



Chhatrapati Sambhaji Maharaj Government Medical College and Hospital, Satara  
467, Sadar bazar, Camp, Satara 415001  
Phone No 02162-299763, Email id :- deangmcsatara7@gmail.com



Welcome

The undergraduate students joining our Institute for the academic year 2025-26

**College Contact for query**

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

**MBBS ADMISSIONS PROCESS**  
**Chhatrapati Sambhaji Maharaj Government Medical College**  
**and Hospital, Satara**  
**(All India Quota/ State Quota)**

All the selected students of NEET-UG-2025 who have been allotted seat at Chhatrapati Sambhaji Maharaj Government Medical College and Hospital, Satara should follow all instructions and accordingly report for admission process with all required documents.

1. Download & print this PDF file. READ ALL DETAILS CAREFULLY.
2. Students should report personally for admission / admission cancellation in case of up-gradation. **PROXY will not be allowed for admission process/cancellation of admission.**
3. **CERTIFICATES**

**The following certificates in original and their attested photocopies must be Produced / submitted for scrutiny at the time of physical document verification, as well as at the time of admission.**

- A. Admit Card of NEET UG 2025 Examination.
- B. NEET-UG 2025 Mark sheet
- C. Copy of Online Application Form (Latest) filled on [www.mahacet.org](http://www.mahacet.org)
- D. Nationality Certificate issued by District Magistrate / Addl. District Magistrate or Metropolitan Magistrate (Competent Authority for issue of such certificate) / valid Indian Passport or School Leaving Certificate of HSC/12th Std. indicating the nationality of the candidate as 'Indian'.
- E. Domicile Certificate issued by District Magistrate / Metropolitan Magistrate / Addl. District Magistrate or Competent Authority for issue of such certificate.
- F. SSC i.e. 10th Standard or equivalent examination certificate or school leaving certificate or Birth certificate indicating name of the candidate (for DOB).
- G. HSC i.e. 12th Standard or equivalent examination Statement of Marks
- H. Medical fitness certificate
- I. Govt. Issued Photo ID Card (e.g., PAN Card, Aadhar Card, Passport etc.)

**If applicable following certificates.**

- A. Constitutional reservation claim.
  - a) Caste Certificate
  - b) Caste Validity Certificate (CVC)
  - c) Non-Creamy Layer Certificate (for DT(A), NT(B), NT(C), NT(D), SEBC & OBC (including SBC) issued by appropriate authority as specified in the Government Resolutions from time to time and should be valid up to 31/03/2026 or later.
  - d) Eligibility Certificate for (EWS) economically weaker section. issued for Year 2025- 26. This reservation is subject to Hon'ble Supreme Courts / High Courts decision in W.P (C) No. 961/2021 and related petitions.  
Please Note: Certificates produced for claiming EWS reservation should be in "STATE GOVERNMENT FORMAT" only (as given in Annexure "T"). Certificates in CENTRAL GOVERNMENT FORMATS will NOT BE ACCEPTABLE
- B. Specified Reservation Claim
  - a) Defence Category Claim
  - b) Person with Disability (PWD)
  - c) MKB Claim
  - d) HA Claim
  - e) Orphan Category Claim
- C. Document Supporting Religious Minority Status of the candidate: -

- (a) The person belonging to Jain / Muslim / Christian Minority have to produced School leaving certificate stating that Candidates belongs to Jain / Muslim / Christian Minority, and / or
- (b) Certificate from Religious place that they belongs to Jain / Muslim / Christian Minority.
- (c) Affidavit stating that they belong to Jain / Muslim/Christian Minority.
- D. Applicant belongs to Gujrathi/Sindhi Minority:
- (a) The person belonging to Gujrathi/ Sindhi minority have to produce School leaving certificate stating that Candidate belongs to Gujrathi/ Sindhi Minority and / or
- (b) Affidavit stating that they belong to Gujrathi / SindhiMinority.
- E. Applicant belongs to Hindi Linguistic Minority:
- (a) The Candidates belonging to Hindi Linguistic minority must produce School Leaving Certificate stating that Candidates mother tongue is Hindi. In case there is no entry of mother tongue on School Leaving Certificate, he / she should bring the Certificate of Head Master / Principal of that School / Jr. College certifying that his/her mother tongue is Hindi, and
- (b) Affidavit stating that he / she belongs to Hindi Linguistic Minority.
- Necessary transfer order(s) of the parent (Rule 4.7 and Rule 4.8. and Annexure Def-3).
- F. A candidate claiming admission under the PwD category will be required to undergo medical examination at any one of the Disability Assessment Board, specified in brochure by the authorities:
- The Medical Board after ascertaining his/her disability must be satisfied that the candidate is physically fit to undergo the course despite his/her disability. The PWD certificate issued by Medical Board other than mentioned in above table will not be held valid for the purpose of admission in Health Science Course.
- The Candidate is required to submit the proof of his/her disability by way of a certificate (issued in year 2025) in prescribed proforma (Annexure "D") from the authorities as above.

**G. COMPULSORY SOCIAL RESPONSIBILITY SERVICE:**

As per Government Resolution (G.R. No. MED 1007/C.R.490/07/Edu-2 dated 8<sup>th</sup> Feb 2008, G.R. No. MED 1021/C.R.128/21/Edu-2, dated 13th June 2022 (Annexure – Q), and any other G.R. issued in this regard from time to time), candidates joined against the seats of Government / Municipal Corporation colleges for admission to MBBS / BDS Courses either through GOI nominee, All India quota and State quota through NEET UG 2022 & onwards will be required to sign a social responsibility service to compulsorily serve the Government of Maharashtra or local self government or Defence services for a period of one year, after the completion of internship.

**Additionally, he/she will be required to sign an undertaking to the effect that he/she will not leave India within a period of five years from the date of obtaining the degree, otherwise he/she will have to pay Non-Refundable Rs. 10,00,000/- (Rs. Ten lacs only) as penalty.**

**H. PENALTY FOR LAPSE OF SEAT (MBBS/BDS COURSES):** Any candidate responsible for lapse of MBBS/BDS seat at Government/Government Aided/Corporation Medical/Dental College will have to pay a Non-Refundable penalty of Rs.10,00,000/- (Rupee Ten Lacs Only). This penalty is applicable to all those candidates who do not join during last round or cancel a seat after last round of admission. This penalty is also applicable to any candidate resigning a seat after cut off date for MBBS/BDS courses or also fails to complete the course, irrespective of admission quota of the candidate.

