

Student Admission Form & Information Details :-

Course Name				Date of Admission: / /2025		PHOTO
Full Name of the Student (capital Letter) (as per Last Degree Acquired)					
	LAST NAME (SURNAME)	FIRST NAME	MIDDLE NAME	MOTHER NAME		
English						
मराठी						
Temporary Address with pin code						
Permanent Address with pin code						
Student Email-Id				Gender	Male / Female	
Student Whats app No.				Parents Whats app No		
Date of Birth (DD/MM/YYYY)				Place of Birth		
Blood Group				Physical Mark		
Nationality				Domicile		
Aadhaar No.				Pan No		
Marital Status				Mother Tongue		
Do you have voter Card?		Yes / No		Voter ID No.:-		
Physically Handicapped-		Yes / No		Would You Like to Donate Organ	Yes / No	
Category of the Student				Category of Admission		
Caste of Student				Sub-Caste of Student		
Caste certificate is issued by Sub Divisional Office				Caste Certificate Number		
Date of Caste Certificate issued (dd/mm/yyyy)				Validity Certificate Number (i.e. Sr. No.)		
Date of Validity certificate issued (dd/mm/yyyy)				Validity Certi. is issued from which District		
NCL Certificate date of issue. (dd/mm/yyyy)				NCL Certificate Number (i.e. Sr. No.)		
NCL Certificate Valid upto (dd/mm/yyyy)				Type of Quota-	All India / State	
Central / MMC permanent Reg. No.-				Central / MMC permanent Reg. Valid upto.	/ /20	
Special Reservation- PWD / EWS / SEBC / OTHER				Other Reservation Details-		
NEET PG Marks Obtained Marks & Total Out of Marks		/		Percentile-		

Month and Year of Passing NEET PG -		Last Degree Acquired from MUHS	Yes / No
NEET Roll No.-		NEET All India Rank-	
NEET State Rank-		NEET Application No.	
MBBS College Name			
MBBS College Affiliated University Name			
UG Bond Complete Yes / No	UG Bond release Certi. No. & Date:-		
In-Service Quota, If any		Have you completed Bond Service-	Yes / No / NA
Internship period	/ /20 To / /20		
Other Qualification Details, If any			
Qualification Details			
University Name			
Passing Month & Year-	/ / 20		
Bank Details	Name of Bank	Branch Name	
	Account Number	IFSC Code-	
<div>Student Sign :-</div> <div>Name :-</div> <div>Date :-</div>			



(Government of Maharashtra)

राजर्षि छत्रपती शाहु महाराज शासकीय वैद्यकीय महाविद्यालय, कोल्हापुर.

Rajarshee Chhatrapati Shahu Maharaj Government Medical College, Kolhapur

Tel: - (0231) 2641583

E-mail – rcsmpg@gmail.in

website – www.rcsmgmc.ac.in

No. RCSMGMC/PG /MD/MS/2025-26/

/2025

Date: - / /2025

C E R T I F I C A T E

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

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 **PG Degree** courses for the year 2025-2026.

Sr. No.	List of Documents	Yes / No
1.	Allotment Letter issued by MCC/ State of Maharashtra	
2.	Admit card issued by NBE	
3.	Result / Rank Letter issued by NBE	
4.	Mark Sheets of 1 st , 2 nd , 3 rd & Final MBBS Examination	
5.	MBBS Degree / Provisional Certificate	
6.	Internship Completion Certificate (Internship completion date must be on or before 31 July, 2025)	
7.	Permanent / provisional Registration Certificate issued by MCI or DCI/State Medical Council.	
8.	SSC Certificate /High School / Higher Secondary Certificate/Birth certificate as proof of date of birth	
9.	Valid Identity Proof i.e. PAN Card, Driving License, Voter ID, Passport or Aadhaar Card (with photograph).	
10.	Caste Certificate. (Caste Certificate issued by the competent authority. Sub-caste should be clearly mentioned in the certificate.)	
11.	Caste Validity Certificate	
12.	Non-Creamy Layer Certificate ((VJ) DT-A, NT-B, NT-C, NT-D, OBC, SEBC & SBC Candidates) issued by appropriate authority as specified in the Government Resolutions from time to time and should be valid up to 31/03/2026 or later.	
13.	EWS candidates should produce eligibility certificate in prescribed format issued by appropriate authority, for Academic Year 2025-26.	
14.	Disability Certificate issued from a duly constituted and authorized Medical Board for 21 Benchmark Disabilities as Rights of Persons with Disability Act, 2016 and NMC Norms. No other certificate, issued by any other Authorities / Hospital will be entertained. The format of certificate of Disability is attached as ANNEXURE.	

