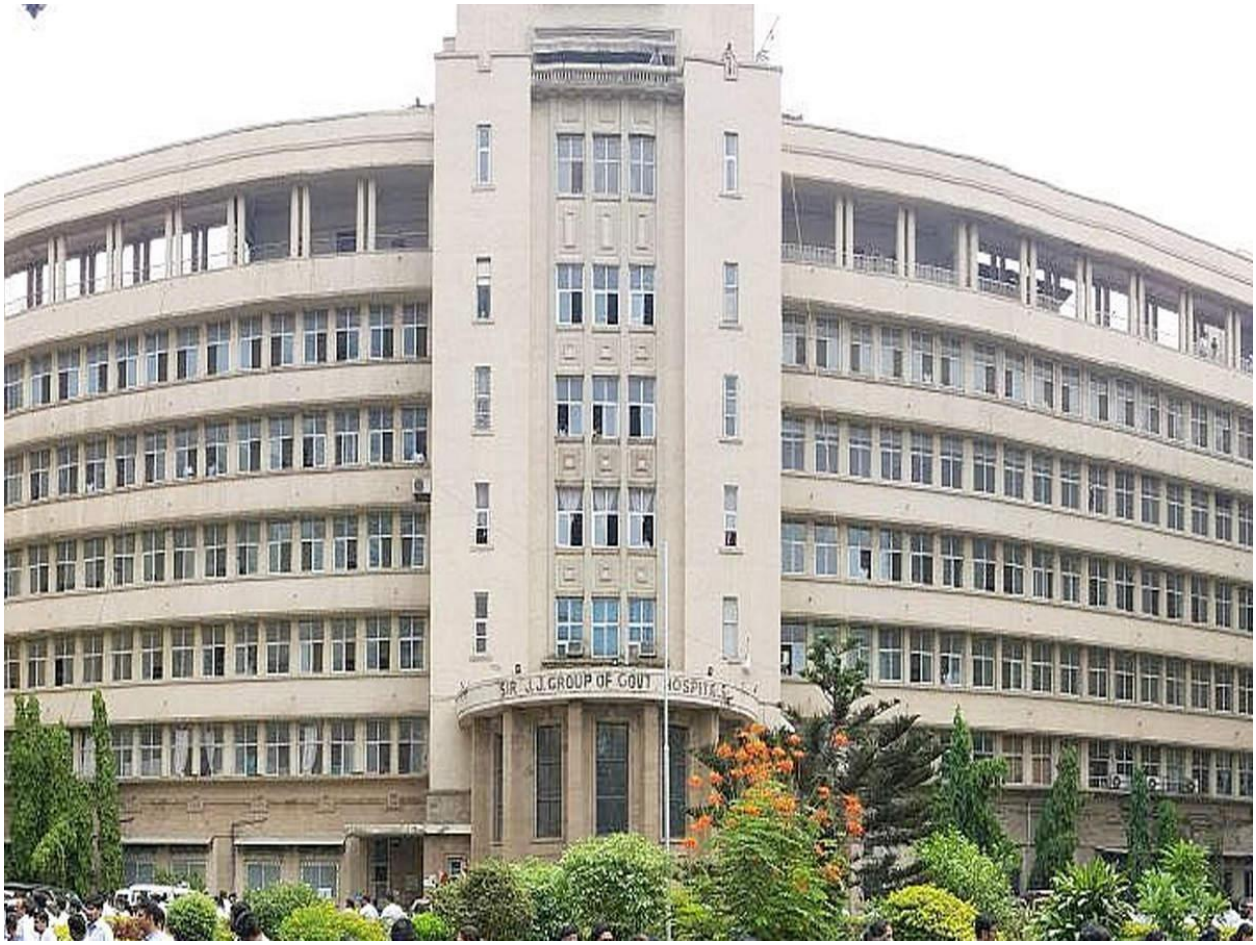
GRANT GOVERNMENT MEDICAL COLLEGE

MUMBAI

Instruction Manual for SS Admission Process 2025-2026



WELCOME

Contact Details for Query : (Between 11.00 to 4.30 PM ONLY)

1. For any query, please call during 11:00 AM to 4:30 PM
   Landline Number: 2373 55 55 Ext: (2202)
2. Official Email ID: gmcacadpg@gmail.com
3. Official Website:gmcjjh.edu.in

SS- ADMISSIONS PROCESS
GRANT GOVT MEDICAL COLLEGE MUMBAI
(All India Quota)

All students allotted SS seat at Grant Govt. Medical College, Mumbai (Maharashtra) should follow below mentioned instructions for admission:

1. **Download & print this PDF file. READ CAREFULLY ALL DETAILS**
2. **Student should report to the college in the morning for getting done the admission process on the same day.**
3. **Student should report personally for admission/admission cancellation in case of up gradation. PROXY will not be allowed for admission process/Cancellation of admission.**
4. **Print and fill 1copy of Scrutiny Form.**
5. **Print and fill 1copy of Candidate information.**
6. **Print and fill 1 copy of Medical Fitness in the prescribed format ONLY.**

7. All **original documents** enlisted in the scrutiny form will be compulsorily required for admission. Additionally, student should submit **2 sets of SELF ATTESTED photocopies** of all original documents.