4. Print and fill 1 copy of the Application Form. (Page No. 11)
5. Print and fill 2 copies Original document Holding Certificate. (Page No.9,10)
6. Print and fill 1 copy of Candidate information. (Page No. 8)

7. Print and fill 2 copies of Medical Fitness in the prescribed format ONLY. (Page No. 14)
8. Print and fill 1 copy of Declaration: By Student & Parents for Hostel Facility (Page No. 13)
9. Print and fill 1 copy of Undertaking in case of non-availability of documents. (Page no. 15)
10. Print and fill 1 copy of Undertaking for consent. (Page No. 12)
11. All original documents enlisted in the holding certificate will be compulsorily required for admission. Additionally, student should submit **2 sets of SELF ATTESTED Xerox/photocopies** of all original documents.
12. All original Documents should be **INDIVIDUALLY SCANNED in PDF format only.**
  - a. Student should scan document properly through computer scanner (Size less than 500 kb only).
  - b. *Please don't use mobile scanner for scanning documents.*
  - c. Individual Original Documents should be scanned and renamed appropriately.  
**e.g. Nationality certificate after scanning should be renamed as Nationality-Name of Student.**
  - d. Prepare Folder and **rename it with Name of the student.** Keep all scanned documents in this folder for submission during admission.
  - e. Scan documents will be accepted only in Pen Drive.
2. **Fees:** Demand draft (DD) drawn only from **NATIONALISED BANK** will be required during admission process.  
 Kindly note that DD should NOT have any errors/spelling mistakes in the name of DD. as desired. Error/spelling will not be acceptable, such DD will be rejected. **No cash/online transactions will be acceptable.**
3. Other Letters/undertakings if required will be taken at the time of admission, if permissible within the rules thereof.
4. Students are advised to read details of admission process in information brochure/FAQs/other notifications available on MCC website. (<https://mcc.nic.in/ug-medical-counselling/>)  
 For state admissions (Maharashtra state) refer state commissioner & admission regulating authority official website ([www.mahacet.org](http://www.mahacet.org) / [www.cetcell.mahacet.org](http://www.cetcell.mahacet.org)).
5. For Service Bond & Penalty read NEET-UG-2025 Information brochure available on [www.mahacet.org](http://www.mahacet.org) / [www.cetcell.mahacet.org](http://www.cetcell.mahacet.org)
6. The institute is responsible for admission process only. **We will not be available/responsible to guide any students for further rounds or rules & regulations of All India/State. The student should read information brochure/Notifications/Advisory issued by different agencies on official websites. Please don't contact institute admission cell for any such information's.**
7. Students are strictly advised **NOT TO EDIT ANY FORMATS.** All formats should be filled by student in his/her own handwriting.
8. Submit all documents in a simple button file folder as below:  
 On folder Write your Name, Category, admission Quota & Mobile Number with thick permanent marker.

#### **SAMPLE BUTTON FOLDER**



**\*\*\*Kindly Note:**

Other website (Govt/Private) is NOT ALLOWED to display this information on their personal websites. All Candidates to note, Chhatrapati Sambhaji Maharaj Government Medical College and Hospital, Satara has NOT appointed any agency (Govt/Private) for admission process / Facilitation or guidance center.

It is responsibility of every candidate to submit proper documents. Any attempt to submit documents which are not genuine will lead to cancellation of the admission of the candidate, forfeiture of the fees, deposits and expulsion of the candidate from the college by the Competent Authority or by his authorised official. The name of such candidate/s shall be deleted from the State Merit List and he/she will not be eligible for further rounds of the selection process and will be debarred from the selection process. If deemed fit even criminal proceeding may be initiated by the Competent Authority against such candidates / their parents.

If any candidate / authorised representative or person accompanying is found obstructing the counseling and / or admission process, or trying to influence in unlawful manner/ creating nuisance, the candidate shall be liable for disqualification from the process of selection and appropriate legal action will be taken. The decision taken by the Competent Authority in this respect shall be final and binding.

## **FEES: To be submitted as Demand Draft Details (DD)**

- 1) Fee accepted **ONLY** through Demand Draft (Drawn on Nationalized Banks only)
- 2) **DDs** to be submitted in the name of “**DEAN, GMC, SATARA**”
- 3) Fees related to students’ council has to be paid separately in due course of time.

Account Details : **Bank Of Baroda**

Branch : **Satara, Maharashtra.**

Account No:- **04420100028804**

IFSC:- **BARB0SATARA (Fifth character is zero)**

- 1) DD 1 Amount: -**Tuition fee as per category**
- 2) DD 2 Amount: -**10,000/- (Other Fees)**
- 3) DD 3 amount :- **4,000/- (Hostel fees)**

### **Note:**

- Please Note cash/cheque/Online transaction will NOT be accepted.
- Changes in fees structure as per the instructions of state Govt will be applicable from time to time.
- The demand draft will be deposited in the institute account only after cut-off date of admission process.
- If students are allotted another college in subsequent rounds of All India / state, DD will be returned back to the student. All such students will be required to pay an amount of Rs.1500/- cash (admission cancellation fees) to be paid in cash section of institute & receipt to be deposited in CET CELL.
- If required, further instructions regarding fees will be given during admission

**FEE STRUCTURE FOR GOVERNMENT MEDICAL & DENTAL COLLEGES FOR THE ACADEMIC YEAR 2025-26 IN THE STATE OF MAHARASHTRA**

MBBS Fees Structure	OPEN CATEGORY MALE/FEMALE CANDIDATES (Income More than Eight Lakh)	SC & ST MALE/FEMALE CANDIDATES	VJ & NT MALE/FEMALE CANDIDATES (with NCL)	I. OPEN & EWS (Income ≤ Eight Lakh) II. OBC (including SBC) & SEBC (with NCL)	
		(For Maharashtra Student Only who are eligible for Scholarship Scheme under MAHADBT)	(For Maharashtra Student Only who are eligible for Scholarship Scheme under MAHADBT)	(For Maharashtra Student Only who are eligible for Scholarship Scheme under MAHADBT)	
				Female	Male
Tuition Fees	1,52,100/-	00/-	00/-	00/-	76,050/-
Library Fees	1000/-	1000/-	1000/-	1000/-	1000/-
Development fees	5000/-	5000/-	5000/-	5000/-	5000/-
Admission Fees (At the time of admission)	1500/-	1500/-	1500/-	1500/-	1500/-
Library Deposit (One time)	2000/-	2000/-	2000/-	2000/-	2000/-
Gymkhana Fees	500/-	500/-	500/-	500/-	500/-
<b>Total (Rs.)</b>	<b>1,62,100/-</b>	<b>10,000/-</b>	<b>10,000/-</b>	<b>10,000/-</b>	<b>86,050/-</b>
<b>After allotment of hostel, following charges will be applicable</b>					
Hostel Rent (Per Year)	4000/-		4000/-	4000/-	4000/-

