



महाराष्ट्र शासन
GRANT GOVT. MEDICAL COLLEGE &
+ SIR J.J. GROUP OF HOSPITALS, MUMBAI +
(GOVERNMENT OF MAHARASHTRA)

ग्रॅंट शासकीय वैद्यकीय महाविद्यालय व सर ज.जी.समुह रुग्णालये, मुंबई - ४००००८
Tel.No.373 55 55, 373 1144 ; Fax No.373 55 99; e-mail - gmcastha34@gmail.com

क.ग्रॅंशावेम/शेवि/आ.औ.प्र/पीजी/प्रवेश २०२५-२६/८५८६/२०२६.

दिनांक: २८/१२/२०२६

कार्यालयीन आदेश

विषय:- शैक्षणिक वर्ष २०२५-२०२६ आधुनिक औषधशास्त्र प्रमाणपत्र अभ्यासक्रम प्रवेश.

संदर्भ:- १) शासन निर्णय क्र.एमएचसी २०१४/प्र.क्र.३०८/१४/शिक्षण-२, दि.१३ ऑगस्ट २०१४

२) मआविपत्र क्र.मआविपत्र/युजी/ई-१/११६४/२०२५ दिनांक-२४/१२/२०२५

उपरोक्त संदर्भाधीन विषय व संदर्भाधीन महाराष्ट्र आरोग्य विज्ञान विद्यापीठ नाशिक यांचेकडून या महाविद्यालयात आपली शैक्षणिक वर्ष २०२५-२०२६ करिता आधुनिक औषधशास्त्र प्रमाणपत्र अभ्यासक्रमाकरीता विद्यापीठाकडून निवड यादी प्राप्त झालेली आहे. तदनुसार निवड यादीतील विद्यार्थ्यांना या महाविद्यालयात तात्पुरत्या स्वरूपात रुजू करून घेण्यात येईल. आपला प्रवेश विद्यापीठाकडून पात्रता प्रमाणपत्र मिळाल्यावर निश्चित होईल. आपण सदर प्रवेशाकरीता आपली सर्व मुळ प्रमाणपत्रे व साक्षांकित दोन प्रती व अभ्यासक्रमाचे शुल्क रुपये ५०,०००/- इतक्या रक्कमेचा घनाकर्ष **Modern Pharmacology, Grant Govt. Medical College, Mumbai.** (खाते क्र. ५०२९२०१०१२७३४४, IFSC: CNRB0015029 कॅनरा बँक, भायखला, मुंबई या नावे बनवून या महाविद्यालयात प्रवेशाकरीता उपस्थित रहाव. अभ्यासक्रमाच्या पाठ्यक्रमाबाबत प्राध्यापक व विभाग प्रमुख, औषधशास्त्र विभाग यांच्याशी संपर्क साधावा.

From 1/1/2026



Palvi
29/12/25

उपअधिष्ठाता,

ग्रॅंट शासकीय वैद्यकीय महाविद्यालय, मुंबई.

VICE DEAN,

Grant Government Medical College, Mumbai

प्रति,

मआविपत्र निवड यादीतील सर्व विद्यार्थी

प्रत- माहिती व त्वरीत कार्यवाहिकरिता...

- १) प्राध्यापक व विभाग प्रमुख, औषधशास्त्र विभाग, ग्रॅंट शासकीय वैद्यकीय महाविद्यालय, मुंबई.
- २) प्राध्यापक व विभाग प्रमुख, औषधवैद्यकशास्त्र विभाग, ग्रॅंट शासकीय वैद्यकीय महाविद्यालय, मुंबई.
- ३) प्राध्यापक व विभाग प्रमुख, शल्यचिकित्साशास्त्र विभाग, ग्रॅंट शासकीय वैद्यकीय महाविद्यालय, मुंबई.
- ४) प्राध्यापक व विभाग प्रमुख, पी.एस.एम विभाग, ग्रॅंट शासकीय वैद्यकीय महाविद्यालय, मुंबई.
- ५) प्राध्यापक व विभाग प्रमुख, बालरोगचिकित्साशास्त्र, ग्रॅंट शासकीय वैद्यकीय महाविद्यालय, मुंबई.
- ६) प्राध्यापक व विभाग प्रमुख, स्त्रीरोग व प्रसुतीशास्त्र विभाग, ग्रॅंट शासकीय वैद्यकीय महाविद्यालय, मुंबई.
- ७) कार्यालयीन अधीक्षक, लेखाविभाग, ग्रॅंट शासकीय वैद्यकीय महाविद्यालय, मुंबई



