

Tel No: 022-69425555

Time: 10:30 AM TO 5:00 PM

Date : _____

APPLICATION FOR SUBMISSION OF ORIGINAL CERTIFICATES TO THE COLLEGE

To,
The Dean, H. B. T. Medical College, Juhu, Mumbai

Sir,

1) Shri./Ms. _____, All India Rank No. _____

Category _____ have been provisionally selected through **NEET-2025 (P.G.)** at Hinduhrdaysamrat Balasaheb Thackeray Medical College & Dr. R. N. Cooper Municipal General Hospital, Mumbai.

2) I am submitting my **Original documents** and **5 passport size colour photographs** with **three sets** of self attested Xerox copies to office, as under (Tick/Cross). Also I herewith submit scanned original documents in pen drive.

Sr. No.	Original documents with Three self attested Xerox copies of following documents with Folder (Scan size of each document must be 50kb To 600kb in PDF format with pen drive also).	Student Use (Tick/Cross)	Office Use
1.	Admission Fees Demand Draft Xerox.		
2.	Nationality Certificate/Domicile Certificate OR Valid Original Passport with three xerox copies (Without attestation).		
3.	Provision Allotment Letter /Selection copy.		
4.	Admit Card issued by NBE.		
5.	Rank letter issued by NBE / NEET PG 2025 Mark sheet issued by NBE.		
6.	Aadhar Card & Election Card (Xerox copy) Bring original.		
7.	MBBS Degree Certificate/Passing /Provisional Degree Certificate.		
8.	Internship Completion Certificate /Certificate from the Head of Institution - College.		
9.	Valid Registration Certificate from Maharashtra Council / Provisional Registration Certificate from Maharashtra.		
10.	EWS Certificate (if applicable)		
11.	Cast Certificate (If applicable).		
12.	Caste Validity Certificate (If you don't get Caste Validity Certificate from your state you have to produce letter from competent authority as per proforma attached herewith.		
13.	Non-Creamy Layer Certificate valid up to 31.03.2026 for VJ, NT-1, NT2, NT3, OBC, SBC, SEBC (If applicable).		
14.	College Leaving Certificate / Transfer Certificate.		
15.	Attempt Certificate of all examination in Degree course from Head of Institute.		
16.	Affidavit for change in Name-A copy of Govt. Gazette, Marriage Registration Certificate.		
17.	Migration Certificate issued by the respective University (If applicable).		
18.	Self Education Gap (after qualifying Degree) Affidavit by Student Certificate by Executive Magistrate/Notary(If applicable)		
19.	Medical Fitness Certificate (as per brochure)		

20.	Physically Handicapped Certificate		
21.	Birth Certificate OR 10 th Marksheet Certificate (for date of Birth)		
22.	12 th Marksheet and Passing Certificate		
23.	All Mark sheet of MBBS Course(Original)		
24.	Bond Release Certificate (If applicable)		
25.	MCI Recognition Certificate		
26.	Student Profile (only state quota) NEET PG Application form		
27.	FMG passing certificate issued by NBE (Only for FMG students)		
28.	NOC for FMG candidate from their Institute / University		
29.	Eligibility certificate issued by NMC for FMG candidate		

3) I have not submitted following documents at the time of admission :-

4) Please give me the acknowledgement for the same.

DD No	Date	Rs.	Bank Name & Branch

Thanking You.

Yours faithfully.

Signature : _____

Mobile No. _____

Res.Tel.No. _____

Note:- Late fees of Rs. 50/- per week , per documents (except Cast Validity Certificate) will be charged to the candidate towards late submission of original documents after admission cutoff date.

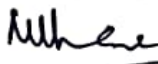
Verified all documents and found correct

Name of the scrutiny committee member	Designation	Department	Sign

BRIHANMUMBAI MUNICIPAL CORPORATION
Hindurhidasamrat Balasaheb Thackeray Medical College &
Dr. R.N.Cooper General Hospital, Juhu, Mumbai 400056