BDS Fees Structure	OPEN CATEGORY MALE/FEMALE CANDIDATES (Income More than Eight Lakh)	SC & ST MALE/FEMALE CANDIDATES	VJ & NT MALE/FEMALE CANDIDATES (with NCL)	I. OPEN & EWS (Income ≤ Eight Lakh) II. OBC (including SBC) & SEBC (with NCL)	
		(For Maharashtra Student Only who are eligible for Scholarship Scheme under MAHADBT)	(For Maharashtra Student Only who are eligible for Scholarship Scheme under MAHADBT)	(For Maharashtra Student Only who are eligible for Scholarship Scheme under MAHADBT)	
				Female	Male
Tuition Fees	1,14,400/-	00/-	00/-	00/-	57,200/-
Library Fees	1000/-	1000/-	1000/-	1000/-	1000/-
Development fees	3000/-	3000/-	3000/-	3000/-	3000/-
Admission Fees (At the time of admission)	1500/-	1500/-	1500/-	1500/-	1500/-
Library Deposit (One time)	2000/-	2000/-	2000/-	2000/-	2000/-
Gymkhana Fees	500/-	500/-	500/-	500/-	500/-
<b>Total (Rs.)</b>	<b>1,22,400/-</b>	<b>8,000/-</b>	<b>8,000/-</b>	<b>8,000/-</b>	<b>65,200/-</b>
<b>After allotment of hostel, following charges will be applicable</b>					
Hostel Rent (Per Year)	4000/-		4000/-	4000/-	4000/-

➤ Other fees will be charged by the college as per College and University rules.

➤ Please check the website of the allotted institute regarding details of the demand draft to be submitted.

**STUDENT INFORMATION**

**Chhatrapati Sambhaji Maharaj Government Medical  
College and Hospital, Satara- 415 001**

**ADMISSION FOR THE YEAR 2025-2026**

1	Name of the Student as mentioned on HSC Mark sheet (in Capital)	
	Guardian / Father's Full Name	
	Name of Mother	
	Full Name of the Candidate in Devanagari (Marathi/Hindi)	
2	Residential Address with PIN code	
	Mobile No. of Student	
	Mobile No. of Parent	
3	E-mail Address of Student	
	E-mail Address of Parent	
4	a) Date of Birth	
	b) Place of Birth	
5	Aadhaar No.	
6	Gender (Male /Female)	
7	Date of Admission	/ /2025
8	a) Category	
	b) Caste	
	c) Sub-Caste	
	Category of Admission	
9	Domicile State	
10	<b>Academic Record</b>	
	S.S.C. Year of Passing:	
	Name of the HSC/12 <sup>th</sup> Board	
	Marks Obtained in H.S.C.(10+2)	
	(E) English: Marks Obtained	/100
	(P) Physics: Marks Obtained	/100
	(C) Chemistry: Marks Obtained	/100
	(B) Biology: Marks Obtained	/100
	Total marks (Phy+Chem+Bio)	/300 (P+C+B)
	NEET-UG-2025 Roll No.	
	NEET-UG-2025 Marks	/720
	NEET-UG-2025 AIR No.	
	Name of Board in HSC Exam	
11	Blood Group	
	Mark of Identification (two)	1) 2)
	Guardian/Father's Occupation	
12	*Willingness about organ donation after Accidental Death.	Yes / No

\* As per Maharashtra University of Health Sciences eligibility form.

Date: / /2025

Place: Satara

Signature of Candidate



Chhatrapati Sambhaji Maharaj Government Medical College and Hospital, Satara

467, Sadar bazar, Camp, Satara 415001

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

### ORIGINAL DOCUMENTS HOLDING CERTIFICATE

Received following original documents from Miss / Mr \_\_\_\_\_

Admitted through All India quota / State quota to 1st MBBS course on \_\_\_\_\_ for the academic year 2025-2026 at Chhatrapati Sambhaji Maharaj Government Medical College and Hospital, Satara.

This Certificate is the Proof that all original documents mentioned below are submitted by the student to the institute. Once admitted original documents will not be given to student. Original documents will be retained by the institute till the student completes MBBS & Compulsory Bond service.

Type of Quota:- All India/ State; Admitted Quota:- \_\_\_\_\_; SML/Rank No.:- \_\_\_\_\_

Sr. No	Particulars of documents	Original	
		No.of Certificate	Checked ( √ )
1	Attested photo copy of AADHAAR Card #		
2	Voter ID OR Annexure – C		
3	Nationality Certificate and Domicile Certificate / Valid Indian Passport / Birth Certificate endorsed with Nationality as Indian on it #		
4	Secondary School Certificate (SSC) & Marksheet #		
5	Higher Secondary School / Qualifying Exam.Marksheet& Cert.(HSC) #		
6	NEET Admit Card#		
	NEET Mark Sheet / Rank letter (NEET) #		
7	CET/AIEE#/ GOI Selection Letter #		
8	Caste Certificate		
9	Caste Validity Certificate		
10	Valid Non-Creamy-Layer Certificate for VJ, NT, OBC, SBC / EWS Certificate		
11	12th College Leaving Certificate (LC/TC)#		
12	Medical Fitness Cert. (with Registration No. of doctor in Prescribed format) #		
13	Migration Certificate issued by the respective Board/University applicable to (Student who have passed HSC exam. from outside Maharashtra.)		
14	Affidavit Gap Cert. Made by the student, certified by Exec. Mag/Notarized		
15	D1/D2/D3: Ex- servicemen certificate / actual service certificate		
16	D1/D2 : 'Domicile of Maharashtra' Certificate of defense person		
17	D3: Transfer certificate		

18	Physically Handicapped Cert. as per Prescribed format in Brochure		
19	EWS Certificate		
20	HA: Parent Domicile certificate, SSC/HSC of candidate from Hilly Area		
21	Undertaking Form / Joint Undertaking		
22	Service Bond (Only for MBBS)		
23	Income Certificate		
	Copy of Gazette for change in name (if applicable)		
	M.K.B.: Disputed area certificate / Mother tongue certificate/ SSC/HSC from MKB area.		

This candidate is admitted in this college for first MBBS course for academic year **2025-26** & received from him/her total \_\_\_\_ original certificates with  $\surd$  mark in front of their check box.

