RAJARSHEE CHHATRAPATI SHAHU MAHARAJ
GOVT MEDICAL COLLEGE, KOLHAPUR

Recent Photo

1	Name of the Student (Full) **(As per XII Mark Sheet)**			
2		English (Full)		Marathi or Hindi (Full)
	Name of the Student			
	Father's Name (Full)			
	Mother's Name (Full)			
3	Date of Birth & Place			
4	Permanent Address with PIN code			
5		Mobile No.	Birth Date	E mail
	Student			
	Father			
	Mother			
	Guardian			
6	Aadhar Card No. :-		Blood Group:-	Birth Mark:-
7	Voter ID No. :- (If not available submit Annexure 'C' available at college office)			
8	Nationality:-		Domicile:-	
9	Religion :-	Caste :-		Category :-
10	Quota (All India / State / GOI):-		Allotted Category of Admission:-	
11	Special Reservation :- (Defense / Hilly / MKB / Other / PWD Type & %)		Mother Tongue :-	
12	**12th Marks (out of)**	Name of 12th Board :-		
	Month & Year :- Passing	Total Marks :- Percentage :-		
		Physics:- Chemistry:- Biology:-		
	Seat No:-	English:- Total(PCB) :- PCB Percentage:-		
13	NEET Roll No:-	NEET Total:- / 720 Total Percentile :-		
	Month & Year :- Passing	Physics (Percentile) :- Chemistry (Percentile):-		
		Biology(Percentile):-		
14	State Merit List No. :-	All India Rank (AIR) :-		
15	Date of Admission (Today's Date) :-	DD No:- 1) Amount:-		
		2) Amount:-		
		Bank Name:- Date:-		
16	School / College last attended (12th College) & Address			
17	Father's Occupation :-	Father's Annual Income :-		
18	Mother's Occupation :-	Mother's Annual Income :-		
19	Willingness for Organ Donation :-	YES / NO		
20	Retention	YES / NO Date :-		
Parent's or Guardian's Signature		Student's Signature		

Bank Details of Student

Bank Name:-		Account No.:-	
IFSC No.:-		Branch:-	

FOR Office Use Only

Quota	State / All India	
Allotted Category		
Fees Details **(DD No. , Date & Bank Name)**		
Clerk		Sign & Date
	Form & Document Verified	
	Paid Fees Verified	
Scrutiny Officer 1 Sign		
Scrutiny Officer 2 Sign		
Chairman, Admission Committee		
Vice Dean		

Remark:-

सत्यमेव जयते

Government of Maharashtra

Rajarshee Chhatrapati Shahu Maharaj
Government Medical College, Kolhapur

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

No.RCSMGMCK/SS/ /2026 Date:- / /2026

This is to certify that Mr. / Ms. _____ has been provisionally admitted in this college through State / All India quota for year 2026-27 for Ist MBBS course under ..... (allotted Category) reservation on / /2026 & following original documents are submitted by him / her will remain with this college till completion of his / her MBBS course.

A. FOR ALL STUDENTS (COMPULSORY REQUIRED DOCUMENTS)	1) Nationality Certificate / Passport (Photo Copy). 2) Domicile Certificate (For Maharashtra State Candidates). 3) S.S.C. Passing Certificate. 4) 12th Standard (HSC) Mark Sheet. 5) NEET - 2026 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. Mark sheet.
B. FOR SOCIAL RESERVED STUDENTS	12) Caste Certificate. 13) Caste Validity Certificate. 14) Non Creamy Layer Certificate Valid Up to 31/03/2027. (for NT-1, NT-2,NT-3, VJ, OBC, SBC & SEBC).
C. FOR PWD STUDENTS	15) Person with disability Certificate (PWD) candidates – Medical Fitness Certificate of Authorized Medical Board. Also follow the instructions as per NMC PUBLIC NOTICE dtd. 30-07-2026.
D. FOR GAP TAKEN STUDENTS	16) Gap Certificate. on **Annexure A**
E. FOR DEFENSE CATAGORY STUDENTS	17) Defense Category Certificate as per the Brochure.
F. FOR HILLY AREA RESERVATION STUDENTS	18) Students Hilly Area Certificate 19) Parents Domicile for Hilly Area Students
G. FOR EBC STUDENTS	20) Parents Annual Income Certificate issued by Executive Magistrate (for the year 2025-26 less than Rs. Eight lakhs) for EBC Student (Only Maharashtra Students)
H. FOR EWS STUDENTS	21) Eligibility Certificate for EWS (Issued after 31/03/2026)
I. FOR MKB STUDENTS	22) MKB Claim Certificate As per the Brochure.
J. RELIGIOUS MINORITY	23) Follow the Instructions As per the Brochure 5.11,5.12 & 5.13

