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Chhatrapati Sambhaji Maharaj Government Medical College and Hospital Satara, 467, Sadar bazar, Camp, Satara 415001

Phone No 02162-299763Email id:-deangmcsatara7@gmail.com

दिनांक. 18/12/2024

## Welcome to Certificate Course in Modern Pharmacology Course at Chhatrapati Sambhaji Maharaj Government Medical College and Hospital, Satara!

- Kindly take note of list of documents to submitted in original with 2 Xerox copies to the college admission officials at the time of admission
- Candidates should fill up the **MUHS** application form for registration and eligibility, Institutional application form and Student information form while approaching the collage authorities for admission.
- Details of **Demand draft** are also included in this PDF.
- Kindly provide following at the time of admission
  - o MUHS application form for registration and eligibility
  - Institutional application form with Duly signed list of documents 
     Allotment letter from MUHS
  - Duly filled Student information form with recent passport sized photograph
  - Demand draft for Rs. 50000/- in the name of 'Dean, CSMGMCH,
     Satara- CCMP' ○

Original Documents o 2 sets

of Xerox documents

- Original Aadhar Card is to be provided for verification at the time of admission
- Please prepare 10 Xerox copies of your documents for personal use, as original documents will be retained by the Institute till the Course is completed
- Admission process will start from 2 PM on 18 December 2024
- Admission procedure will be done on working days between 10 AM To 5 PM
- Candidate will have to pay Rs 1,500/- as admission fees at time of admission
- Admission will not be given if candidate approaches the college authorities after last date announced by the university

• Teaching schedule will be shared once admission process is completed



# CERTIFICATE COURSE IN MODERN PHARMACOLOGY, CSMGMCH, SATARA

## **List of documents**

1.	MUHS application form for registration and eligibility	01
2.	Institutional Application Form	01
3.	Demand draft for Rs. 50000/- in the name of 'Dean, CSMGMCH, Satara- CCMP'	01 Original & 02 Xerox
4.	Student Information form with recent passport size photograph	01
5.	University Selection Letter / Allotment letter	3 Xerox
6.	Date of Birth Proof (	01 Original & 02 Xerox
7.	Homeopathy Passing/Degree Certificate from University	01 Original & 02 Xerox
8.	Valid Registration Certificate of Maharashtra Homeopathy Council, Mumbai with Renewal	01 Original & 02 Xerox
9.	Domicile/Nationality Certificate	01 Original & 02 Xerox
10.	Transfer Certificate /Leaving Certificate	01 Original & 02 Xerox
11.	Gazette Copy/ Affidavit in Case of Change in Name Certificate (If Applicable)	01 Original & 02 Xerox
12.	Caste Certificate (For Candidates Selected Under Category)	01 Original & 02 Xerox
13.	Caste Validity certificate (For Candidates Selected Under Category)	01 Original & 02 Xerox
14.	Non-Creamy layer certificate (OBC,NT,SBC Candidate)	01 Original & 02 Xerox
15.	Adhaar card Xerox	03 Xerox
16.	Medical Fitness Certificate /Physically handicap documents proof ( If Applicable )	01 Original & 02 Xerox
17.	No Objection Certificate From Maharashtra Council of Homeopathy	01 Original & 02 Xerox
18.	Migration (If Applicable)	01 Original & 02 Xerox
19.	Marriage Certificate (If Applicable)	01 Original & 02 Xerox
20.	EWS Certificate ( If Applicable)	01 Original & 02 Xerox
21.	Undertaking as per Annexure - D	01 Original & 02 Xerox



## महाराष्ट्र आरोग्य विज्ञान विद्यापीठ MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES

दिंडोरी रोड, म्ह्सरुळ, नाशिक-४२२००४ Dindori Road, Mhasrul, Nashik-422004

Latest Passport Size Photo

Attested by Dean/Principal

#### APPLICATION FORM FOR REGISTRATION AND ELIGIBILITY

-	Academic Year : 2023-2024	CERTIF	ICAT	E CO	URSE	IN MC	DERN	PHARM	ACOLOG
	Full Name of the candidate in BLOCK LETTER (As per UG Degree Certificate)	(Surnam	e)		(First N	ame)	(Fati	her's/Hust	oand's Name
1	Mother's Name (First)								
	Full Name of the candidate in Devnag ari (Marathi)	(आडनाव)		(प्रथम	नाव)		(वर्ष	डेलांचे/पतीचे	ा नाव)
		Caste :				Su	ıb Caste	e	
2	a) Category of Candidate	Open	SC	ST	VJ	NT1	NT2	NT3	OBC
	b) Admitted Category	Open	SC	ST	VJ	NT1	NT2	NT3	ОВС
3	Date of Admission			D D	М	м	**		
4	Details of MCH Registration	a) Reg b) Date c) Lpat	est Re	gistra newa	ition :	egistrat			
5	Whether the registration is valid on the cut off date for filling up this application			8		Yes/ N	lo		
	Address for Correspondence	PIN:							
6	Permanent Address	PIN:							
	E-mail ID								
	Residential Telephone No (with STD code )							Į.	
	Mobile No								

7	Gender	Male	Female	Other			
8	Marital Status	Married	Unma	arried			
9	Date of Birth (Date/Month/Year)	D D M M Y Y Y Y					
10	Nationality	Indian Foreigner If foreigner, specify name of the country:					
	Details of Qualification acquired	Level of Course	Name of Course	Name of Board/University	Year of Passing		
11		Diploma Degree					
		P. G.					
	a first	Ph D					
12	Willingness about Organ Donation after accidental Death for transplantation/donar card will be issued	Yes	No	(Tick whichever ap	plicable)		