**Verifying Officer's Signature** \_\_\_\_\_

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

**Dean**  
Chhatrapati Sambhaji Maharaj  
Government Medical College,  
Satara.

**APPLICATION FOR ADMISSION**

**STUDENT'S DETAILS (ALL IN CAPITAL)**

RECENT  
PASSPORT  
SIZE  
PHOTOGRAPH

NAME : \_\_\_\_\_

Full Address (in Capital) : \_\_\_\_\_  
\_\_\_\_\_

Pin Code : \_\_\_\_\_

MOBILE NO. OF STUDENT :

EMAIL ID OF STUDENT:

MOBILE NO. OF PARENTS: \_\_\_\_\_

PHONE NO. OF RESIDENCE WITH STD CODE OR

PARENT'S CONTACT DETAILS:

DATE :     /     /2025

To,  
The Dean,  
Chhatrapati Sambhaji Maharaj Government  
Medical College and Hospital, Satara – 415 001

Sub. : Joining in First Year M. B. B. S. Course at  
Chhatrapati Sambhaji Maharaj Government Medical College and Hospital, Satara.  
Ref. : Allotment Letter No./List & Serial No (Printout Attached).  
Date:     /     /25.

Respected Sir,

I, undersigned Shri/Kum. (Full Name in Capital) \_\_\_\_\_

\_\_\_\_\_ have been selected for First Year M. B. B. S. Course in Chhatrapati Sambhaji Maharaj Government Medical College and Hospital, Satara as per the selection letter of All India / State list. Kindly enroll me in your esteemed college as First Year M. B. B. S. student for the Academic year 2025-2026.

Thanking you,

Yours Faithfully,

Signature of Candidate  
(Name):

\_\_\_\_\_

**UNDERTAKING-NEET-UG ADMISSIONS 2025-26**

**(Online admission Process)**

I the undersigned hereby confirm that the data submitted during joining (1<sup>st</sup> / 2<sup>nd</sup> /subsequent rounds) for MBBS through the online process was done in my presence and with my full consent. It will be my full responsibility to thoroughly check the data before final submission.

Name & Sign Witness  
Contact No.:

(Name & Sign of candidate with date)  
Contact No.:

Place :

Date :

**DECLARATION: BY STUDENT & PARENTS**  
**HOSTEL FACILITY (If applied/allotted)**

I, \_\_\_\_\_ is admitted for \_\_\_\_\_ course in the academic year \_\_\_\_\_ at Chhatrapati Sambhaji Maharaj Government Medical College and Hospital, Satara.

I and my parents/Legal guardian have gone through the SOP for hostel accommodation given in the admission manual at the time of Joining. We have clearly understood all rules and regulations mentioned in SOP.

I hereby declare that I am suffering from disease(s) and on treatment. I am receiving following \_\_\_\_\_ drugs for my disease element since \_\_\_\_\_ days/ \_\_\_\_\_ Months/ \_\_\_\_\_ Years.

I also declare that I am not hiding any information related to my health issues.

We, hereby undertake and declare that, if hostel accommodation is allotted, I will abide with all the rules and regulation mentioned in the SOP. If I break any rule mentioned thereof in the SOP, I will be liable for appropriate action.

**Signature of Student with Date**

Name of the Student \_\_\_\_\_

Full Address with Pincode : \_\_\_\_\_

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

Email Address: \_\_\_\_\_

**Signature of Parents / Legal Guardian with Date**

Name of Parents / Legal Guardian \_\_\_\_\_

Full Address with Pincode: \_\_\_\_\_

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

Email Address: \_\_\_\_\_



## UNDERTAKING

I ....., selected through All India Quota/ State Quota for Undergraduate admission at Chhatrapati Sambhaji Maharaj Government Medical College and Hospital, Satara. I have reported on Date:- / /2025.

I undertake to submit the following certificate(s) with 15 days from the date of admission.

- 1)
- 2)
- 3)
- 4)
- 5)
- 6)

I am aware that if I fail to submit above mentioned documents within 15 days, appropriate action will be initiated against me by the administration. It shall be my responsibility to produce all necessary documents and get eligibility from Maharashtra University of Health Sciences, Nashik.

Name:-

Signature of Candidate:-

AIR/Sate Quota :-

Mobile No:-

E-mail:-

**DECLARATION: BY STUDENT & PARENTS**  
**HOSTEL FACILITY (If applied/allotted)**

I, \_\_\_\_\_ is admitted for \_\_\_\_\_ course in the academic year \_\_\_\_\_ at Chhatrapati Sambhaji Maharaj Government Medical College and Hospital, Satara.

I and my parents/Legal guardian agree to abide by rules and guidelines related to hostel facility.

I hereby declare that I am suffering from \_\_\_\_\_ disease(s) and on treatment. I am receiving following \_\_\_\_\_ drugs for my disease element since \_\_\_\_\_ days/Months/Years. I also declare that I am not hiding any information related to my health issues.

We, hereby undertake and declare that, if hostel accommodation is allotted, I will abide with all the rules and regulations. If I break any rule(s), I will be liable for appropriate action.

**Signature of Student with Date**

Name of Student: \_\_\_\_\_

Address: \_\_\_\_\_

Mobile Number: \_\_\_\_\_

Email address: \_\_\_\_\_

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**Signature of Parent/Legal guardian with Date**

Name of Parent/Legal Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

Mobile Number: \_\_\_\_\_

Email address: \_\_\_\_\_

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**IMPORTANT:** Please Note that Any Amendment, Alteration in above information may be made in the future if required.

## PUNISHMENTS RELATED TO HOSTEL FACILITY:

### Following disciplinary actions will be taken against the offence specified:

Particulars	Action
Submitting false documents	Blacklisted, non-eligible in future, handing over the student to the police
Non-payment of fees	Cancelling the allotment.
Physical aggression/ any type of violence.	Suspension for one month or more as per the Decision of warden.
Smoking, use of alcohol and narcotic prohibited Substances.	Permanent expulsion from the hostel, Expulsion from the college.
Stealing	Permanent expulsion from the hotel.
Midnight parties /Gathering /New-yearcelebrations/ get-together/ any other celebrations, etc.	Suspension for one month or more as per the decision of warden. Compulsory fine of Rs. 2000/- per person involved in the activity.
Hosting an outsider / parents / relatives / anyother person, etc	Permanent Expulsion from hostel.
Mutual exchange of room	Permanent expulsion / temporary Expulsion for a term or more as per the decision of warden.
Ragging (As per NMC Guidelines)	Appropriate action as per the clauses of NMC norms.
Personal Refrigeration, TV, Air conditioners (AC) / Induction cookers / water Heaters / other electronic devices are strictly prohibited in thehostel rooms/Corridors.	Expulsion from hotel for 2 terms or more as perthe decision of warden. Additional charges will be levied against student after enquiry.
Physical Damage to hostel property/facility	1. Bear the expenses of the repair 2. Expulsion from hostel (discretion of Dean and Rector)