Total Documents Submitted ( )

Dean
Rajarshee Chhatrapati Shahu Maharaj
Government Medical College Kolhapur

सत्यमेव जयते

Government of Maharashtra

Rajarshee Chhatrapati Shahu Maharaj Government Medical College, Kolhapur

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

No.RCSMGMCK/SS/ /2026 Date:- / /2026

Mr. / Ms. _____ has been provisionally admitted in this college for year 2026-27 for I[st] MBBS course under ..... reservation on . / /2026. 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)	1,67,300/-	**1,67,300/-**		**83,650/-**
2	Library Deposit (Refundable)	2,000/-	**14,000/-**	**14,000/-**	**14,000/-**
3	Library Fee (Per Annum)	1,000/-			
4	Admission Fees (One time)	1,500/-			
5	Development Fee (Per Annum)	5,000/-			
6	Gymkhana Fees (Per Annum)	500/-			
7	Hostel Rent (Per Annum)	4,000/-			
8	Eligibility Fee (One time)	4000/-	4000 Mode of Payment of Fees (Online) will be as per MUHS instruction after **Final Round.**		

Details of DD to been drawn as follows

	DD Amount	
For Open & All India Candidates (Two Separate DD)	1,67,300/-	14,000/-
For OBC, SC, ST & NT Candidates (One DD) *All Girls of Maharashtra State (including OPEN category) parents having income below 8 Lakh & SEBC girls students must have Non Creamy Layer Certificate*		14,000/-
For EBC, SEBC & EWS for Maharashtra State Candidates (Two Separate DD)	83,650/-	14,000/-

Student Welfare, Disaster Management Fund, Self Finance Unit, Pro-rata & Ashwamedha Fee (MUHS Fee) Rs. 1750/- (Cash Pay)

*** Nationalized Bank Demand Draft in favour of :- Administrative Officer, RCSM Govt. Medical College, Kolhapur**

*** Payable At :- Kolhapur only**

Name: _____

Address_____

_____

Date: _____

To,
The Dean,
RCSM Govt. Medical College, Kolhapur.

Sub: Admission to MBBS course for the year 2026 - 2027

Respected Sir,

I have been selected for MBBS course during the year 2026 - 2027 as per the State / All India Round No. _____ Dated / /2026 at Govt. Medical College, Kolhapur under _____(Allotted Category) reservation.

So today I am joining for Ist MBBS course at this College and submitting herewith following original certificates and **3 sets of Photo Copies** (**Self Attested)** thereof along with this application.

1) Nationality Certificate / Passport (Photo Copy).
2) Domicile Certificate (For Maharashtra State Candidates).
3) S.S.C. Passing Certificate.
4) 12th Standard (HSC) Mark Sheet.
5) NEET - 2026 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) Caste Certificate. (If Applicable).
13) Caste Validity Certificate. (If Applicable).
14) Non Creamy Layer Certificate Valid Up to 31/03/2027. (for NT-1, NT-2, NT-3, VJ, OBC, SBC & SEBC).
15) Person with disability Certificate (PWD) candidates – Medical Fitness Certificate of Authorized Medical Board.
16) Gap Certificate. on **Annexure A** (If Applicable).
17) Defense Category Certificate As per the Brochure. (If Applicable).
18) Students Hilly Area Certificate (If Applicable).
19) Parents Domicile for Hilly Area Students (If Applicable).
20) Parents Annual Income Certificate issued by Executive Magistrate (for the year 2025-26 less than Rs. Eight lakhs) for EBC & EWS Student
21) Eligibility Certificate for EWS (Issued after 31/03/2026).
22) MKB Claim Certificate As per the Brochure.
23) Religious Minority As per the Brochure 5.11,5.12 & 5.13

Thanking you,

Yours faithfully

( )

UNDERTAKING

I have got admission to the MBBS Course at RCSM Government Medical College, Kolhapur through State / All India Quota in State / All India Round No. _____, dated ____ / ____ / 2026. I am therefore joining the MBBS course in your college from ____ / ____ / 2026.

1. I understand that, as per the rules and regulations of the Maharashtra University of Health Sciences, Nashik, I must have a minimum of 80% attendance in practicals and 75% attendance in lectures to be eligible to appear for the University examination.
2. If I wish to avail myself of any Freeship / Scholarship benefit, I will submit the required application in the prescribed format along with all necessary documents within 15 days of admission.
3. I understand that if I fail to submit the Freeship / Scholarship application and required documents within the prescribed time, I will be solely responsible for any consequences arising from such delay. I will not hold the college responsible or raise any complaint in this regard.
4. I assure you that I will strictly follow all the rules and regulations of the College, Maharashtra University of Health Sciences, Nashik, and the Government of Maharashtra.
5. I will immediately inform the college about any change in the address or mobile number of my parents/guardian, so that they can be contacted whenever necessary.

