RAJARSHEE CHHATRAPATI SHAHU MAHARAJ GOVT MEDICAL COLLEGE, KOLHAPUR

Recent Photo

1	Name of the Student (Full) (As per XII Mark Sheet)					
	(As per All Wark Sheet)	English ((Full)	Ma	arathi or Hindi (Fu	11)
_	Name of the Student					,
2	Father's Name (Full)					
	Mother's Name (Full)					
3	Date of Birth & Place					
4	Permanent Address					
		Mobile	No.		E mail	
5	Student					
	Father					
6	Mother Aadhar Card No. :-		Pland Group:			
7		/TC	Blood Group:-	101		cc.)
	Voter ID No. :-	(If not avail	1	nexure 'C' a	available at college	e office)
8	Nationality:-		Domicile:-			
9	Religion :-	Caste :-		Catego	ory :-	
10	Quota (All India / State / GOI):-		Allotted Catego	ory of Adm	nission:-	
11	Constitutional Category of Ac	lmission:-	Special Reserv (Defense / PWD			
	12th Marks (out of)	Name of 12 ^t	2 th Board :-			
12	Month & Year :-	Total Marks	rks:- Percentage:-			
12	Passing	Physics:-	Chemistry	y:-	Biology:-	
	Seat No:-	English:-	Total(PCB) :- PCB Percentage:-		-	
	NEET Roll No:-	Total:-	/ 720 Total Percentile :-			
13	Month & Year :-	Physics (Per	rcentile) :-	Chemistry	(Percentile):-	
	Passing	Biology(Per	centile):-	·		
1.4	C. A. M. C. T. A. N.			(A ID)		
14	State Merit List No. :-		All India Rank	(AIK) :-		
			DD No:- 1)		Amount:-	
15	Date of Admission (Today's Date) :-		2)		Amount:-	
	(Today & Date)		Bank Name:-		Date:-	
16	School / College last attended	(12 th College)				
17	Father's Occupation :-	_	Father's Annua			
18	Mother's Occupation :- Mother's Annual Income :-					
19	Willingness for Organ Donati	on :-	YES / NO			
20	Retention		YES / NO	Dat	e :-	
Pare	nt's Signature		Student's Signa	ature		

FOR Office Use Only

Quota	State / All India
Allotted Category	
Fees Details	
(DD No., Date & Bank Name)	
Clerk 1	Form & Document Verified Paid Fees Verified
	Sign Date
Verifying Clerk	
Scrutiny Officer 1 Sign	
Scrutiny Officer 2 Sign	
Office Superintendant Sign	
Administrative officer Sign	
Dean / Vice Dean	

Remark:-







Rajarshee Chhatrapati Shahu Maharaj Government Medical College, Kolhapur

Tel:(0231) 2641583	email id:- 1	csmlib@yahoo.in	Fax	: 2645	5279
No.RCSMGMCK/SS/	/2024		Date:-	/ //	2024
This is to certify t	hat Shri / Kum.			has	been
provisionally admitted in the	is college through	State / All India quota	for year 202	24-25 f	for I st
MBBS course under	(allotted Categ	ory) reservation on	/ /2024	& follo	wing
original documents are subr	nitted by him / her	will remain with this col	lege till comp	oletion o	of his
/ her MBBS course.					

