

SUPER SPECIALITY (DM/M.Ch.)

ADMISSION

2025-2026

ADMISSION FORM WILL BE AVAILABLE AT COLLEGE

**Rajarshee Chhatrapati Shahu Maharaj Government Medical College, Kolhapur.
R.K. Nagar Road, Shenda Park, Kolhapur, Maharashtra**

For Any Queries

Whatsapp on this number

**Mrs.RUTUJA NANGARE-SAWANT (Sr. Clerk, PG Section): -
7387184879**

Dr. AKSHAY BAFNA (HOD, CARDIOLOGY):- 9145683747

Dr. RAHUL CHAUDHARI (Vice- Dean, PG) :- 9028236348

(ON WORKING HOURS ONLY)

Fee structure for SUPERSPECIALITY (DM/MCh) Course for A.Y. 2024-25 is as under:-

Sr. No.	Particulars	Fee Amount
1.	Tuition Fees (Per Annum)	152100
2.	Development Fee (Per Annum)	5000
3.	Admission Fees (One time)	1500
4.	Gymkhana Fees (Per Annum)	500
5.	Library Fee (Per Annum)	1000
6.	Hostel Fee (Per Annum)	4000
7.	Library Deposit (One Time, Refundable)	2000
8.	Resident Deposit (One Time, Refundable)	4000
	TOTAL	170100
	One Lakh Seventy Thousand One Hundred only	

Details of DD to been drawn as follows

Nationalized Bank Demand Draft in favour of :-

Administrative Officer, RCSM Govt. Medical College, Kolhapur

Payable At :- Kolhapur only

Name : - _____

Address : - _____

Subject: - D.M./M.Ch. _____

Date : - _____

Mob. No : - _____

To,

The Dean,

R.C.S.M. Govt. Medical College, Kolhapur.

SUBJECT: - Admission to D.M./M.Ch. _____ Super - Speciality
Course for the A.Y. 2025-2026.

Respected Sir,

I have been selected for D.M./M.Ch. _____ Super - Speciality
Course for the A.Y. **2025-26** as per the State / All India Round No. _____ Dated: - / /2026
at R.C.S.M. Govt. Medical College, Kolhapur under _____ reservation.

So today I am joining for D.M./M.Ch. _____ Super - Speciality
course in this College and submitting herewith list of ..original certificates and **3 sets of Photo Copies (Self Attested)** thereof along with this application.

I will submit the service bond as per the rules and regulation of Government of
Maharashtra (Prescribed Format)

Fee Details	Amount	TOTAL	D.D. No.	Date	Name of Bank
Tuition Fees	152100	1,70,100/-			
Development Fee	5000				
Admission Fee	1500				
Gymkhana Fee	500				
Library Fee	1000				
Hostel Rent	4000				
Library Deposit	2000				
Resident Deposit	4000				

Thanking you,

Yours faithfully

Signature of Student : - _____

Name of Student : - _____

Student Information Details :-

Course Name					Date of Admission: / /2025	PHOTO
Full Name of the Student <i>(capital Letter)</i> <i>(as per Last Degree Acquired)</i>					
	LAST NAME (SURNAME)	FIRST NAME	MIDDLE NAME	MOTHER NAME		
English						
मराठी						
Date of Joining to the college		/ /2026				
Address for temporary with pincode						
Address for Permanent with pincode						
Student Email-Id				Gender	Male / Female	
Student whatapps Mob. No.				Parents whatapps Mob. No		
Date of Birth <i>(DD/MM/YYYY)</i>				Birth Place-		
Blood Group-				Nationality-		
Country-				Domicile-		
State-				Aadhaar No.-		
Do you have voting Card?	Yes / No			Voter ID No.:-		
Physically Handicapped-	Yes / No			Would You Like to Donate Organ	Yes / No	
Religion:-			Category of the Student-			
Sub-Caste of Student-			Category of Admission-			
Caste certificate is issued from which Sub Divisional Office			Caste Certificate Number			
Caste Certificate date of issue <i>(dd/mm/yyyy)</i>			Validity Certificate Number <i>(i.e.Sr.No.)</i>			
Validity certificate date of issue. <i>(dd/mm/yyyy)</i>			Validity Certi. is issued from which District			
NCL Certificate date of issue. <i>(dd/mm/yyyy)</i>			NCL Certificate Number <i>(i.e.Sr.No.)</i>			
NCL Certificate date of Valid <i>(dd/mm/yyyy)</i>			Type of Quota-	All India / State		
Central/State council permanent Reg. No.-			Central/State council permanent Reg. Valid upto.	- / /20		
Special Reservation-DEF/PWD/HA/MKB/OTHER			Other Reservation Details-	Cet Type- NEET PG		
NEET Marks out of Obtained Mark-	/		Percentile-			

Neet Month and Year of Passing-		Last Degree Acquired from MUHS	Yes / No
NEET Roll No.-		NEET All India Rank-	
MBBS College Name & University Name			
PG College Name & University Name			
UG Bond Complete Yes/No	UG Bond release Certi. No. & Date:-		
PG Bond Complete Yes/No	PG Bond release Certi. No. & Date:-		
In-Service Quota, If any		Have you completed Bond Service-	Yes / No / NA
Internship period	/ /20 To / /20		Other Details, If any
Qualification Details			
University Name			
Passing Month & Year-	/ /20		
<p style="text-align: center;">Student Sign :-</p> <p style="text-align: center;">Name :-</p> <p style="text-align: center;">Date :-</p>			

(VERY IMPORTANT)

NOTICE FOR Ist Year D.M./M.Ch. (2025-2026) STUDENTS

Sub. : - Regarding Eligibility Procedure to be done by DM/M.Ch. students (2025-2026 Admission)

With reference to above mentioned subject, all students admitted for D.M./M.Ch. course should complete the following procedure for the Eligibility of Maharashtra University of Health Sciences, Nashik.