**Wish you all a happy and peaceful stay at Hostels of Chhatrapati Sambhaji Maharaj Government Medical College and Hospital, Satara**

**Dean**  
Chhatrapati Sambhaji Maharaj  
Government Medical College,  
Satara.

**Important contact numbers**

<b>Sr. No.</b>	<b>Details</b>	<b>Phone Number</b>
1	Dr. Vinayak Kale Dean Office	02162-299763
2	Dr. Chintamani Bodhe, Rector, Boy's Hostel	9422030973
3	Dr. Sneha Sawalkar, Rector, Girl's Hostel	8329878370
4	Mr. Dattatray Relekar Mr. Swapnil Kamble, Mr. Vinayak Patil Student Section, CSM GMC, Satara	9579465702 8999309599 7507111012

शासन शुद्धीपत्रक क्रमांक: बीसीसी-२०२४/प्र.क्र. ७५/आरक्षण-५

शासन शुद्धीपत्रक क्रमांक- बीसीसी-२०२४/प्र.क्र. ७५ /आरक्षण-५ दि. २८ जून २०२४ चे सहपत्र

परिशिष्ट-अ

Form of Certificate to be issued to Socially and Educationally Backward Class persons belonging to the State of Maharashtra.

Documents (1) (2) (3) (4)  
verified:- -----

CASTE CERTIFICATE

This is to certify/that Shri/Shrimati/Kumari ----- Son/Daughter of ----- of Village/Town\*-----in District/Division\*----- of the State of Maharashtra belongs to the----- Caste under the Government Resolution Social Justice & Special Assistance Department No.----- dated 15th July, 2014 as amended from time to time and Section 2 (1) (j) and Section (3) of The Maharashtra State Reservation for Socially and Educationally Backward Classes Act, 2024 as a Socially and Educationally Backward Class.

2. Shri/Shrimati/Kumari-----and/or his/her\* family ordinarily reside (s) in village/Town -----of -----district/division of the State of Maharashtra.

पृष्ठ ४ पेकी ३

शासन शुद्धीपत्रक क्रमांक: बीसीसी-२०२४/प्र.क्र. ७५/आरक्षण-५

शासन शुद्धीपत्रक क्रमांक- बीसीसी-२०२४/प्र.क्र. ७५ /आरक्षण-५ दि. २८ जून २०२४ चे सहपत्र

परिशिष्ट-ब

NON-CREAMY LAYER CERTIFICATE

This is to certify that Shri/Smt./Kum. -----does not belong to the persons/sections (Creamy-layer) mentioned in the Government of Maharashtra Gazette, Extra-Ordinary, Part VIII, dated 26th February, 2024, Maharashtra State Reservation for Socially and Educationally Backward Classes Act, 2024 and instructions and guidelines laid down in the Government Resolution Social Justice, Cultural Affairs, Sports and Special Assistance Department No.CBC-10/2001/Pra.Kra. 120/Mavak-5, dated 1 November, 2001, CBC-1094/Pra. Kra.86/Mavak-5, dated 16th June, 1994, CBC- 1094/Pra.Kra.86/Mavak-5, dated 5th June, 1997 and Government Resolution No.CBC- 10/2001/Pra.Kra.111/Mavak-5, dated 29th May, 2003 and Government Resolution No.VJNT-2014/C.R.118/VJNT-1, dated 31 July, 2014.

This Certificate is valid for the period -----year from the date of issue.

Signature-----.  
Designation-----  
(With Seal of the Office)

Place:-----

Dated:-----

Please delete the words which are not applicable

Note:- The term "ordinarily reside(s)" used here will have the same meaning as in Section 20 of the Representation of the Peoples Act, 1950.

पृष्ठ ४ पैकी ४

**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 2025-2026.

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 2025-2026.

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.

Appendix-VIII-A

**CERTIFICATE OF DISABILITY**

(As per Gazette Notification No. MCI-18(1)/2018-Med./187262 dated 5<sup>th</sup> Feb 2019/13<sup>th</sup> May 2019 for Admission to Medical Courses in All India Quota)

Recent Passport size Photograph of the candidate (same as given in the online Application Form) duly attested by the issuing authority

Certificate No. \_\_\_\_\_ Dated \_\_\_\_\_

Name of the Designated Centre (as per Appendix-VIII-B): \_\_\_\_\_

This is to certify that Dr. /Mr. /Ms. \_\_\_\_\_

Aged \_\_\_\_\_ Years Son/Daughter of Mr. \_\_\_\_\_

R/o \_\_\_\_\_

NEET Application No. \_\_\_\_\_ NEET Roll No. \_\_\_\_\_ Rank No. \_\_\_\_\_

\_\_\_\_\_ has the following Disability (Name of the Specified Disability) \_\_\_\_\_ in (percentage) of \_\_\_\_\_ (in words) \_\_\_\_\_ (in Figures).

• Please tick on the "Specified Disability"

[(Assessment to be done in accordance with the Gazette Notification No. S.O76 (E) dated 4<sup>th</sup> January 2018 of the Department of Empower of Person with Disability (Divyangjan), Ministry of Social Justice & Empowerment ) :

S/No.	Disability Type	Type of Disability	Specified Disability
1.	Physical Disability	A. Locomotor Disability* B. Visual Impairment* C. Hearing Impairment* D. Speech & Language Disability	a. Leprosy cured person, b. Cerebral Palsy, c. Dwarfism, d. Muscular Dystrophy, e. Acid attack Victims, f. other such as Amputation, Poliomyelitis a. Blindness b. Low Vision a. Deaf b. Hard of hearing a. Organic/Neurological causes
2.	Intellectual Disability		a. Specific Learning Disabilities (Perceptual disabilities, Dyslexia, Dysgraphia, Dyscalculia, Dyspraxia & Development Aphasia b. Autism Spectrum Disorders
3.	Mental Behaviour		a. Mental illness
4.	Disability caused due to	a. Chronic Neurological Conditions b. Blood Disorders	I. Multiple Sclerosis II. Parkinson's disease I. Haemophilia, II. Thalassemia, III. Sickle Cell Disease
5.	Multiple Disability including Deaf-Blindness		More than one of the above-specified disabilities

• Conclusion: He/She is Eligible/Not Eligible for admission in Medical/Dental courses as per the aforesaid Gazette Notification(s) subject to his being otherwise medically fit.

