable At :- Kolhapur only**

Name: \_\_\_\_\_

Address \_\_\_\_\_

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

To,  
The Dean,  
RCSM Govt. Medical College, Kolhapur.

**Sub: Admission to MBBS course for the year 2023 - 2024**

Respected Sir,

I have been selected for MBBS course during the year 2023 - 2024 as per the State / All India Round No. \_\_\_\_\_ Dated \_\_\_\_\_ / \_\_\_\_\_ /2023 at Govt. Medical College, Kolhapur under \_\_\_\_\_ (Allotted Category) reservation.

So today I am joining for Ist MBBS course at this College and submitting herewith following original certificates and **3 sets of Photo Copies (Self Attested)** thereof along with this application.

- 1) Nationality Certificate / Passport (Photo Copy).
- 2) Domicile Certificate.
- 3) S.S.C. Passing Certificate.
- 4) XII Standard (HSC) Mark Sheet.
- 5) NEET - 2023 Mark Sheet.
- 6) AADHAAR CARD (Photo Copy)
- 7) College Allotment Letter Issued by State CET CELL / MCC.
- 8) Physical Fitness Certificate (On Letter Head of MBBS / MD / MS Doctor).
- 9) Caste Certificate. (If Applicable)
- 10) Caste Validity Certificate. (If Applicable)
- 11) Non Creamy Layer Certificate Valid Up to 31/03/2024. (for NT-1,NT-2,NT-3, VJ & OBC).
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- 15) S.S.C. Mark Sheet.
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- 18) Copy of Online Application Form (Latest) filled on [www.mahacet.org](http://www.mahacet.org)
- 19) Defence Category Certificate. (If Applicable)
- 20) Person with disability Certificate (PWD) candidates – Medical Fitness Certificate of Authorized Medical Board. (If Applicable)
- 21) MKB Claim Certificate. (If Applicable)
- 22) Hilly Area Certificate. (If Applicable)
- 23) Parents Domicile for Hilly Area Students
- 24) Parents Annual Income Certificate issued by Executive Magistrate (for the year 2022-23 less than Rs. Eight lakhs) for EBC Student
- 25) Eligibility Certificate for EWS (Issued after 31/03/2023)

Thanking you,

Yours faithfully

( )

## UNDERTAKING

**Date:-** / /2023

I have got admission for 1<sup>st</sup> MBBS course in RCSM Govt. Medical College, Kolhapur with reference to the State /All India round No. \_\_\_\_\_ Dated / /2023 from State / All India Quota. Hence, I am joining the MBBS course in your college from Date . / /2023.

As per rules and regulations of Maharashtra University of Health Sciences, Nashik it is mandatory to have minimum 80% attendance for practicals and minimum 75% attendance for lectures to be eligible for appearing the university examination.

If I want to continue getting the benefits of any education Free-ship / Scholarship then I will submit the required application in the prescribed format along with necessary documents within 15 days from the time of seeking admission. In case of any delay in submission of the application and the consequences thereof, I will be solely responsible for the same and will not complain thereafter.

I assure you that I will strictly abide by all the rules and regulations stipulated by college and University. I will immediately let you know the change in address and mobile number of my parents for contact.

I will submit the service bond as per the rules & regulations of Government of Maharashtra.

### Following information To be filled by Category Student only

Category of the Student	Sub-Caste of Student	Admitted under Category (For Admission )	AIR / SML
Caste certificate (Yes / No)	Caste certificate is issued from which Sub Divisional Office	Caste certificate Number	Caste certificate Date of Issue
Caste Validity Certificate (Yes / No)	Validity Certificate Number (i.e. Sr. No.)	Validity Certificate Date of Issue	Validity Certificate is issued from which District
Non Creamy layer Certificate (Yes/No)	Non Creamy layer Certificate (i.e. Sr. No.)	NCL Certificate date of issue	NCL Certificate date of Valid

प्रमाणित करण्यात येते की, वर दर्शविलेली माहिती खोटी किंवा शासनाची दिशाभूल करणारी आढळल्यास त्यामुळे होणारी कार्यवाही ही बंधनकारक राहिल याची मला जाणीव आहे.

तसेच अधिवास प्रमाणपत्र, जातीचे प्रमाणपत्र, जात वैधता प्रमाणपत्र, उन्नत गटात मोडत नसलेले नॉन क्रिमीलेअर प्रमाणपत्र ह्या प्रवेशाचे मुळप्रमाणपत्रे वगळून चार प्रमाणपत्रांच्या छायांकीत प्रत, प्रत्येकी दोन प्रतित वेगळा संच सादर करणे अनिवार्य आहे.

Place:- Kolhapur.