Following information To be filled by Category Student only

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 आढळल्यास 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.

I have read and understood the above conditions and agree to follow them during my MBBS course.

Name of Student: _____

Signature of Student: _____

Mobile No. of Student: _____

Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____

Mobile No. of Parent/Guardian: _____

(VERY IMPORTANT)

NOTICE FOR Ist Year MBBS (2026-2027) STUDENTS

Sub. :- Regarding Eligibility Procedure to be done by Ist MBBS students (2026-2027 Admission)

With reference to the subject mentioned above, students admitted to First Year MBBS are required to complete the following procedure for obtaining Eligibility from the Maharashtra University of Health Sciences, Nashik.

1. All students should scan all their documents in one folder. All certificates should be scanned in PDF format and the file size should be 300 KB or less. The files should be named as per the attached list (as per Annexure 'B').
2. As per the above instructions, a single folder containing all the PDF files should be created. The name of the folder should be the student's full name. (For example, if the student's name is Ashish Gangadhar Patil, the folder name should be exactly **Ashish Gangadhar Patil**.) This folder containing the PDF files should be submitted along with the Admission Form to the Student Section through a Pen Drive.

Special Instruction: All students are hereby informed that if they fail to complete the Eligibility process within the prescribed time limit, they shall be solely responsible for any action taken by the Maharashtra University of Health Sciences, Nashik.

(अत्यंत महत्त्वाचे)

प्रथम वर्ष MBBS (2026-2027) विद्यार्थ्यांसाठी सूचना

विषय :- प्रथम वर्ष MBBS विद्यार्थ्यांनी (2026-2027 प्रवेश) करावयाच्या पात्रता प्रक्रियेबाबत

वरील नमूद विषयाच्या संदर्भात, महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक यांच्या प्रवेश पात्रतेसाठी (Eligibility) प्रथम वर्ष MBBS मध्ये प्रवेश घेतलेल्या विद्यार्थ्यांनी खालील प्रक्रिया पूर्ण करावी.

१. सर्व विद्यार्थ्यांनी त्यांची सर्व कागदपत्रे एका फोल्डरमध्ये स्कॅन करावीत. सर्व प्रमाणपत्रे PDF फॉरमॅट मध्ये स्कॅन करावीत आणि त्याची साईज ३०० KB किंवा त्यापेक्षा कमी असावी. सोबत जोडलेल्या यादीप्रमाणे (परिशिष्ट -B◦प्रमाणे) फाईलचे नाव देणेत यावे.

२. वरील सूचनेनुसार सर्व PDF फाईलचा एक फोल्डर तयार करावा. फोल्डरचे नाव हे विद्यार्थ्याचे पूर्ण नाव असावे. (उदा. विद्यार्थ्याचे नाव Ashish Gangadhar Patil असल्यास फोल्डरचे नाव Ashish Gangadhar Patil असेच असावे.) सर्व प्रमाणपत्राच्या PDF फाईल्सचा फोल्डर प्रवेश अर्जासोबत विद्यार्थी विभागात पेनड्राईव्हमधून जमा करावा.

<u>विशेष सूचना : सर्व विद्यार्थ्यांना याद्वारे सूचित करण्यात येते की, विहित वेळेत पात्रतेची (Eligibility) प्रक्रिया पूर्ण न केल्यास, महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक यांच्याकडून करण्यात येणाऱ्या कारवाईस आपण स्वतः जबाबदार राहाल.</u>

Annexure 'B'