❖ Functional competency with the aid of Assistive devices in case of Locomotor\*/Visual\*/Hearing\* Impairment, if any

Sign. & Name \_\_\_\_\_  
(Concerned Specialist)

Sign. & Name \_\_\_\_\_  
(Concerned Specialist)

Sign. & Name \_\_\_\_\_  
(Concerned Specialist)

**LIST OF CENTRES FOR DISABILITY CERTIFICATES (AS PER 21  
BENCHMARK DISABILITIES GIVEN UNDER RPWD ACT-2016)**

Sr.No	Name of Disability Certification Centre	City/State	Specialities Available for which Disability Certificate can be issued as per category of Disabilities mentioned in Disability Certificate
1.	Vardhman Mahavir Medical College & Safdarjang Hospital (VMMC & SJH)	New Delhi	All Disabilities as mentioned in Disability Certificate except Visual disabilities category and Intellectual Disabilities & Behavioural disabilities.
2.	All India Institute of Physical Medicine and Rehabilitation (AIIPMR)	Mumbai	For Locomotor Disability only
3.	Institute of Post Graduate Medical Education & Research (IPGMER)	Kolkata	All Disabilities as mentioned in Disability Certificate
4.	Madras Medical College (MMC)	Chennai	All Disabilities as mentioned in Disability Certificate
5.	Grant Government Medical College, J.J. Hospital Compound,	Mumbai, Maharashtra	All Disabilities as mentioned in Disability Certificate
6.	Goa Medical College	Goa	All Disabilities as mentioned in Disability Certificate except Speech Disability
7.	Government Medical College, Thiruvananthapuram	Thiruvananthapuram Kerala	All Disabilities as mentioned in Disability Certificate. Ophthalmology Tests to be conducted at Regional Institute of Ophthalmology, Thiruvananthapuram under GMC Thiruvananthapuram
8.	SMS Medical College	Jaipur, Rajasthan	All Disabilities as mentioned in Disability Certificate except: 1. Neurology- Genetic Testing 2. ENT- Speech & Language Disability Testing Orthopaedics/ PMR- Gonitometer Adult. Plumb Line, Hand Dynamometer, Laser
9.	Govt. Medical College and Hospital, Sector32	Chandigarh	All Disabilities as mentioned in Disability Certificate
10.	Govt. Medical College, Agartala, State Disability Board	Agartala/ Tripura	All Disabilities as mentioned in Disability Certificate
11.	Institute of Medical Sciences, Banaras Hindu University	Varanasi/ Uttar Pradesh	All Disabilities as mentioned in Disability Certificate except Intellectual Disability.
12.	Ali Yavar Jung National Institute of Speech and Hearing Disabilities, Bandra, Mumbai	Mumbai, Maharashtra	For Hearing Disabilities only
13.	AIIMS, Nagpur	Nagpur, Maharashtra	All Disabilities as mentioned in Disability Certificate
14.	Atal Bihari Vajpayee Institute of Medical Sciences & RML Hospital, New Delhi. (ABVIMS & RMLH)	New Delhi	All Disabilities as mentioned in Disability Certificate except ENT For Visual Disability: Candidates who use LVAs may bring their own LVAs which can be checked.
15.	Lady Hardinge Medical College & Associated Hospitals (LHMC)	New Delhi	All Disabilities as mentioned in Disability Certificate
16.	All India Institute of Speech and Hearing (AIISH)	Mysuru	For Speech & Hearing Disabilities only

**List of Disability Certification Centres who will issue Disability Certificates as per NMC norms to PwD candidates in support of their claim to avail 5% PwD reservation in UG/ Broad Speciality PG Courses**

S/No.	Name of Disability Certification Centre	City/State	Specialities Available for which Disability Certificate can be issued as per category of Disabilities mentioned in Disability Certificate
1.	Vardhman Mahavir Medical College & Safdarjang Hospital (VMMC & SJH)	New Delhi	All Disabilities as mentioned in Disability Certificate except auditory disabilities (ENT) and Intellectual Disabilities & Behavioural disabilities.
2.	All India Institute of Physical Medicine and Rehabilitation (AIIPMR)	Mumbai	For Locomotor Disability only
3.	Institute of Post Graduate Medical Education & Research (IPGMER)	Kolkata	All Disabilities as mentioned in Disability Certificate
4.	Madras Medical College (MMC)	Chennai	All Disabilities as mentioned in Disability Certificate
5.	Grant Government Medical College, J.J. Hospital Compound	Mumbai, Maharashtra	All Disabilities as mentioned in Disability Certificate
6.	Goa Medical College	Goa	All Disabilities as mentioned in Disability Certificate except Speech Disability.
7.	Government Medical College, Thiruvananthapuram	Thiruvananthapuram, Kerala	All Disabilities as mentioned in Disability Certificate. Ophthalmology Tests to be conducted at Regional Institute of Ophthalmology, Thiruvananthapuram under GMC Thiruvananthapuram
8.	SMS Medical College	Jaipur, Rajasthan	All Disabilities as mentioned in Disability Certificate except: 1. Neurology- Genetic Testing 2. ENT- Speech & Language Disability Testing Orthopaedics/ PMR- Gonitometer Adult. Plumb Line, Hand Dynamometer, Laser
9.	Govt. Medical College and Hospital, Sector32	Chandigarh	All Disabilities as mentioned in Disability Certificate

10.	Govt. Medical College, Agartala, State Disability Board	Agartala/Tripura	Information Still Awaited
11.	Institute of Medical Sciences, Banaras Hindu University,	Varanasi/ Uttar Pradesh	All Disabilities as mentioned in Disability Certificate except Intellectual Disability.
12.	Ali Yavar Jung National Institute of Speech and Hearing Disabilities, Bandra, Mumbai	Mumbai, Maharashtra	For Hearing Disabilities only
13.	AIIMS, Nagpur	Nagpur, Maharashtra	All Disabilities as mentioned in Disability Certificate
14.	Atal Bihari Vajpayee Institute of Medical Sciences & RML Hospital, New Delhi. (ABVIMS & RMLH)	New Delhi	All Disabilities as mentioned in Disability Certificate except ENT
15.	Lady Hardinge Medical College & Associated Hospitals (LHMC)	New Delhi	All Disabilities as mentioned in Disability Certificate except Intellectual Disability

**ANNEXURE - G**  
**PROFORMA FOR**  
**NON-CREAMY LAYER CERTIFICATE**

**परिशिष्ट - क**

*Form of Certificate to be produced by Other Backward Classes, Vimukta Jati (A), Nomadic Tribes (B, C, D) and Special Backward Category and its synonyms belonging to the State of Maharashtra along with Non Creamy Layer Status.*

**PART - A**

Documents Verified:

- 1)
- 2)
- 3)
- 4)

This is to certify that Shri/Shrimati/Kumari ..... son/daughter of..... of Village ..... Taluka ....., District ..... of the State of Maharashtra belongs to the ..... Caste/Community/Tribe which is recognised as a Other Backward Class/ Vimukta Jati(A)/Nomadic Tribe (B,C, D) / Special Backward Category under the Government Resolution No. .... dated ..... as amended from time to time.

