



महाराष्ट्र शासन



छत्रपती संभाजी महाराज शासकीय वैद्यकीय महाविद्यालय व रुग्णालय, सातारा

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

Phone No 02162-299763

Email id :- deangmcsatara7@gmail.com

दि. २६/१२/२०२५

***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
  - 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
  - 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 11 AM on 29 December 2025***
- Admission procedure will be done on ***working days between 11 AM To 4.30 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



महाराष्ट्र शासन

**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 <b>'Dean, CSMGMCH, Satara- CCMP'</b>	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 (Compulsory In case of basic qualification from other University)	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, म्हसळ, 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

CERTIFICATE COURSE IN MODERN PHARMACOLOGY

1	Full Name of the candidate in BLOCK LETTER (As per UG Degree Certificate)	..... (Surname) (First Name) (Father's/Husband's Name)																
	Mother's Name (First)	.....																
	Full Name of the candidate in Devnagari (Marathi)	..... (आडनाव) (प्रथम नाव) (वडिलांचे/पतीचे नाव)																
2	a) Category of Candidate	Caste :- ..... Sub Caste ..... <table border="1"><tr><td>Open</td><td>SC</td><td>ST</td><td>VJ</td><td>NT1</td><td>NT2</td><td>NT3</td><td>OBC</td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>	Open	SC	ST	VJ	NT1	NT2	NT3	OBC								
	Open	SC	ST	VJ	NT1	NT2	NT3	OBC										
b) Admitted Category	<table border="1"><tr><td>Open</td><td>SC</td><td>ST</td><td>VJ</td><td>NT1</td><td>NT2</td><td>NT3</td><td>OBC</td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>	Open	SC	ST	VJ	NT1	NT2	NT3	OBC									
Open	SC	ST	VJ	NT1	NT2	NT3	OBC											
3	Date of Admission	<table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Yy</td></tr><tr><td></td><td></td><td></td><td></td><td></td></tr></table>	D	D	M	M	Yy											
D	D	M	M	Yy														
4	Details of MCH Registration	a) Registration Number : <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> b) Date of Registration : ..... c) Latest Renewal of Registration: Date From ----- to -----																
5	Whether the registration is valid on the cut off date for filling up this application	Yes/ No																
6	Address for Correspondence	..... ..... ..... ..... PIN:.....																
	Permanent Address	..... ..... ..... ..... PIN:.....																
	E-mail ID	.....																
	Residential Telephone No (with STD code )	.....																
	Mobile No.	.....																

7	Gender	Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/>																				
8	Marital Status	Married <input type="checkbox"/> Unmarried <input type="checkbox"/>																				
9	Date of Birth (Date/Month/Year)	<table border="1"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y												
D	D	M	M	Y	Y	Y	Y															
10	Nationality	Indian <input type="checkbox"/> Foreigner <input type="checkbox"/> If foreigner, specify name of the country: .....																				
11	Details of Qualification acquired	<table border="1"> <thead> <tr> <th>Level of Course</th> <th>Name of Course</th> <th>Name of Board/University</th> <th>Year of Passing</th> </tr> </thead> <tbody> <tr> <td>Diploma</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Degree</td> <td></td> <td></td> <td></td> </tr> <tr> <td>P. G.</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Ph D</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Level of Course	Name of Course	Name of Board/University	Year of Passing	Diploma				Degree				P. G.				Ph D			
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Degree																						
P. G.																						
Ph D																						
12	Willingness about Organ Donation after accidental Death for transplantation/ donar card will be issued	<table border="1"> <tr> <td>Yes</td> <td>No</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table> <p>(Tick whichever applicable)</p>	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>																
Yes	No																					
<input type="checkbox"/>	<input type="checkbox"/>																					



**Signature of the Dean/Principal  
of the College / Institution**



**छत्रपती संभाजी महाराज शासकीय वैद्यकीय महावद्व्यालय व रुग्णालय, सातारा**

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

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

**INSTITUTIONAL APPLICATION FORM**

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

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

To,

The Dean

Chhatrapati Sambhaji Maharaj Government Medical College and Hospital Satara,

Subject:- Admission to **CERTIFICATE COURSE IN MODERN PHARMACOLOGY** Course

During the year 2025 -2026

Respected Sir,

I have been selected for **CERTIFICATE COURSE IN MODERN PHARMACOLOGY** Course during the year 2025 -26 as per The MUHS NASHIK ,First Round/Second Round/ Mop Up Round vide allotment letter No. \_\_\_\_\_ Date:- \_\_\_\_\_ at Chhatrapati Sambhaji Maharaj Government Medical College and Hospital, Satara under- \_\_\_\_\_ Quota.

