

**GRANT GOVERNMENT MEDICAL COLLEGE MUMBAI**  
**BSc IN PARAMEDICAL TECHNOLOGY ADMISSION 2025-26**

**DOCUMENTS VERIFICATION PROCESS**

**SCRUTINY FORM**

Date : \_\_/\_\_/2024

Candidate Name : \_\_\_\_\_

Selection List Round : First ☐ second ☐ MOP UP Round ☐

Merit List No : \_\_\_\_\_

Category of Candidate : \_\_\_\_\_

Selection Category of candidate (Category under which candidate selected for admission): \_\_\_\_\_

**(Note : Candidate should arrange the set of original documents and two sets of attested photocopies separately in the order given below for verification.)**

Sr No	Original Documents and Two set of attested Photo copies separately	Yes/No
1	Online downloaded Application form for BSc PMT	
2	Admission fee payment receipt / Demand draft	
3	Any photo ID proof (Aadhar Card /Passport)	
4	Date of Birth Certificate (Must have born before 31/12/2008)	
5	Domicile Certificate of State of Maharashtra	
6	Nationality Certificate/Valid Passport	
7	10th Standard Mark sheet	
8	10th Standard Passing Certificate	
9	12th Standard Mark sheet (PCB/Medical Lab Technician 1,2,3/X-ray technician 1,2,3 Subjects)	
10	12th Standard Passing Certificate	
11	12th College Transfer Certificate/Leaving Certificate	
12	Medical Fitness Certificate as per format duly quoted with Registration Number (Format 1)	
13	Self handwritten/typed Declaration form (format 2)	
14	Personal Information Form	
15	Status Retention Form	
<b>If Applicable</b>		
16	Caste Certificate	
17	Caste Validity Certificate	
18	EWS Certificate	
19	Non-creamy Layer Certificate Valid up to 31/03/2025 (DT/VJ, NT 1, NT 2, NT 3,OBC)	
20	Disability Certificate (For PWD Candidate)	
21	GAP Affidavit by student certified by Executive Magistrate / Notary	
22	Gazette, Marriage Cert. & Affidavit copy in case of change in name	

Deficiency If Any: \_\_\_\_\_

Remark : Eligible / Not Eligible

Eligible for Category : SC/ST/DT/VJ/NT-1/NT-2/NT-3/OBC/EWS/OPEN ☐

Seat Status Retention : Yes ☐ / No ☐

If not Eligible reason(s) : \_\_\_\_\_

Verified By

Name & Sign :  
Scrutiny officer

# **BSc PMT ADMISSION 2025-26**

## **PERSONAL INFORMATION**

Passport  
Size  
Photo

**ADMISSION TO Course** \_\_\_\_\_ **For Year : 2025-26**

1) NAME OF THE STUDENTS: \_\_\_\_\_  
(Surname) (First Name) (Middle Name)

2) ADMISSION FOR SUBJECT : \_\_\_\_\_

3) DATE OF BIRTH : \_\_\_\_\_ 4) Place of Birth: \_\_\_\_\_

5) MOTHER'S NAME : \_\_\_\_\_

6) PERMANENT ADDRESS : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7) LOCAL ADDRESS : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8) MOBILE NO : \_\_\_\_\_ 9) EMAIL ID. \_\_\_\_\_

10) RELIGION : \_\_\_\_\_

11) CATEGORY : \_\_\_\_\_ 12) ADMITTED CATEGORY : \_\_\_\_\_

13) SUB CASTE : \_\_\_\_\_

14) DATE OF ADMISSION : \_\_\_\_\_

15) DETAILS OF ADMISSION FEES PAYMENT :

1) DEMAND DRAFT NO 1 - \_\_\_\_\_ DATE: \_\_\_\_\_ AMOUNT : \_\_\_\_\_

2) DEMAND DRAFT NO 2 - \_\_\_\_\_ DATE: \_\_\_\_\_ AMOUNT : \_\_\_\_\_

Date :

SIGNATURE OF THE STUDENT

(Name of Student: \_\_\_\_\_)

**FORMAT 1**  
**MEDICAL FITNESS CERTIFICATE**

✂.....

**CERTIFICATE OF MEDICAL FITNESS**

This is to certify that I have conducted clinical examination of Mr / Miss. .... who is desirous of admission to B.Sc PMT Courses.

He/she has not given any personal history of any disease incapacitating him/her to undergo the B.Sc PMT course. Also, on clinical examination it has been found that he/she is medically fit to undergo the B.Sc PMT course .

- (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 B.Sc PMT applied for. The medical fitness must be certified by a Registered Medical Practitioner in the prescribed Proforma, as given above on a **Letterhead**.

## **FORMAT 2**

### **DECLARATION FORM**

#### **BSc PMT ADMISSION 2025-26**

I (Name of Student)\_\_\_\_\_ selected for BSc PMT Course (Subject :\_\_\_\_\_) hereby declare that the information given/uploaded by me in the application is factually correct and true to the best of my knowledge and belief. I undertake that in the event of any information being found false or incorrect at any stage, my candidature is liable to be cancelled and I will have no claim on the seat allotted to me.

I agree if admitted I will abide to the rules and regulations in force time to time. I have carefully gone through all the rules and give an undertaking that I shall abide by the decisions of the Dean. I also understand that I am at risk of being deregistered if I do not diligently pursue my graduate study to the satisfaction of my teacher and institute.

Date:

Signature of Student

Place :

Name of Candidate :

Mobile No :

E-mail ID :

**(STATUS RETENTION FORM)**

Date :     /     /2025

To,  
The Dean,  
Grant Government Medical College,  
Mumbai - 08

Respected Sir,

I Mr/Miss \_\_\_\_\_ (Name of Candidate) wish to retain the seat allotted to me for BSc PMT Course for Subject \_\_\_\_\_ for the academic year 2025 at Grant Government Medical College Mumbai - 08.

## DECLARATION

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 2025. I also declare that I will not ask for reconsideration of my name for further selection process.

Yours' Faithfully

Date :     /     /2025

Signature :

Place:

Name of Candidate :

Mobile No :

E-mail ID :

Submitted for necessary action .

Date :     /     /2025

Signature of DEAN:

Place:

SEAL