2. Shri/Shrimati/Kumari ..... and/or his/her family ordinarily reside(s) in village ....., Taluka....., District ..... of the State of Maharashtra.

3. This is to certify that he/she does not belong to the persons/sections (Creamy Layer) mentioned in the Government of Maharashtra Gazette, Part-IV-B, dated 29<sup>th</sup> January 2004, Maharashtra State Public Service (Reservation for S.C./S..T./D.T. (V.J.), N.T., S.B.C. & O.B.C. Act, 2001 and instruction and guidelines laid down in the Government Resolution, Social Justice, Cultural Affairs and Sports & Special Assistance Department No. CBC.1094/CR-86/BCW-V, dated 16<sup>th</sup> June 1994 and Government Resolution No. CBC.10/2001/CR-111/BCW-V, dated 29<sup>th</sup> May 2003 as amended from time to time.

4. This Certificate is valid for the period upto 31/03/2026 from the date of issue.

Sr. No. ....

Signature : .....

Place : .....

Designation : .....

(with seal of office)

Dated : .....

*Please delete the words which are not applicable*

*Please quote the name of department and specific number and date of Resolution under which the caste/community/tribe has been recognised as O.B.C., V.J., N.T., of S.B.C. by the Government of Maharashtra.*

*Note:- The term "Ordinarily reside(s)" used here will have the same meaning as in Section 20 of the Representation of the Peoples Act, 1950*

## 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.

#### 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 / Homeopathy / Unani / Occupational Therapy / Physiotherapy / Audiology & Speech, Language Pathology / Prosthetics & Orthotics / Naturopathy and Yogic Sciences / BSc Nursing. **(Strike, which is not applicable):**

1. ....
2. ....
3. ....

Address of the Registered Medical Practitioner	Signature
	Name
	Registration No.
	Seal of Registered Medical Practitioner
Date:	

## **ANNEXURE - J** **Status Retention Form**

(To be sent to Competent Authority by the college)

Candidate's Name : \_\_\_\_\_ All India Neet Rank \_\_\_\_\_

Category : \_\_\_\_\_ NEET UG Roll.No. : \_\_\_\_\_ Region Code : \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Pin Code: \_\_\_\_\_ Phone No. \_\_\_\_\_

To

The Competent Authority,  
NEET UG 2025, Mumbai.

Sir/Madam,

I, Mr./Miss \_\_\_\_\_ wish to retain the seat allotted  
(Name of Candidate)

to me at \_\_\_\_\_  
(Name of the College)

for \_\_\_\_\_ Course in Health Sciences for the academic year 2025-26.  
(Name of the course)

### Declaration

I am fully aware that after filling this **Status Retention Form** that I will not be considered for any subsequent rounds of selection process for the year 2025-26. I also declare that I will not ask for reconsideration of my name for further selection process.

Date :

Place : \_\_\_\_\_ Signature of Candidate

Signature of Parent/Guardian

Signature of Dean /Principal (with seal)

(Cut here) -----  
(To be retained by the College)

To

The Competent Authority,  
NEET UG 2025, Mumbai.

Sir/Madam,

Mr./Miss \_\_\_\_\_ (All India NEET Rank. \_\_\_\_\_) wish to retain the  
(Name of Candidate)

seat allotted to me at \_\_\_\_\_  
(Name of the College)

for \_\_\_\_\_ Course in Health Sciences for the academic year 2025-26.  
(Name of the course)

### Declaration

I am fully aware that after filling this **Status Retention Form** that I will not be considered for any subsequent rounds of selection process for the year 2025-26. I also declare that I will not ask for reconsideration of my name for further selection process.

Date :

Place : \_\_\_\_\_ Signature of Candidate

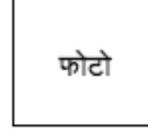
Signature of Parent/Guardian

Signature of Dean /Principal (with seal)

शासन निर्णय क्रमांक: राआधो ४०१९/प्र.क्र.३१/१६-अ

सामान्य प्रशासन विभाग, शासन निर्णय क्र. राआधो ४०१९/प्र.क्र.३१/१६ अ, दि. ३१.०५.२०२१ सोबतचे  
सहपत्र  
परिशिष्ट अ  
महाराष्ट्र शासन

प्रमाणपत्र क्र.



वर्ष \_\_\_\_\_ करीता ग्राह्य

आर्थिकदृष्ट्या दुर्बल घटकाच्या पात्रतेसाठी प्रमाणपत्र

सामान्य प्रशासन विभाग, शासन निर्णय क्र. राआधो/४०१९ प्र.क्र.३१/१६ अ, दिनांक ३१.०५.२०२१ अन्वये  
(आर्थिकदृष्ट्या दुर्बल घटकासाठी विहित केलेल्या १० आरक्षणाचा लाभ घेण्यासाठी)

प्रमाणित करण्यात येते की, श्री/श्रीमती/कुमारी \_\_\_\_\_ श्री/श्रीमती \_\_\_\_\_  
\_\_\_\_\_ यांचा/यांची मुलगा/मुलगी गाव/शहर \_\_\_\_\_ तालुका \_\_\_\_\_ जिल्हा/विभाग  
\_\_\_\_\_ महाराष्ट्र चे रहिवासी आहेत .तो/ती \_\_\_\_\_ जातीचे असून जात /पोटजात /वर्ग चे  
असून सदर जात महाराष्ट्र राज्य लोकसेवा (अनुसूचित जाती, अनुसूचित जमाती ,निरधिसूचित जमाती,  
(वि.जा.) भटक्या जमाती (भ.ज.) ,विशेष मागास प्रवर्ग (वि.मा.प्र.) आणि इतर मागासवर्ग (इ.मा.व.) यांच्यासाठी  
आरक्षण) अधिनियम, २००१ (सन २००४ चा महाराष्ट्र अधिनियम क्रमांक ८) यामध्ये नमूद केलेल्या प्रवर्गातर्गत  
होत नाही.