A. FOR ALL STUDENTS	1) Nationality Certificate / Passport (Photo Copy).
(COMPULSORY	2) Domicile Certificate (For Maharashtra State Candidates).
REQUIRED DOCUMENTS)	3) S.S.C. Passing Certificate.
	4) 12 th Standard (HSC) Mark Sheet.
	5) NEET - 2024 Mark Sheet.
	6) AADHAAR CARD (Photo Copy)
	7) College Allotment Letter Issued by State CET CELL / MCC.
	8) Physical Fitness Certificate (On Letter Head of MBBS / MD/MS Doctor).
	9) School/College leaving Certificate / Transfer Certificate.
	10) Migration Certificate. (If Applicable)
	11) S.S.C. Marksheet.
	12) NEET - 2024 admit card.
B. FOR SOCIAL	13) Caste Certificate.
RESERVED STUDENTS	14) Caste Validity Certificate.
	15) Non Creamy Layer Certificate Valid Up to 31/03/2025. (for NT-1, NT-2,NT-3, VJ, OBC & SEBC).
C. FOR PWD STUDENTS	16) Person with disability Certificate (PWD) candidates – Disability
	Certificate of Authorized Medical Board.
D. FOR GAP TAKEN	17) Gap Certificate. on Rs. 100/- stamp paper
<u>STUDENTS</u>	
E. FOR DEFENSE	18) Defense Category Certificate As per the Brochure.
<u>CATAGORY STUDENTS</u>	
F. FOR HILLY AREA	19) Parents Domicile for Hilly Area Students
RESERVATION STUDENTS	
G. FOR EBC STUDENTS	20) Parents Annual Income Certificate issued by Executive Magistrate (for
	the year 2024-25 less than Rs. Eight lakhs) for EBC Student
H. FOR EWS STUDENTS	21) Eligibility Certificate for EWS (Issued after 31/03/2024)
I. FOR MKB STUDENTS	22) MKB Claim Certificate As per the Brochure.
Total Documents Submit	ted ()

Total Documents Submitted ()

Dean

Rajarshee Chhatrapati Shahu Maharaj Government Medical College Kolhapur





Rajarshee Chhatrapati Shahu Maharaj Government Medical College, Kolhapur

Tel:(0231) 2641583 email id:- rcsmlib@yahoo.in Fax: 2645279

No.RCSMGMCK/SS/ /2024 Date:- / /2024

Shri / Kum. ______ has been provisionally admitted in this college for year 2024-25 for Ist MBBS course under reservation on ... / /2024. For this course fee structure is as under.

Sr. No.	Particulars	Fee Amount	Open	FOR OBC, SC, ST & NT	EBC& EWS
1	Tuition Fees (Per Annum)	1,38,300/-	1,38,300/-		69,150/-
2	Library Deposit (Refundable)	2,000/-			
3	Library Fee (Per Annum)	1,000/-			
4	Admission Fees (One time)	1,500/-	14,000/-	14,000/-	14,000/-
5	Development Fee (Per Annum)	5,000/-	11,000	11,000	11,000
6	Gymkhana Fees (Per Annum)	500/-			
7	Hostel Rent (Per Annum)	4,000/-			
8	Eligibility Fee (One time)	3200/-		nent of Fees (Online)	

Details of DD to been drawn as follows

	DD Amount	
For Open & All India Candidates (Two Separate DD)	1,38,300/-	14,000/-
For OBC, SC, ST & NT Candidates (One DD)		14,000/-
For EBC & EWS Candidates (Two Separate DD)	69,150/-	14,000/-

Student Welfare, Disaster Management Fund, Self Finance Unit, Pro-rata & Ashwamedha Fee (MUHS Fee) Rs. 1500/- (Cash Pay)

* Payable At :- Kolhapur only

For SEBC Candidates Income Below Rs 8 Lakh (Boys) :- Two DD 1) 69150/- & 2) 14000/- For SEBC EWS & EBC Candidates Income Below Rs 8 Lakh (Girls) :- One DD 1) 14000/-

^{*} Nationalized Bank Demand Draft in favour of :- Administrative Officer, RCSM Govt.