Signature of the Dean/Principal of the College / Institution



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Chhatrapati Sambhaji Maharaj Government Medical College and Hospital Satara, 467, Sadar bazar, Camp, Satara 415001

	Satara 413001		
	Phone No 02162-299763Email id :- deangmcsatara7@gmail.	com	
	INSTITUTIONAL APPLICATION FORM		
	Name :		
	Date :-		
To,			
The D			
Chhat	rapati Sambhaji Maharaj Government Medical College and Hospital Sata	ara,	
	Subject:- Admission to CERTIFICATE COURSE IN MODERN PHARM	MACOLOGY Cou	rse
	During the year 2024 -2025		
Respo	ected Sir,		
-105p	I have been selected for CERTIFICATE COURSE IN MODERN PHARM.	ACOLOGY Course	e during
the ve	ear 2024 -25 as per The MUHS NASHIK ,First Round/Second Round/ Mop		_
•	No Date: at Chhatrapati Sambl	-	
	cal College and Hospital, Satara underQuota.	ingrational devices	
	I am joining for CERTIFICATE COURSE IN MODERN PHARMACO	LOGY at this coll	lege and
submi	tting herewith following original certificates and 2 <b>Xerox</b> s along with the		ege and
Sr.	Name of original certificate	Original	Xerox
No	<u>g</u>	Certificates	2
1.	University Selection Letter / Allotment letter		
2.	Date of Birth Proof (		
3.	Homeopathy Passing/Degree Certificate from University		
4.	Valid Registration Certificate of Maharashtra Homeopathy Council,		
	Mumbai with Renewal		
5.	Domicile/Nationality Certificate		
6.	Transfer Certificate /Leaving Certificate		
7.	Gazette Copy/ Affidavit in Case of Change in Name Certificate (If		
8.	Applicable)  Caste Certificate (For Candidates Selected Under Category)		
9.	Caste Validity certificate (For Candidates Selected Under Category)		
10. 11.	Non-Creamy layer certificate (OBC,NT,SBC Candidate )  Adhaar card Xerox		
12.	Medical Fitness Certificate / Physically handicap documents proof (If		
12.	Applicable)		

Thanking you,

Migration (If Applicable)

Marriage Certificate (If Applicable)

EWS Certificate (If Applicable)

Undertaking as per Annexure - D

**Total number of certificates:-**

13.

14.

15.

16.

17.

No Objection Certificate From Previous Admitted College

	Yours faithfully,
Signature	



## CHHATRAPATI SAMBHAJI MAHARAJ GOVERNMENT MEDICAL COLLEGE AND HOSPITAL, SATARA

## CERTIFICATE COURSE IN MODERN PHARMACOLOGY ADMISSION 2024-25

#### **Students Information**

(Fill up the form in CAPITAL Letters only)

Recent passport sized photograph

1.	Name of the Student (Full) Surname first				
2.	Father's Name (Full)				
3.	Date of Birth				
4.	Gender				
5.	Marital status				
6.	Nationality				
7.	Details of Qualification acquired	Level of Course Diploma Degree P.G. Ph D	Name of Course	Name of Board/ University	Year of Passing
8.	Merit No.				
9.	Round No.				
10.	Date of Admission				
11.	Maharashtra Homeopathy Council Reg No.				
12.	Student Mobile No.				
13.	Student e-mail id				
14.	Address for Correspondence				

15.	Permanent Address	
1.6		
16.	Caste	
17.	Religion	
18.	<b>Student Category</b>	
19.	Admitted Category	
20.	DD No. & Date & Name of Bank	
21.		
22.		
23.		
24.		
25.		
26.		
	Signature of Student-	
	For	Office use only
		Receipt No:-
	Admission Fee (Rs.1,500/-)	Dt:-

Kindly note the exact name of account for preparing Demand Draft for admission to CCMP Course at Chhatrapati Sambhaji Maharaj Government Medical College & Hospital, Satara

# 'Dean, CSMGMCH, Satara- CCMP'



## Chhatrapati Sambhaji Maharaj Government Medical College and Hospital, Satara

No CSMGMCHS/CCMP/Admission 24-25/	/2025	Date

### **DOCUMENT HOLDING CERTIFICATE**

This is to certify that Shri./Kum	
Has been provisionally admitted to Certificate Course in Modern Pharmacology at this college du	iring the
year 2024-25. The following original certificates of Shri./Kum.	have
been retained at this college.	

Sr. No	Name of original certificate	Original Certificates	Xerox 2
1.	University Selection Letter / Allotment letter		
2.	Date of Birth Proof ( )		
3.	Homeopathy Passing/Degree Certificate from University		
4.	Valid Registration Certificate of Maharashtra Homeopathy Council, Mumbai with Renewal		
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15.	Marriage Certificate (If Applicable)		
16.	EWS Certificate ( If Applicable )		
17.	Undertaking as per Annexure - D		
	Total number of certificates:-		

### Dean Chhatrapati Sambhaji Maharaj Government Medical College and Hospital, Satara

To,				
Shri./Kum				
Certificate Course in Modern Pharm	acology	, CSN	1GMC	CH, Satara
1) D.D. No.	Dt.	/	/	for Rs. 50,000/- (Fifty Thousand Only)
2) Name of Bank				Branch