Sr. No.	Name of Documents	File Names to be given
1)	Nationality Certificate / Passport (Photo Copy).	1
2)	Domicile Certificate (For Maharashtra State Candidates).	2
3)	S.S.C. Passing Certificate.	3
4)	12th Standard (HSC) Mark Sheet.	4
5)	NEET - 2025 Mark Sheet.	5
6)	AADHAAR CARD (Photo Copy)	6
7)	College Allotment Letter Issued by State CET CELL / MCC.	7
8)	Physical Fitness Certificate (On Letter Head of MBBS / MD / MS Doctor).	8
9)	School/College leaving Certificate / Transfer Certificate.	9
10)	Migration Certificate. (If Applicable)	10
11)	S.S.C. Mark sheet.	11
12)	Caste Certificate. (If Applicable)	12
13)	Caste Validity Certificate. (If Applicable)	13
14)	Non Creamy Layer Certificate Valid Up to 31/03/2026. (for NT-1,NT-2,NT-3, VJ, OBC, SBC & SEBC).	14
15)	Person with disability Certificate (PWD) candidates – Medical Fitness Certificate of Authorized Medical Board. Also follow the instructions as per NMC PUBLIC NOTICE dtd. 19-07-2025.	15
16)	Gap Certificate. (If Applicable) on **Annexure A**	16
17)	Defense Category Certificate As per the Brochure.	17
18)	Students Hilly Area Certificate.	18
19)	Parents Domicile for Hilly Area Students	19
20)	Parents Annual Income Certificate issued by Executive Magistrate (for the year 2024-25 less than Rs. Eight lakhs) for EBC Student	20
21)	Eligibility Certificate for EWS (Issued after 31/03/2025)	21
22)	MKB Claim Certificate As per the Brochure. (If Applicable)	22
23)	Religious Minority As per the Brochure 5.11,5.12 & 5.13	23
24)	Passbook	24
25)	a. Tuition Fee Demand Draft	DD 1.pdf
	b. Other Fee Demand Draft	DD 2.pdf
26)	Candidates I-Card Size Photo	Photo.jpg
27)	Candidates Scanned Signature	Sign.jpg

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

For Any Queries

Whatsapp your Queries on this number

NITI URADE 7387912524

ASHUTOSH BHOI 9822337300

KAILAS PATIL 9767579847 (Regarding Fee)

(IN WORKING HOURS ONLY)

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

Annexure A
(Marathi Format for GAP)

(वाचा: शासन निर्णय क्र. सीइटी ३५१७/प्र.क्र.१२०/१७/शिक्षण-२ दिनांक ०९/०३/२०१५)

प्रपत्र-अ

स्वयंघोषणापत्र

अर्जदाराचा फोटो

मी.....श्री.....यांचा मुलगा/ मुलगी वय..... वर्षे, आधार क्रमांक (असल्यास) ..... व्यवसाय .... राहणार ....याद्वारे घोषित करतो/करते की,

मी.....या शाळेमधुन .....या वर्षी उच्च माध्यमिक शालांत परीक्षा उत्तीर्ण झाला/झाली असुन मी घोषित करतो/करते की,..... ...ते.....या कालावधीमध्ये मी कोणत्याही शैक्षणिक संस्थेमध्ये प्रवेश घेतलेला नाही. त्यामुळे सदर शैक्षणिक खंड निर्माण झालेला आहे.

वरील सर्व माहिती माझ्या व्यक्तीगत माहिती व समजूतीनुसार खरी आहे. सदर माहिती खोटी आढळून आल्यास, भारतीय दंड संहिता अन्वये आणि/किंवा सबंधित कायद्यानुसार माझ्यावर खटला भरला जाईल व त्यानुसार मी शिक्षेस पात्र राहीन याची पूर्ण जाणीव आहे.

ठिकाण :..... अर्जदाराची सही.....

दिनांक :..... अर्जदाराचे नाव :.....

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 _____

Annexure 'C'

पदवी, पदव्युत्तर पदवी प्रथम वर्ष अभ्यासक्रमास प्रवेश घेणाऱ्या सर्व मुला/मुलींकडुन 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 : .....

ANNEXURE - H

MEDICAL FITNESS

A candidate must be medically fit to undergo the professional course applied for. The medical fitness must be certified by a Registered Medical Practitioner in the prescribed proforma, as given below on a **Letter head** or on this format with original seal and signature.

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 / Homeopathy / Unani / Occupational Therapy / Physiotherapy / Audiology & Speech, Language Pathology / Prosthetics & Orthotics / Naturopathy and Yogic Sciences / BSc Nursing. **(Strike, which is not applicable):**

1. .....
2. .....
3. .....

Address of the Registered Medical Practitioner	Signature
	Name
	Registration No.
Date:	Seal of Registered Medical Practitioner

(Only for All India Quota Caste Validity format for Reserve Category Students)

Annexure – III

Office of the ----------

Outward No. :- Date:- / /20

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 ----------

जावक क्र. दिनांक / /२०

जो कोई भी इससे संबंधित है उसके लिए

प्रमाणपत्र

प्रमाणित किया जाता है की, **श्री /कुमारी** ----------

---------- इनको, तहसिलदार/जिल्हा मॅजिस्ट्रेट ----------

---------- कार्यालय द्वारा निर्गमित किया हुआ जात

प्रमाणपत्र क्रमांक ----------दिनांक वैध है।

तथा, ---------- राज्य में अलग से जात

वैधता प्रमाणपत्र निर्गमित करने का कोई प्रावधान नहीं है।

कार्यालयीन मोहोर

तहसिलदार/जिल्हा मॅजिस्ट्रेट तथा संबंधित अधिकारी के हस्ताक्षर