I am joining for **CERTIFICATE COURSE IN MODERN PHARMACOLOGY** at this college and submitting herewith following original certificates and 2 **Xerox** s along with the application.

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		
5.	Domicile/Nationality Certificate		
6.	Transfer Certificate /Leaving Certificate		
7.	Gazette Copy/ Affidavit in Case of Change in Name Certificate (If Applicable)		
8.	Caste Certificate (For Candidates Selected Under Category )		
9.	Caste Validity certificate (For Candidates Selected Under Category)		
10.	Non-Creamy layer certificate (OBC,NT,SBC Candidate )		
11.	Adhaar card Xerox	-----	
12.	Medical Fitness Certificate / Physically handicap documents proof (If Applicable)		
13.	No Objection Certificate From Previous Admitted College		
14.	Migration (Compulsory In case of basic qualification from other University)		
15.	Marriage Certificate (If Applicable)		
16.	EWS Certificate ( If Applicable)		
17.	Undertaking as per Annexure - D		
	<b>Total number of certificates:-</b>		

Thanking you,

Yours faithfully,

Signature \_\_\_\_\_



महाराष्ट्र शासन

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

**CERTIFICATE COURSE IN MODERN PHARMACOLOGY ADMISSION  
2025-26**

**Students Information**  
(Fill up the form in CAPITAL Letters only)

Recent  
passport sized  
photograph

1.	<b>Name of the Student (Full) Surname first</b>																					
2.	<b>Father's Name (Full)</b>																					
3.	<b>Mother's Name</b>																					
4.	<b>Date of Birth</b>																					
5.	<b>Birth Place (Country)</b>																					
6.	<b>Gender</b>																					
7.	<b>Marital status</b>																					
8.	<b>Nationality</b>																					
9.	<b>Annual Income (submit copy of Income Certificate)</b>																					
10.	<b>Details of Qualification acquired</b>	<table border="1"><thead><tr><th>Level of Course</th><th>Name of Course</th><th>Name of Board/ University</th><th>Year of Passing</th></tr></thead><tbody><tr><td>Diploma</td><td></td><td></td><td></td></tr><tr><td>Degree</td><td></td><td></td><td></td></tr><tr><td>P.G.</td><td></td><td></td><td></td></tr><tr><td>Ph D</td><td></td><td></td><td></td></tr></tbody></table>	Level of Course	Name of Course	Name of Board/ University	Year of Passing	Diploma				Degree				P.G.				Ph D			
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Degree																						
P.G.																						
Ph D																						
11.	<b>Merit No.</b>																					
12.	<b>Round No.</b>																					
13.	<b>Date of Admission</b>																					
14.	<b>Maharashtra Homeopathy Council Reg No.</b>																					
15.	<b>Student Mobile No.</b>																					
16.	<b>Student e-mail id</b>																					
17.	<b>Address for Correspondence</b>																					
18.	<b>Permanent Address</b>																					

19.	<b>Caste</b>	
20.	<b>Religion</b>	
21.	<b>Student Category</b>	
22.	<b>Admitted Category</b>	
23.	<b>DD No. &amp; Date &amp; Name of Bank</b>	
24.		
25.		
26.		
27.		
28.		
29.		
	<b>Signature of Student-</b>	
	<b>For Office use only</b>	
	<b>Admission Fee (Rs.1,500/-)</b>	<b>Receipt No:-</b> <b>Dt:-</b>

*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

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

### DOCUMENT HOLDING CERTIFICATE

This is to certify that Shri./Kum. - \_\_\_\_\_  
Has been provisionally admitted to Certificate Course in Modern Pharmacology at this college during the year 2025-26. The following original certificates of Shri./Kum. \_\_\_\_\_ have been retained at this college.

Sr. No	Name of original certificate	Original Certificates	Xerox copies 2
1.	University Selection Letter / Allotment letter		
2.	Date of Birth Proof ( _____ )		
3.	Homeopathy Passing/Degree Certificate from University		
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15.	Marriage Certificate (If Applicable)		
16.	EWS Certificate ( If Applicable )		
17.	Undertaking as per Annexure - D		
18.	Income Certificate (Copy only)		
	<b>Total number of certificates:-</b>		

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

To,  
Shri./Kum. - \_\_\_\_\_  
Certificate Course in Modern Pharmacology, CSMGMCH, Satara

1) D.D. No. \_\_\_\_\_ Dt. \_\_\_ / \_\_\_ / \_\_\_\_\_ for Rs. 50,000/- ( Fifty Thousand Only)

2) Name of Bank - \_\_\_\_\_ Branch - \_\_\_\_\_