महाराष्ट्र शासन, सामान्य प्रशासन विभागाचा शासन निर्णय क्र. राआधो ४०१९/प्र.क्र.३१/१६ अ,  
दिनांक १२.०२.२०१९ अन्वये त्याच्या/तिच्या कुटूंबाचे सर्व स्रोतांचे वर्ष \_\_\_\_\_ मधील एकत्रित वार्षिक  
उत्पन्न रु. \_\_\_\_\_ असून, सदर उत्पन्न रु. ८,००,०००/- पेक्षा कमी आहे. त्यामुळे असे प्रमाणित करण्यात  
येत आहे की, तो/ ती यांचा आर्थिकदृष्ट्या दुर्बल घटकामध्ये समावेश होतो.

ठिकाण :

दिनांक:

स्वाक्षरी :

नाव :

पदनाम :

हे प्रमाणपत्र अर्जकर्त्याने सादर केलेल्या खालील कागदपत्र/पुरावे यांच्या आधारावर निर्गमित  
करण्यात येत आहे.

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पृष्ठ ८ पैकी ७

शासन निर्णय क्रमांक: राआघो ४०१९/प्र.क्र.३१/१६-अ

सामान्य प्रशासन विभाग, शासन निर्णय क्र. राआघो ४०१९/प्र.क्र.३१/१६ अ, दि. ३१.०५.२०२१  
सोबतचे सहपत्र  
Annexure-A

**Government of Maharashtra**

Certificate No :

Photo

(valid for Year \_\_\_\_\_)

**Eligibility certificate for Economically Weaker Section**

(For the purpose of 10% reservation prescribed for Economically Weaker Section vide Government Resolution सामान्य प्रशासन विभाग, शासन निर्णय क्र. राआघो 4019/प्र.क्र.31/16 अ dated 31.05.2021)

This is to certify that Shri/Smt/Kum ----- is son /daughter/ward of -----He/ She is resident of village / city -- -----Taluka ----- District ----- and he /she belongs to ----- caste/sub caste /class which is not included in the cadres mentioned in the Maharashtra State Public services (Schedule Caste, Schedule Tribes, De-notified Tribes (Vimukta Jati), Nomadic Tribes, Special Backward category and Other Backward Classes) Act, 2001 (Maharashtra Act No 8 of 2004).

As per norms prescribed Vide Government of Maharashtra, General Administration Department, and Government Resolution No. राआघो 4019/प्र.क्र.31/16 अ, dated 12.02.2019. His /Her gross family annual income for Year----- from all source is Rs.-----/- which is less than Rs.8,00,000/-. Therefore it is certified that he/ she is within category of Economically Weaker Sections.

Place : Signature :  
Date : Name :  
Designation:

(This certificate has been issued on the basis of following proof/evidences/documents)

- 1.
- 2.
- 3.

पृष्ठ ८ पैकी ८

शासन निर्णय क्रमांक-अनाथ-२०२२/प्र.क्र.१२२/का-०३.

**प्रपत्र**

**अनाथ प्रमाणपत्र**

- संदर्भ- १.शासन निर्णय, महिला व बाल विकास विभाग, क्र.....दिनांक.....  
 २.बाल कल्याण समिती.....यांचे पत्र क्र.....दिनांक .....अन्वये केलेली शिफारस.  
 ३.जिल्हा महिला व बाल विकास अधिकारी.....यांचे शिफारस पत्र क्र.....दिनांक.....

संकेतांक क्रमांक .....

नवीन फोटो

विभागीय उपायुक्त कार्यालयाचा  
गोल शिक्का

नाव - .....

**१) संस्थात्मक प्रवर्गातील अनाथांसाठी "अनाथ" असल्याचे प्रमाणपत्र.**

प्रमाणित करण्यात येते की, प्रवेशित नामे ----- हा/ही मुलगा / मुलगी वय वर्षे ----  
 जन्मदिनांक ----- दिनांक ----- पासून ----- संस्था (नोंदणी क्रमांक), पत्ता-----  
 ----- या ----- विभागाच्या शासकीय / शासनमान्य स्वयंसेवी बालगृहात /अनाथलयात त्या  
 संस्थेतील प्रवेशित रजिस्टरमधील नोंदणी क्रमांक ----- नुसार दाखल झालेला अनाथ आहे. संस्थेत  
 दाखल होण्याची पार्श्वभूमी :- (वर्णन द्यावे)

प्रवेशित नामे ..... आई वडील मयत आहेत. / याच्या/हिच्या आई वडिलांचा ठाव ठिकाणा  
 सर्व मार्गांचा अवलंब करूनही अद्याप लागलेला नाही. किंवा लागण्याची शक्यता नाही. त्यामुळे संबंधित  
 प्रवेशित हा अनाथ असल्याचे प्रमाणित करण्यात येत आहे.

**२) संस्थाबाह्य प्रवर्गातील मुलांसाठी अनाथ असल्याचे प्रमाणपत्र.**

प्रमाणित करण्यात येते की, अर्जदार नामे ----- वय वर्षे ----- जन्म दिनांक  
 ----- हा /ही महिला व बाल विकास विभाग अथवा अन्य विभागांकडून मान्यताप्राप्त संस्थेमध्ये

पृष्ठ १० पेकी ९

**ANNEXURE- X**  
**PROFORMA FOR CANCELLATION OF ADMISSION**  
(To be filled in duplicate)

To,  
The Dean / Principal,  
\_\_\_\_\_  
\_\_\_\_\_

**Subject: Cancellation of Admission.**

Respected Sir,

I, Mr./Ms. ....  
SML No. .... was admitted to .....  
course, at .....  
college ..... on .....  
(date) under ..... category.

Now I wish to cancel my admission since

- 1) I have secured admission through another Competent Authority for Engineering/ Architecture / Agriculture / Any other course .....
- 2) I wish to cancel it for personal reason/s.

I hereby request you kindly return my original documents and the amount of fees that I am entitled for, as per rules.

Thanking you,

**Yours faithfully,**

**(Signature of Candidate)**

Name & Address of candidate ..... ..... .....
Pin Code .....
Tel. No. ....

For Office use only: Amount Paid Rs. .... Amount deducted Rs. .... Amount refunded Rs. .... Cheque No. & date ..... Bank particulars .....
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Enclosure : Photocopy of selection letter from another Competent Authority (if applicable)