Medical College, Kolhapur

	Name:
	Address
	Date:
To,	
	e Dean,
	SM Govt. Medical College, Kolhapur.
	Sub: Admission to MBBS course for the year 2024 - 2025
Res	spected Sir,
All	I have been selected for MBBS course during the year 2024 - 2025 as per the State / India Round No Dated / /2024 at Govt. Medical College, Kolhapur under (Allotted Category) reservation.
foll	So today I am joining for Ist MBBS course at this College and submitting herewith owing original certificates and 3 sets of Photo Copies (Self Attested) thereof along with this lication.
1) 2) 3) 4) 5) 6) 7) 8)	Nationality Certificate / Passport (Photo Copy). Domicile Certificate (For Maharashtra State Candidates). S.S.C. Passing Certificate. 12 th Standard (HSC) Mark Sheet. NEET - 2024 Mark Sheet. AADHAAR CARD (Photo Copy) College Allotment Letter Issued by State CET CELL / MCC. Physical Fitness Certificate (On Letter Head of MBBS / MD/MS Doctor).
9)	School/College leaving Certificate / Transfer Certificate.
10)	Migration Certificate. (If Applicable)
11)	S.S.C. Marksheet.
12)	NEET - 2024 admit card.
14)	Caste Certificate. (If Applicable) Caste Validity Certificate. (If Applicable) Non Creamy Layer Certificate Valid Up to 31/03/2025. (for NT-1, NT-2,NT-3, VJ & OBC).
16)	Person with disability Certificate (PWD) candidates – Medical Fitness Certificate of Authorized Medical Board.
17)	Gap Certificate. on Rs. 100/- stamp paper (If Applicable)
	Defense Category Certificate As per the Brochure. (If Applicable) Parents Domicile for Hilly Area Students (If Applicable)
22)	Parents Domicile for Hilly Area Students (If Applicable) Parents Annual Income Certificate issued by Executive
	Magistrate (for the year 2024-25 less than Rs. Eight lakhs) for EBC Student
-	Eligibility Certificate for EWS (Issued after 31/03/2024)
25)	MKB Claim Certificate As per the Brochure.
Tha	nking you, Yours faithfully
	(

UNDERTAKING

Date:-	/	120	24
Date:-	,	/ 21	124

I have got admission for 1st MBBS course in RCSM Govt. Medical College, Kolhapur with reference to the State /All India round No. ______ Dated / /2024 from State / All India Quota. Hence, I am joining the MBBS course in your college from Date . / /2024.

As per rules and regulations of Maharashtra University of Health Sciences, Nashik it is mandatory to have minimum 80% attendance for practicals and minimum 75% attendance for lectures to be eligible for appearing the university examination.

If I want to continue getting the benefits of any education Free-ship / Scholarship then I will submit the required application in the prescribed format along with necessary documents within 15 days from the time of seeking admission. In case of any delay in submission of the application and the consequences thereof, I will be solely responsible for the same and will not complain thereafter.

I assure you that I will strictly abide by all the rules and regulations stipulated by college and University. I will immediately let you know the change in address and mobile number of my parents for contact.

I will submit the service bond as per the rules & regulations of Government of Maharashtra.

Following information To be filled by Category Student only

	8		· J
Category of the Student	Sub-Caste of Student	Admitted under Category (For Admission)	AIR / SML
Caste certificate (Yes / No)	Caste certificate is issued from which Sub Divisional Office	Caste certificate Number	Caste certificate Date of Issue
Caste Validity Certificate (Yes / No)	Validity Certificate Number (i.e. Sr. No.)	Validity Certificate Date of Issue	Validity Certificate is issued from which District
Non Creamy layer Certificate (Yes/'No)	Non Creamy layer Certificate (i.e. Sr. No.)	NCL Certificate date of issue	NCL Certificate date of Valid

प्रमाणित करण्यात येते की, वर दर्शविलेली माहीती खोटी किंवा शासनाची दिशाभुल करणारी आढळल्यांस त्यामुळे होणारी कार्यवाही ही बंधनकारक राहील याची मला जाणीव आहे.

तसेच अधिवास प्रमाणञ, जातीचे प्रमाणपञ, जात वैधता प्रमाणपञ, उन्नत गटात मोडत नसलेले नॉन क्रिमीलेअर प्रमाणपञ हया प्रवेशाचे मुळप्रमाणपञे वगळून चार प्रमाणपञाच्या छायांकीत प्रत, प्रत्येकी दोन प्रतित वेगळा संच सादर करणे अनिवार्य आहे.