15.	Bond Release Certificate of UG / Undertaking for no. of attempt for the counseling and as per NEET-PG-2025.	
16.	Online downloaded Application form for State NEET PG 2025 (State Quota)	
17.	Copy of Receipt of online fee payment for Rs.3000/- (State Quota)	
18.	Xerox Copy of college fee Demand Draft / Fee Receipt	
19.	Nationality Certificate / Valid passport or School Leaving Certificate of SSC/HSC. Including the nationality of the candidate as "Indian"	
20.	Certificate from Head of Institute showing that the Medical College / Institute from which the candidate has passed MBBS examination is recognized by NMC/erstwhile Medical Council of India.	
21.	College Leaving Certificate (LC / TC)	
22.	Migration Certificate (Applicable to Non MUHS Students)	
23.	GAP Certificate (if Applicable) as per Annexure - A	
24.	Medical Fitness Certificate	
25.	All India Quota / AIIMS / Central Government Institutes selection letter / Letter from Dean/ Principal stating that the Candidate was admitted for MBBS under 15% quota / AIIMS / Central Government Institution from All India Entrance Examination.	
26.	Copy of Gazette for Change in Name (if applicable)	
27.	12 th Mark sheet	
28.	MBBS Attempt Certificate	
29.	NOC from Directorate of Health Services for In-Service Candidate (if Applicable)	
30.	Orphan Certificate from appropriate authority. (if applicable)	
33.	Bank Passbook (Xerox copy)	
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. _____,

M.D./ M.S. _____, Student.

Name : - _____
Address : - _____
Subject : - M.D./M.S. _____
Date : - _____
Mob. No : - _____

To,
The Dean,
R.C.S.M. Govt. Medical College, Kolhapur.

SUBJECT: - Admission to M.D. / M.S. _____ Post Graduate
Course for the A.Y. 2025-2026.

Respected Sir,

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

So today I am joining for M.D./ M.S. _____ Post Graduate
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	170100			
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 : - _____

Fee structure for Post Graduate course (MD/MS) Course for A.Y. 2025-26 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

For all Students (Two separate DD)		
Sr No	Particulars	Fee Amount
1.	Tuition Fees	Rs. 1,52,100/-
2.	Other Fees	Rs.18,000/-
Nationalized Bank Demand Draft in favour of		<u>Administrative Officer, RCSM Govt. Medical College, Kolhapur</u>
<u>Payable At</u>		<u>Kolhapur</u>

Annexure - B

Following original certificates required with **3 sets of Photo Copies (Self Attested)** for **PG**

Degree course Admission

Sr. No.	List of Documents	Yes / No
1.	Allotment Letter issued by MCC/ State of Maharashtra	
2.	Admit card issued by NBE	
3.	Result / Rank Letter issued by NBE	
4.	Mark Sheets of MBBS 1 st , 2 nd & 3 rd Examination	
5.	MBBS Degree / Provisional Certificate	
6.	Internship Completion Certificate (Internship completion date must be on or before 31th July, 2025)	
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19.	Nationality Certificate / Valid passport or School Leaving Certificate of SSC/HSC. Including the nationality of the candidate as "Indian"	
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21.	College Leaving Certificate (LC/TC)	
22.	Migration Certificate (Applicable to Non MUHS Students)	

23.	GAP Certificate (if Applicable) As per Annexure - A	
24.	Medical Fitness Certificate	
25.	All India Quota / AIIMS / Central Government Institutes selection letter / Letter from Dean/ Principal stating that the Candidate was admitted for MBBS under 15% quota / AIIMS / Central Government Institution from All India Entrance Examination.	
26.	Copy of Gazette for Change in Name (if applicable)	
27.	12 th Marksheet	
28.	MBBS Attempt Certificate	
29.	NOC from Directorate of Health Services for In-Service Candidate (if Applicable)	
30.	Orphan Certificate from appropriate authority. (if applicable)	
32.	Candidates I-Card Size Photo (JPEG)	
33.	Candidates Scanned Signature (JPEG)	
34.	Bank Passbook (Xerox Copy)	
Total Number of Documents:-		

(VERY IMPORTANT)

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

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

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

1. All students should scan all their documents in PDF format (photo & sign in jpg. format) as per the list (Annexure - B) in one folder (folder Name as Per Student Name) each document size must be less than 500 kb & give documents file name as per list attached.
2. Submit this folder in PEN DRIVE 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.

POST- GRADUATE 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 your Queries on these numbers

Miss. Rutuja Suresh Nangare (Sawant)

(Sr. Clerk, PG Section): - 7387184879

Mr. Shashank Shripad Pawar

(Jr. Clerk, PG Section) :- 7083790009

Dr. Rahul Choudhary

(Vice- Dean, PG):- 9028236348

(ON WORKING DAY & HOURS ONLY)

MEDICAL FITNESS CERTIFICATE FORMAT

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
	Registration No.
	Seal of Registered Medical Practitioner
Date	

✂.....

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.

GAP CERTIFICATE FORMAT

Annexure A

Annexure - 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 _____