Date:- / /2023

Student's Signature :- \_\_\_\_\_

Student's Name :- \_\_\_\_\_

Parent's Signature :- \_\_\_\_\_

Parent's Name :- \_\_\_\_\_

# ( VERY IMPORTANT )

## NOTICE FOR I<sup>st</sup> Year MBBS (2023-2024) STUDENTS

### **Sub. :- Regarding Eligibility Procedure to be done by I<sup>st</sup> MBBS students (2023-2024 Admission)**

With reference to above mentioned subject, all students admitted for I<sup>st</sup> MBBS should complete the following procedure for the Eligibility of Maharashtra University of Health Sciences, Nashik.

1. All students should scan all their documents as per the list (Annexure 'B') in two different folders. In first folder each document size must be 150 kb or less than 150 kb & give documents file name as per list attached. In second folder each document size must be 250kb or less than 250 kb & give document file name as per list attached.
2. As per the above instruction keep two separate folders ready Name the folders on pen drive as follow e.g. Ashish Patil (Student Name)150 & Ashish Patil (Student Name) 250. Submit these folders along with the admission form to student section.

### **Special Instruction**

It is hereby informed to all students that if you do not complete the eligibility procedure within the stipulated time, you will be solely responsible for any action taken by Maharashtra University of Health Sciences, Nashik.

**Annexure 'B'**

Sr. No.	Name of Documents	File Names to be given
1)	Nationality Certificate / Passport.	1.pdf
2)	S.S.C. Passing Certificate.	2.pdf
3)	XII Standard (HSC) Mark Sheet.	3.pdf
4)	NEET - 2023 Mark Sheet.	4.pdf
5)	AADHAR CARD	5.pdf
6)	College Allotment Letter Issued by DMER / AIPMT.	6.pdf
7)	Physical Fitness Certificate (On Letter Head of MBBS / MD / MS Doctor).	7.pdf
8)	Caste Certificate. (If Applicable)	8.pdf
9)	Caste Validity Certificate. (If Applicable)	9.pdf
10)	Non Creamy Layer Certificate Valid Up to 31/03/2024. (for NT-1,NT-2,NT-3, VJ & OBC).	10 .pdf
11)	Migration Certificate. (If Applicable)	11.pdf
12)	School/College leaving Certificate / Transfer Certificate.	12.pdf
13)	Gap Certificate. (If Applicable)	13.pdf
14)	S.S.C. Mark Sheet.	14.pdf
15)	NEET Online Application form Print .	15.pdf
16)	NEET - 2023 admit card.	16.pdf
17)	Copy of Online Application Form (Latest) filled on www.dmer.org	17.pdf
18)	Defense Category Certificate. (If Applicable)	18.pdf
19)	Person with disability Certificate (PWD) candidates – Medical Fitness Certificate of Authorized Medical Board. (If Applicable)	19.pdf
20)	MKB Claim Certificate. (If Applicable)	20.pdf
21)	Hilly Area Certificate. (If Applicable)	21.pdf
22)	Parents Domicile for Hilly Area Students	22.pdf
23)	Eligibility Certificate for EWS (Issued after 31/03/2022)	23.pdf
24)	1. Tuition Fee Demand Draft 2. Other Fee Demand Draft	DD 1.pdf DD 2.pdf
25)	Domicile Certificate	24.pdf



**ADMISSION FORM & Annexure 'C' WILL BE AVAILABLE AT COLLEGE**

**For Any Queries**

**Whatsapp your Queries on this number 9822337300**

**ASHUTOSH BHOI**

**(ON WORKING HOURS ONLY)**

**COLLEGE ADDRESS:- RAJARSHEE CHHATRAPATI SHAHU  
MAHARAJ GOVT MEDICAL COLLEGE,  
SHENDA PARK, R. K. NAGAR RAOD,  
KOLHAPUR. 416012**

Annexure 'C'

पदवी, पदव्युत्तर पदवी प्रथम वर्ष अभ्यासक्रमास प्रवेश घेणाऱ्या सर्व मुला/मुलींकडून प्रवेशाच्या वेळीच मतदार यादीमध्ये नाव नोंदणी करण्याच्या अनुषंगाने घ्यावयाचे प्रमाणपत्र / हमीपत्र नमुना.

मी....., अभ्यासक्रम : .....

..... महाविद्यालयाचे नाव: .....

..... या महाविद्यालयात प्रथम वर्षात प्रवेश

घेतला असून मी दिनांक: ०१/०१/..... रोजी १८ वर्षाचा / वर्षाची झालो / झाले आहे किंवा

होणार आहे. १८ वर्ष पूर्ण झाल्याबरोबर मी माझे नाव मतदार यादीत नोंदवून घेणार आहे अशी मी

प्रतिज्ञा करतो/करते.

स्वाक्षरी : .....

नाव : .....

## 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. ....

<b>Address of the Registered Medical Practitioner</b>	<b>Signature</b>
	<b>Name</b>
	<b>Registration No.</b>
	<b>Seal of Registered Medical Practitioner</b>
<b>Date :</b>	