1. All students should scan all their documents as per the list in one folder each document size must be less than 500 kb & give documents file name as per list attached.
2. Submit this folder along with the admission form to student section.

Special Instruction

It is hereby informed to all students that if you do not complete the eligibility procedure within the stipulated time, you will be solely responsible for any action taken by Maharashtra University of Health Sciences, Nashik.

Following original certificates required for **Super - Speciality Degree** courses Admission

Sr. No.	List of Documents	Yes / No
1.	Allotment Letter issued by MCC	
2.	Admit card issued by NBE	
3.	Result / Rank Letter issued by NBE	
4.	MBBS Degree Certificate	
5.	MD /MS /DNB Degree Certificate in the concerned Specialty	
6.	Permanent Registration Certificate (Additional Qualification) of MBBS / MS/ DNB issued by NMC or NBE/ State Medical Council. Students, who have completed /are completing post-graduation by 31st Jan, 202 are eligible to apply with provisional certificate.	
7.	SSC Certificate /High School / Higher Secondary Certificate/Birth certificate as proof of date of birth	
8.	Valid Identity Proof Aadhaar Card (with photograph).	
9.	Nationality Certificate issued by District Magistrate, Additional District Magistrate, Chief Metropolitan / Valid passport / Domicile Certificate / Birth Certificate having endorsed with nationality as mention "Indian" on it.	
10.	College Leaving Certificate (LC/TC)	
11.	Migration Certificate (Applicable to Non MUHS Students)	
12.	Affidavit GAP Certificate (if Applicable) (In MUHS Format)	
13.	Medical Fitness Certificate (In MUHS Format)	
14.	Copy of Gazette, Marriage Certificate & Affidavit for Change in Name (if applicable)	
15.	12 th Marksheet	
16.	Xerox Copy of college fee Demand Draft / Fee Receipt	
17.	Mark Sheets of MBBS 1 st , 2 nd & 3 rd Examination	
18.	Internship Completion Certificate	
19.	MBBS Attempt	
20.	Mark Sheets of Post Graduate Examination (MD /MS /DNB)	
21.	Candidate Photograph (With scan)	
Total Number of Documents:-		



(Government of Maharashtra)

राजर्षि छत्रपती शाहु महाराज शासकीय वैद्यकीय महाविद्यालय, कोल्हापुर.

Rajarshee Chhatrapati Shahu Maharaj Government Medical College, Kolhapur

Tel: - (0231) 2641583

E-mail – rcsmlib@yahoo.in

website – www.rcsmgmc.ac.in

No. RCSMGMC/PG /DM/MCh/2025-26/

/2026

Date: - / /2026

CERTIFICATE

This is to certify that Dr. _____ has been provisionally admitted to **Super Specialty** Course in the subject of _____ at this college during the year **2025-26 on** / / **2026**.

The following original certificates in respect of Dr. _____ have been retained in this College and will be submitted to the Maharashtra University Health Sciences, Nashik for Enrollment & Eligibility for **Super Specialty** courses for the year 2025-2026.

Sr. No.	List of Documents	Yes / No
1.	Allotment Letter issued by MCC	
2.	Admit card issued by NBE	
3.	Result / Rank Letter issued by NBE	
4.	MBBS Degree Certificate	
5.	MD /MS /DNB Degree Certificate in the concerned Specialty	
6.	Permanent Registration Certificate (Additional Qualification) of MBBS / MS/ DNB issued by NMC or NBE/ State Medical Council. Students, who have completed /are completing post-graduation by 31 Jan, 2026 are eligible to apply with provisional certificate.	
7.	SSC Certificate /High School / Higher Secondary Certificate/Birth certificate as proof of date of birth	
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9.	Nationality Certificate issued by District Magistrate, Additional District Magistrate, Chief Metropolitan / Valid passport / Domicile Certificate / Birth Certificate having endorsed with nationality as mention "Indian" on it.	
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19.	MBBS Attempt	
20.	Mark Sheets of Post Graduate Examination (MD /MS /DNB)	
21.	Candidate Photograph (With scan)	
Total Number of Documents:-		

1) Verified By Name: - _____ Signature: - _____

2) Verified By Name: - _____ Signature: - _____

DEAN,

**Rajarshee Chhatrapati Shahu Maharaj
Government Medical College, Kolhapur.**

To,
Dr.

Hostel detail for PG Admission :-

Rector name : - Dr. SHANTANU KADAM (Asst. Professor, General Surgery)

**Hostel's Address : - Resident's Hostel, Tulsi Building,
CPR Hospital Campus, Dasara Chowk,
Kolhapur.
PIN - 416002**

Rector's Mob. No. : - 7709049494

Total Rooms : - 30

Room Ratio : - 1 Room is allotted for 3 Students

GAP CERTIFICATE FORMAT

Annexure A

Annexuré - A

Self-Declaration of GAP

Applicant's Photo

I _____ Son / Daughter of _____
_____ aged _____ Occupation _____ resident _____
_____ 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 prosecution and punishment under Indian Penal Code and/or any other law applicable thereto.

Place _____

Applicant's Signature. _____

Date _____

Applicant's Name _____

GAP CERTIFICATE FORMAT

Annexure A

Annexuré - A

Self-Declaration of GAP

Applicant's Photo

I _____ Son / Daughter of _____
aged ____ Occupation _____ resident _____
_____ 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.

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Place _____

Applicant's Signature. _____

Date _____

Applicant's Name _____