FEES FOR M.D./M.S. ADMISSION FOR THE YEAR 2025-26

Sr. No	Types of Fees	MBBS PASSED FROM MUHS UNIVERSITY	MBBS PASSED FROM OTHER UNIVERSITY
A*	FOLLOWING COLLEGE FEES BY DD ONLY & FORM FEES BY CASH IS ACCEPTED AT THE TIME OF ADMISSION PROCESS		
(I)	<u>TUTION & COLLEGE FEES</u>		
1	Admission Fee	1500/-	1500/-
2	Term Fees (tuition Fee)	152100/-	152100/-
3	Development fund Fee	5000/-	5000/-
4	Library Fee	1000/-	1000/-
	Total Amount Of D.D. in favour of "BRIHANMUMBAI MUNICIPAL CORPORATION". payable at Mumbai	159600/-	159600/-
(II)	Admission Form Fee (Cash-Non Refundable)	590/-	590/-
B*	FOLLOWING DD IS ACCEPTED AT THE TIME OF CONFIRMATION OF ADMISSION (FILLING RETENTION)		
(I)	<u>MUHS & GYMKHANA FEES</u>		
1	University Development Fees	100/-	100/-
2	Eligibility & Enrollment (University) fees		
a	For MD (MUHS University)	4050/-	Nil
b	For MD (Other University)	Nil	14550/-
3	Ashwamedh Fees *	318/-	318/-
4	Disaster Management fee	10/-	10/-
5	NSS Self Finance Unit	10/-	10/-
6	Gymkhana Fees	1700/-	1700/-
	Total Amount Of D.D. in favour of <u>Dean, H.B.T.Medical College</u>, payable at Mumbai	6188/-	16688/-
(II)	<u>Deposit (Refundable)</u>		
1	Library Security Deposit	2000/-	2000/-
2	College Security Deposit	4000/-	4000/-
	Above Deposit Amount Of D.D. in favour of "BRIHANMUMBAI MUNICIPAL CORPORATION" payable at Mumbai	6000/-	6000/-
C*	FOLLOWING CASH ACCEPTED FOR CANCELLATION OF ADMISSION		
	Admission Cancellation Fee (Cash-Non Refundable)	1500/-	1500/-
* After completion of PG, LIBRARY & College Deposit Will be refundable if produced original receipt with refund claim.			


 16/10/25
 Dean
 H.B.T. Medical College
 Dr. R.N. Cooper General Hospital
 Juhu, Mumbai 400056

Student
Photograph

STUDENT PROFILE

(KINDLY FILL THE FORM IN THE CAPITAL LETTERS ONLY)

QUOTA STATE () / ALL INDIA ()

NEET ROLL NO _____ SEX M / F DATE OF ADMISSION _____

NAME OF THE STUDENT (AS PER PG PASSING) _____

NAME OF THE STUDENT (in Marathi) _____

STUDENTS MOTHER'S FIRST NAME ONLY – IN – ENGLISH - _____ IN MARATHI _____

LOCAL ADDRESS _____

_____ PIN: _____

PERMANENT ADDRESS _____

_____ PIN : _____

SELF MOBILE NO _____ PARENT'S MOBILE NO _____ DATE OF BIRTH _____

PLACE OF BIRTH _____ NATIONALITY _____ DOMICILE STATE _____

AADHAR CARD NO _____ VOTING CARD NO _____

PHYSICALLY HANDICAPPED (PWD):- YES/NO. _____ DONATE ORGAN:- YES/ NO. _____

STUDENT OWN CATEGORY _____ SUB-CASTE _____ STUDENT ADMISSION CATEGORY _____

STUDENT E-MAIL _____

CENTRAL/STATE COUNCIL NAME & REGISTRATION NO _____ VALID UPTO _____

NEET PG MARKS _____ (OUT OF 800) PERCENTILE _____

NEET PG EXAM MONTH & YEAR _____ INTERNSHIP COMPLETION DATE _____

LAST DEGREE ACQUIRED FROM MUHS / OTHER UNIVERSITY:- YES / NO. _____

LAST DEGREE FROM WHICH COLLEGE (NAME) _____

LAST DEGREE PASSING DATE:- YES / NO. _____

UG BOND: YES / NO. _____ BOND RELEASE CERTIFICATE: YES / NO _____

SIGNATURE OF CANDIDATE _____ DATE _____

UNDERTAKING

I, Dr. _____ son / daughter / wife of
Shri. _____ aged _____ years
bearing Roll No. _____ Placed at SML No. / Rank No. _____
though P G Admission A. Y. _____ (All India quota / State quota) for
admission to MD / MS / Diploma course in H. B. T. Medical College do hereby
solemnly affirm and undertake that I will complete the Residency in Subject
_____ and complete the duration of my 3
years / 2 years course failing which I will pay Rs. 10,00,000/- (Rs. Ten
lakhs only) for the default i. e. non completion of junior Residency tenure) and
also I will pay additional penalty of Rs. 10,00,000/- (Rs. Ten lakhs only) for lapse
of Post graduation medical seats.