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ग्रंट शासकीय वैद्यकीय महाविद्यालय व सर ज.जी.समूह रुग्णालये, मुंबई-४००००८
Tel.No 2373 55 55, 2373 1144 ; Fax No 2373 55 99; e-mail - gmccad@gmil.com.



Ref.No./GGMC/UG/ModernPharmacology/Fee Notice/ /2025.

Dt. 29/12/2025.

8587

FEES NOTICE

Subject: Payment of Fees for Modern Pharmacology Students (Academic Year 2025-2026)

All Student who want to take admission for Modern Pharamacology Course -2025-26 must following instruction.

- 1) They must bring original set of documents and two attested Xerox copies
- 2) They must bring a DD as follows in favour

Modern Pharmacology, Grant Govt.Medical College,Mumbai-400 008.

1. Tution Fees Rs.50,000/- (Rs. Fifty Thousand Rupees)

They must bring two passport size photographa & one plastic folder.



P. Ravi
29/12/25

VICE DEAN

Grant Govt.Medical College, Mumbai.

VICE DEAN,
Grant Government Medical College, Mumbai

- To,
- 1) Cashier, Account Section.GGMC.Mumbai
 - 2) Notice Board.Academic Section GGms.Mumbai.

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 CCMP Courses.

He/she has not given any personal history of any disease incapacitating him/her to undergo the CCMP course. Also, on clinical examination it has been found that he/she is medically fit to undergo the CCMP 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 CCMP applied for. The medical fitness must be certified by a Registered Medical Practitioner in the prescribed Proforma, as given above on a **Letterhead.**

CCMP 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: _____)

(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 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 : / /2026

Place:

Signature :

Name of Candidate :

Mobile No :

E-mail ID :

Submitted for necessary action .

Date : / /2026

Place:

Signature of DEAN:

SEAL

SCRUTINY FORM
GRANT GOVERNMENT MEDICAL COLLEGE, MUMBAI
Course In "Modern Pharmacology" 2025-2026

Attested original of following documents:

Name of the Candidates-----

Category -----

Mobile No-----

Signature of Candidate

Sr.No	Certificates	Yes	No
1.	MUHS Allotment order		
2.	Photo ID		
3.	Nationality certificate/Domacile certificate/ Photocopy of valid passport duly attested/Birth Certificate endorsed with nationality as mention "Indian" on it (Required any one)		
4.	Passing Certificate / Degree Certificate issued by concerned University for qualifying examination.		
5.	Post Graduate Degree Certificate		
6.	MCH Registration Certificate		
7.	Caste Certificate (If Applicable)		
8.	Caste Validity (If Applicable)		
9.	Non-Creamy layer (If Applicable)		
10.	Medical fitness certificate		
11.	Physically Handicap documents proof (if applicable)		
12.	Leaving / Transfer leaving Certificate		
13.	MCH NOC From Maharashtra Council of Homeopathy Original		
14.	Change of Name (if applicable)		
15.	EWS Certificate (if applicable)		
16.	Undertaking as per Annexure -D		
17.	GAP Affidavit		
18.	Migration certificate (if applicable)		
19.	Final Year Marksheet Xerox		
20.	Annexure D (Undertaking)		

Scrutiny Officer
Sign and Signature

VICE DEAN
GRANT GOVT.MEDICAL College,Mumbai