Place:- Kolhapur. Date:- / / 2024	
Student's Signature	:
Student's Name	:
Parent's Signature	:
Parent's Name	:-

(VERY IMPORTANT)

NOTICE FOR Ist Year MBBS (2024-2025) STUDENTS

Sub. :- Regarding Eligibility Procedure to be done by Ist MBBS students (2024-2025 Admission)

With reference to above mentioned subject, all students admitted for Ist MBBS 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 (Annexure 'B') in One folder. Folder contain each document size must be 250 kb or less than 250 kb & give documents file name as per list attached.
- 2. As per the above instruction keep folder ready Name the folder on pen drive as follow e.g. Ashish Patil (Student Name). 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.

Annexure 'B'

Sr.	Name of Documents	File Names to
No.		be given
1)	Nationality Certificate / Passport (Photo Copy).	1.pdf
2)	Domicile Certificate (For Maharashtra State Candidates).	2.pdf
3)	S.S.C. Passing Certificate.	3.pdf
4)	12 th Standard (HSC) Mark Sheet.	4.pdf
5)	NEET - 2024 Mark Sheet.	5.pdf
6)	AADHAAR CARD (Photo Copy)	6.pdf
7)	College Allotment Letter Issued by State CET CELL / MCC.	7.pdf
8)	Physical Fitness Certificate (On Letter Head of MBBS / MD / MS Doctor).	8.pdf
9)	School/College leaving Certificate / Transfer Certificate.	9.pdf
10)	Migration Certificate. (If Applicable)	10 .pdf
11)	S.S.C. Marksheet.	11.pdf
12)	NEET - 2024 admit card.	12.pdf
13)	Caste Certificate. (If Applicable)	13.pdf
14)	Caste Validity Certificate. (If Applicable)	14.pdf
15)	Non Creamy Layer Certificate Valid Up to 31/03/2025. (for NT-1,NT-2,NT-3, VJ & OBC).	15.pdf
16)	Person with disability Certificate (PWD) candidates – Medical Fitness Certificate of Authorized Medical Board.	16.pdf
17)	Gap Certificate. (If Applicable) on Rs. 100/- stamp paper	17.pdf
18)	Defense Category Certificate As per the Brochure.	18.pdf
19)	Parents Domicile for Hilly Area Students	19.pdf
20)	Parents Domicile for Hilly Area Students	20.pdf
21)	Parents Annual Income Certificate issued by Executive Magistrate (for the year 2024-25 less than Rs. Eight lakhs) for EBC Student	21.pdf
22)	Eligibility Certificate for EWS (Issued after 31/03/2024)	22.pdf
23)	MKB Claim Certificate As per the Brochure. (If Applicable)	23.pdf
24)	a. Tuition Fee Demand Draft	DD 1.pdf
	b. Other Fee Demand Draft	DD 2.pdf

ADMISSION FORM & Annexure 'C' WILL BE AVAILABLE AT COLLEGE

For Any Queries

Whatsapp your Queries on this number ASHUTOSH BHOI 9822337300 NITI URADE 7387912524 KAILAS PATIL 9767579847

(ON WORKING HOURS ONLY)

COLLEGE ADDRESS:- RAJARSHEE CHHATRAPATI SHAHU
MAHARAJ GOVT MEDICAL COLLEGE,
SHENDA PARK, R. K. NAGAR RAOD,
KOLHAPUR. 416012

पदवी, पदव्युत्तर पदवी प्रथम वर्ष अभ्यासक्रमास प्रवेश घेणाऱ्या सर्व मुला/मुलीकडुन
प्रवेशाच्या वेळीच मतदार यादीमध्ये नाव नोंदणी करण्याच्या अनुषंगाने घ्यावयाचे प्रमाणपत्र / हमीपत्र
नमुना.
मी, अभ्यासक्रम :
महाविद्यालयाचे नावः
या महाविद्यालयात प्रथम वर्षात प्रवेश
घेतला असुन मी दिनांकः 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 :

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 / Unani / Occupational Therapy / Physiotherapy / Audiology & Speech, Language Pathology / Prosthetics & Orthotics / BSc Nursing. (Strike, which is not applicable): 1
Address of the Registered Medical Signature Practitioner
Name
Registration No.
Seal of Registered Medical Practitioner
Date: