



Post Graduation Institute of Medical Sciences, Navi Mumbai

Website: <https://www.nmmcpgims.in>

Email: - pgimsnavimumbai@gmail.com

Phone No: + 91 022 27701808

APPLICATION FORM FOR ADMISSION TO P.G. COURSE 2024 - 25
(Note: Use Capital Letters Only, Use ✓ Mark & Strike out whichever is not applicable, Do not overwrite.)

Paste recent
passport size
photograph
here.

1) CANDIDATE'S NAME (Strictly as per Class XII or Gazette Notification):																					
(Surname)				(First Name)				(Father's/ Husband Name)													
2) CANDIDATE'S NAME (in local language i.e Devnagari (Marathi) :																					
(Surname)				(First Name)				(Father's/ Husband Name)													
3) MOTHER'S FIRST NAME :																					
4) Gender : MALE <input type="checkbox"/>				FEMALE <input type="checkbox"/>				OTHER <input type="checkbox"/>													
5) Blood Group (with Rh type):																					
6) Type of admission(Quota) :																					
7) Category : Open/ Reserved If Reserved : SC/ ST/ NT(A)/ NT(B)/ NT(C)/ NT(D)/ OBC/ SBC/EWS/SEBC Caste : _____ CVC- Yes/No																					
8) PGNEET-2024 Roll No. :				9) PGNEET-2024 Marks :				Out of		1200		%									
10) State Merit List Number (SML)/ PG NEET Merit No. (Rank):						11) Application Number :															
12) Allotment Date (DMER/ MCC) :																					
13) Admission Date at College :																					
14) MBBS Passing Year :																					
15) MBBS Grand Total :																					
16) MBBS Attempts:																					
19) Would you like to apply for Hostel :								Yes/ No													
21) Religion :																					
22) Last School/ College attended:																					
23) Date of Birth :																					
24) Place of Birth :																					
25) Marital Status : Married/ Unmarried																					
26) Permanent Address :																					
												PIN Code									

State:	District:	Tehsil:	City/ Town/Village:
Students' Location Category:		Rural/ Urban/ Tribal	
Contact Details:	Phone No.:	Mobile No.:	Parent's Mobile NO.:
E-mail ID :		Parent's Email id-	
Willingness about organ donation after Accidental Death			Yes / No
Occupation of Father/ Mother/ Guardian:		Service/ Business/ Profession/Farmer/Laborer/ Retired	

I hereby declare that, the information filled in by me in this form is true to the best of my knowledge.

Signature of the Student

Sr. No.	Name of Document/ Certificate	Attached		Sr. No.	Name of Document/ Certificate	Attached	
		Yes	No			Yes	No
1	Aadhar Card (Xerox Copy)			15	Non Creamy layer Certificate valid up to 31-03-2024 (NCL) (If applicable)		
2	Nationality Certificate or Valid Passport			16	MBBS College Leaving Certificate (T.C.)		
3	S.S.C.(10th) Passing Certificate			17	Attempt Certificate of MBBS from Principal/DEAN		
4	H.S.C (10+2) Passing Certificate			18	(A) All India Quota /AMIS/ Central Govt. Institute Selection letter / letter form Dean / Principal stating that the Candidate was admitted under 50% Quota / AIIMS/ Central Govt. Institution entrance exam.(Refer rule no. 8.3)		
5	Result / Rank Letter Issued by NBE			19	Orphan Certificate form appropriate authority		
6	NEET PG Mark sheet.			20	Gazette for Change in Name (If applicable)		
7	NEET PG Admit Card Issued by NBE			21	Migration Certificate issued by respective University(If applicable)		
8	NEET PG Allotment Letter			22	Self-Education Gap Certificate after completion of Internship (If applicable)		
9	MBBS Passing Certificate			23	EWS Candidate should produce eligibility Certificate in prescribed format issued by appropriate authority. (If made applicable)		
10	MBBS Degree Certificate			24	Medical Fitness Certificate in prescribed format only.		
11	Internship Completion Certificate / Certificate from the head of Institution or College that the Candidate shall complete the internship by 31st of March of the year of admission			25	Physical Handicapped Cert from authorized agencies ONLY (If applicable)		
12	Registration Certificate of MBBS from State medical council/NMC / Before 31st March of the year of admission			26	First to Final year MBBS Mark Sheets		
13	Caste Certificate (If applicable)			27	For state quota Bond Release Certificate/Bond Break payment receipt (if applicable)		
14	Caste Validity (If applicable)			28	N.M.C. Recognition Certificate		
29	Undertaking if any required will be taken during admission			32	Demand Draft Details 1) DD No. _____ DC _____ Rs _____ 2) DC _____ Rs _____		

					3) RTGS Details Proof.		
30	Candidates allotted seats must carry one of the identification proof (ID proof) to the allotted college at the time of admission.			33	Submitted above mention Required Documents Soft Copy in PDF format.		
31	NOC/Reliving letter from health department (For In-service candidates only)			34			
All Original Document enlisted in the Admission form to be Scanned individually & submit in a folder , the folder to be with your complete name, This submission will be mandatory. The scan should be in PDF format ONLY and each file not beyond 500KB. Don't use cam scanner/Mobile scan for scanning. This submission will be mandatory.							

[Do not leave any field blank strictly write "Yes" if document attached and "No" if not attached. Write "N.A." if not applicable. All certificates should be submitted in Original and two sets of attested Xerox copies.]

Admission Status : Admitted/ Cancelled

DATE : _____

DEAN
Post Graduation Institute of
Medical Sciences, Navi Mumbai

<u>Verification of Original Documents</u>		
(Note: Deficit of any original document found should be strictly mentioned below)		
(1)	(2)	(3)
1.	1.	1.
2.	2.	2.
3.	3.	3.
4.	4.	4.
Remarks if any :	Remarks if any :	Remarks if any :
Name:	Name:	Name:
Designation:	Designation:	Designation:
Signature:	Signature:	Signature:
(4)	(5)	
1.	1.	
2.	2.	
3.	3.	
4.	4.	
Remarks if any :	Remarks if any :	
Name:	Name:	
Designation:	Designation:	
Signature:	Signature:	

Name of Student :- -----

Rank No. _____
Roll No. _____
Date:- _____

To,
The Dean,
Post Graduation Institute of
Medical Sciences, Navi Mumbai

Subject :- Submission of Undertaking.

Resp. Sir/Madam,

I undersigned declare that the following documents are not submitted for Admission of PG-2024-25 in the subject of -----

1. -----
2. -----
3. -----
4. -----
5. -----
6. -----

I will submit the above documents in original/xerox copy within 15 days after admission.

Signature-

Place :-

Date :-

ANTIRAGGING AFFIDAVIT BY THE STUDENT

1. I, s/o – d/o Mr / Mrs / ms, having been admitted to have received a copy of the UGC regulations on Curbing the menace of Ragging in Higher Educational institution 2009 (hereinafter called the “ regulations”) carefully read and fully understood the provisions contained in the said regulations.
2. I have, in particular, perused clause 3 of the Regulation and am aware as to what constitutes ragging.
3. I have also, in particular, perused clause 7 and clause 9.1 of the Regulations and am fully aware of the penal and administrative action that is liable to be taken against I am in case I am found guilty or abetting ragging, actively or passively, or being part of a conspiracy to promote ragging.
4. I hereby solemnly aver and undertake that :-

I will not indulge in any behavior or act that may be constituted ragging under clause 3 of the regulations.

I will not participate in or abet or propagate thought any act of commission or omission that may be constituted as ragging under clause 3 of the Regulations.

5. I hereby declare affirm that, if found guilty of ragging, I am liable for punishment according to clause 9.1 of the Regulations, without prejudice to any other criminal action that may be taken against me under any law for the time being in force.

6. I hereby declare that my word has not been expelled or debarred from admission in any institution in the country on account of being found guilty of, abetting or being part of a conspiracy to promote, ragging ; and further affirm that, in case the declarations is found to be untrue, i am aware that my admission is liable to be cancelled.

DECLARED ON _____

Signature of Deponent

Address

VERIFICATION

Verified that the contents of this affidavit are true to the best of my knowledge and no part of the affidavit is false and nothing has been concealed or misstated therein.

Verified at _____ On _____

Signature of Deponent _____

UNDERTAKING BY PARENT/GUARDIAN

1. I,Mr./Mrs./Ms. Father/mother/guardian of having been admitted to, have received a copy of the UGC regulations on Curbing the menace of Ragging Higher Educational institutions, 2009. (hereinafter called the "Regulations") carefully read and fully understood the provisions contained in the said Regestions.

2. I have, in particular, perused clause 3 of the Regulations and am aware as to what constitutes ragging.

3. I have also, in particular, perused clause 7 and clause 9.1 of the Regulations and am fully aware of the penal and administrative action that is liable to be taken against my ward in case he/she is found guilty or abetting ragging, actively or passively, or being part of a conspiracy to promote ragging.

4. thereby solemnly aver and undertake that :-

My ward will not indulge in any behavior or act that may be constituted as ragging under clause 3 of the regulations.

My ward will not participate in or abet or propagate though any act of commission or omission that may be constituted as ragging under clause 3 of the Regulations.

5. I hereby affirm that, if found guilty of ragging my word is liable for punishment according to clause 9.1 of the Regulations, without prejudice to any other criminal action that may be taken gainst my ward under any penal law or any low for the time being in force.

6. I hereby declarest at my word has not been expelled or debarred from admission in any institution the country on account account of being found guilty of, or abetting or being part of a conspiracy to promote, ragging; and further affirm that, in case the declaration is found to be untrue, am aware that my admission my word is liable to be cancelled.

DECLARED ON _____

Signature of Deponent

Address

VERIFICATION

Verified that the contents of this affidavit are true to the best of my knowledge and no part of the affidavit is false and nothing has been concealed or misstated therein.

Verified at _____ On _____

Signature of Deponent _____

UNDERTAKING BY THE STUDENT

I, Drhereby declare that, I am not suffering from

1. Any major physical / mental illness
2. Any communication disease
3. Any familial disease
4. I am willing to undergo mental health assessment as per NMC norms.

Name of candidate

Signature of candidate

Date

Place

NEET-PG 2024
(Retention Form)

To,

The Dean/ Principal

_____ (Name of the college)

Sir/Madam,

I, Dr. _____ wish to **retain** the seat allotted to me at your Institute for _____ Course for the academic year 2024-25.

I am fully aware that after submitting this Status Retention Form I will not be considered for any subsequent rounds of selection process for the year 2024. I also declare that I will not ask for reconsideration of my name for further selection process.

Candidate's Name : _____ NEET RANK : _____

SML NO: _____ Email id: _____ Course: _____

CC to : The Commissioner, State CET CELL, 8th Floor, New Excelsior Building, A. K. Nayak Marg, Fort,
Mumbai – 400 001

Submitted for necessary action

Date :

Place : **Signature of Dean /Principal (with seal)**

(to be uploaded in feedback module after sign and seal of college)