Signature of the candidate : _____

SML No / Rank No : _____

Permanent Address with Pin code : _____

Mobile No. : _____

Res No. : _____

FORM II

[See sub-clause (b) of clause (i) and sub-clause (b) of clause (ii) of sub-regulation (2) of regulation 7]

FORMAT OF UNDERTAKING BY PARENT / GUARDIAN OF THE CANDIDATE/STUDENT

I _____ (Full Name in Block Letters) _____ Father / Mother/ Guardian _____ of
 Mr./Mrs./Ms. _____ (Full Name of Student in Block Letters) _____ admitted to the course of _____ (Name
 of _____ College) _____ with Admission
 No. _____ (Name of _____ College / Institution) _____ affiliated to _____
 _____ (Name of _____ University)

_____ hereby declare that I have received a copy of the National Medical Commission (Prevention and Prohibition
 of Ragging in Medical Colleges and Institutions) Regulations, 2021 (hereinafter referred to as the said regulations).

2. I have carefully read and fully understood the provisions in the said regulations

8. I have particularly perused the provisions of regulations 3 and 4 of the said regulations and have fully
 understood what constitutes "ragging".

9. I have also in particular perused the provisions of Chapter IV and read and understood the administrative and
 penal actions that may be taken against my son/ daughter/ward in case he /she is found guilty of ragging or abetting
 ragging, actively or passively, or being part of a conspiracy to promote ragging.

10. I hereby undertake that my son/ daughter/ ward —

- (i) will not indulge in any behaviour or act that may come under the definition of ragging as may be
 constituted under regulations 3 and 4 of the said regulations;
- (ii) will not participate in or abet or propagate ragging in any form included but not limited to those that
 may be constituted under regulations 3 and 4 of the said regulations;
- (iii) will not hurt anyone physically or psychologically or cause any other harm.

11. I hereby agree that if my son/ daughter/ ward is found guilty of any aspect of ragging, he/ she may be
 punished as per the provisions of the said regulations or as per the applicable law for the time being in force.

12. I also declare that he/she has never been found to be guilty of ragging or abetting ragging, actively or
 passively, or being part of a conspiracy to promote ragging and have never been punished in any manner for these
 offences and further affirm that if this declaration is incorrect or false, his/her admission is liable to be cancelled
 /withdrawn.

Signed on this the _____ day of _____ month of _____ year.

Signature

Name:

Address:

Tel/ Mobile No.

Signature of Witness 1:

(Name of Witness 1):

Address:

Signature of Witness 2:

(Name of Witness 2):

- (c) declare the erring medical college or institution or University to be ineligible for preferring any application under the provisions of Chapter VI of the National Medical Commission Act, 2019 for a minimum period of one year, extendable by such quantum by the Commission as would be commensurate with the wrong.

FORM I

[See sub-clause (a) of clause (i) and sub-clause (a) of clause (ii) of sub-regulation (2) of regulation 7]

FORMAT OF UNDERTAKING BY THE STUDENT

- I _____ (Full Name in Block Letters) Son/ Daughter of Mr./Mrs./Ms. _____
 _____ (Full Name in Block Letters) admitted to the course of _____
 _____ (Name of Course) with Admission No. _____
 at _____ (Name of College / Institution) affiliated to
 _____ (Name of University) have received a copy of the National Medical Commission (Prevention and Prohibition of Ragging in Medical Colleges and Institutions) Regulations, 2021 (hereinafter referred to as the said regulations).
2. I have carefully read and fully understood the provisions in the said regulations.
 3. I have particularly perused the provisions of regulations 3 and 4 of the said regulations and have fully understood what constitutes "ragging".
 4. I have also in particular perused the provisions of Chapter IV and read and understood the administrative and penal actions that may be taken against me in case I am found guilty of ragging or abetting ragging, actively or passively, or being part of a conspiracy to promote ragging.
 5. I hereby undertake that--
 - (i) I will not indulge in any behaviour or act that may come under the definition of ragging as may be constituted under regulation 3 of the said regulations;
 - (ii) I will not participate in or abet or propagate ragging in any form included but not limited to those that may be constituted under regulation 3 of the said regulations;
 - (iii) I will not hurt anyone physically or psychologically or cause any other harm.
 6. I hereby agree that if found guilty of any aspect of ragging, I may be punished as per the provisions of the said regulations or as per the applicable laws for the time being in force.
 7. I also declare that I have never been found to be guilty of ragging or abetting ragging, actively or passively, or being part of a conspiracy to promote ragging and have never been punished in any manner for these offences and further affirm that if this declaration is incorrect or false, my admission is liable to be cancelled / withdrawn.

Signed on this the _____ day of _____ month of _____ year.

Name: _____

Address: _____

Tel/ Mobile No: _____

Signature _____

Signature of Witness 1: _____

(Name of Witness 1): _____

Address: _____

Signature of Witness 2: _____

BRIHANMUMBAI MAHANAGAR PALIKA
HINDUHRIDAYSAMRAT BALASAHEB THACKERAY MEDICAL COLLEGE AND DR.R.N. COOPER MUNICIPAL
GENERAL HOSPITAL, JUHU, VILEPARLE (WEST), MUMBAI - 400 056.

ADMISSION DATE-

H.C. (HBTMC CASH)

STUDENT NAME _____

AIR NO. _____ CATEGORY: _____

SR.NO.	AMOUNT	DD NO.	DD DATE	MICR CODE	BANK NAME	BANK BRANCH
1						
2						
3						
4						
5						

GIVE ADMISSION FORM

CLERK

H.C. (HBTMC PG)

Self- Declaration

Applicant's
Photo

To,

The Register,

Maharashtra University of Health Science,

Nashik- 422004

I Son/ Daughter of
..... age Occupation
Resident of
..... with UID No
Hereby declare that, I have passed course from
..... college during
the year and I hereby state that, I have not taken admission
during the period of gap from to period hence the gap arises in
my education.

The information provided above is true and correct to the best of my personal knowledge,
information and belief. I fully understand the consequences of giving false information. If the information is
found to be false. I shall be liable for protection and punishment under Indian Penal Code and / or any other
law applicable thereto.

Place

Date

Applicant's Signature

Applicant's Name

OFFICE THE _____

Outward No.:-

Date:-

TO WHOME IT MAY CONCERN

CERTIFICATE

This is to certify that, the Caste Certificate No.
Dated..... Issued to Mr./Miss
by the Tahsildar / Magistrate / is Valid.

Further, It is stated that there is no provision of Issuing separate Caste Validity
Certificate in State.

Office Seal/Stamp

Signature of Tahsildar/Magistrate/Issuing Authority

कार्यालय _____

दिनांक:

जावक क्र.

जो कोई भी इससे संबंधित है उसके लिए

प्रमाणपत्र

प्रमाणित किया जाता है की, श्री / कुमारी.....
इनको, तहसीलवार/जिल्हा मेंजिस्ट्रेट/..... कार्यालय
द्वारा निर्गमित किया हुआ जात प्रमाणपत्र क्रमांक
दिनांक..... वैध है।

तथा, राज्यमें अलगसे
जात वैधता प्रमाणपत्र निर्गमित करने का कोई प्रावधान नहीं है।

कार्यालयकी मोहोर

तहसीलवार/जिल्हा मेंजिस्ट्रेट/
तथा संबंधित अधिकारी के हस्ताक्षर

ANNEXURE – “M”

CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted clinical examination of Dr. who is desirous of admission to Medical Postgraduate 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 medical postgraduate course (NEET- PG 2025).

- (1) Absence of any incapacitating and / or progressive systematic 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.

Address of the Registered Medical Practitioner	Signature

	Name

Date	Registration No.

	Seal of Registered Medical Practitioner

Note:

A candidate must be medically fit to undergo the Medical Postgraduate Courses (NEET –PG 2025) applied for. The medical fitness must be certified by a Registered Medical Practitioner in the prescribed Proforma, as given above on a **Letterhead**.

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 नोंदवुन घेणार आहे अशी मी प्रतिज्ञा करतो/करते.

स्वाक्षरी :

नाव :