8. All original Documents **Individually SCANNED in PDF format only** will be compulsorily required during admission. Student should scan document properly through computer scanner (Size 200 kb only). **Please don't use mobile scanner for scanning documents.** Individual Original Documents should be scanned and renamed properly.

   e.g. Nationality certificate after scanning should be renamed as **Nationality-Name of Student.**

   Prepare Folder and rename it with Name of the student, keep all scan documents in this folder for submission during admission. **Scan documents will be accepted only in Pen Drive.**

9. Fees: Demand drafts (DD) of complete fees will be required during admission process. Kindly note that DD should NOT have any errors/spelling mistakes in the name of DD as desired. **Error/spelling will not be acceptable, such DD will be rejected**. **No cash/online transactions will be acceptable. DD should be in the name of "The Dean Grant Govt. Medical College, Mumbai".**

10. Other Letters if required will be taken at the time of admission (within the rules thereof)

11. Submit Recent Passport size photos (3 copies).

12. The institute is responsible for only admission of student in respective Quota. We will not be available to guide any students for further rounds or rules & regulations of All India Quota. The student should read information brochure/Notifications/Advisory issued by different agencies on official websites. Please don't contact institute admission cell for any such information's.

13. As per the information brochure issued by the State commissioner of Maharashtra for the current academic year, under the clause of Penalty & Bond, non-completion of Senior residency tenure & for lapse of seat, or admission cancellation after cut-off date, the student must pay an amount of Rs.20,00,000/- (twenty lacs). In such case, returning of original documents will be done only after receipt of penalty amount. The deposited fees will also be non-refundable.

14. As per Government Resolution (G.R. No. Med 1017/CR-171/17/Ed-2, dated 12th October 2017 and any G.R. issued in this regard from time to time), candidates joined against the seats of Government / Municipal corporation colleges for admission to Super Specialty courses through All India Quota will be required to sign a bond to serve the Government of Maharashtra or Local Self Government or Defense Services for a period of Two years, failing which he/she will be required to pay Rs.2,00,00,000/- (Rupees Two Crore Only) for the default.

15. **Kindly note…. Admission Process requires verification and approval. No student will be given Joining letters urgently.**

16. **For any query, please call during 11:00 AM to 4:30 PM.**
    Landline number:
    Direct Number: 2373 55 55 Ext:(2202)
    Don't call on personal Mobile number of Dean available on mcc website, it is given for administrative use by MCC ONLY.

SS ADMISSION - 2025

SCRUTINY FORM

Name of the Student - _____ **Date:-** **/** **/2026**

Admission Quota - _____ **Rank -** _____

Sr.No.	Essential Documents Required	Yes/No
1	Aadhar Card (Xerox Copy)	
2	Nationality Certificate or Valid Indian Passport attested by Dean	
3	Domicile /Residence Certificate	
4	NEET SS Mark Sheet	
5	NEET SS Admit Card	
6	NEET SS Allotment Letter/List	
7	Passing / Degree Certificate (M.D./M.S./DNB)	
8	MCI Recognized Certificate (M.D./M.S./DNB)	
9	Attempt certificate. (M.D./M.S./DNB)	
10	Marksheets of MBBS 1st, 2nd and 3rd professional examination	
11	MBBS Internship completion certificate	
12	MBBS Degree certificate	
13	Permanent Registration certificate (MMC / MCI / Other State Medical Councils)	
14	Additional Registration Certificate (It is compulsory for students to Register in Maharashtra Medical Council and submit the Certificate)	
15	College leaving certificate / Transfer certificate. (M.D./ M.S. Pass College)	
16	Migration certificate issued by respective University (if applicable).	
17	Self-Educational gap (after qualifying Degree) Affidavit by student certified by executive Magistrate /Notary (If the Gap is more than 6 months after Completion of M.D / M.S/DNB)	
18	Medical Fitness certificate as per attached format	
19	Physically Handicapped certificate by appropriate authority (if applicable)	
20	Undertaking of Bond [Rs.2, 00, 000, 00 (Rs. Two Crore)] on Rs.500/- Bond Paper of 2 years	
21	Voter Id Card Xerox copy	

Deficiency IF any:

(Please Mentioned) Eligible/ Not Eligible -

SCRUTINY OFFICER
(Name & Signature)

SUPER SPECIALITY ADMISSION 2025-26

PERSONAL INFORMATION

Passport Size Photo

ADMISSION FOR DM /M.Ch. COURSE FOR THE YEAR: 2025-26

NAME OF THE STUDENTS: _____
(As per Degree Certificate)

ADMISSION FOR SUBJECT : _____

DATE OF BIRTH : _____

PERMANENT ADDRESS : _____

_____

_____

LOCAL ADDRESS : _____

_____

_____

CONTACT NO : MOBILE NO._____E-MAIL ID :_____

CONTACT NO OF PARENTS : _____ E-MAIL ID : _____

NEET-SS CML NO. : _____Marks_____Percentile_____

POST GRADUATE COURSE :_____ MARKS :_____ PERCENTAGE : _____

PERMANENT REGISTRATION NUMBER -_____

PERMANENT REGISTRATION NUMBER STATE MEDICAL COUNCIL -_____

NAME OF STATE MEDICAL COUNCIL - _____

RELIGION : _____

SUB CASTE : _____

CATEGORY : _____

DATE : SIGNATURE OF THE STUDENTS

FOR DM / MCh

MEDICAL FITNESS CERTIFICATE FORMAT

✂.....

CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted clinical examination of Dr. ..... who is desirous of admission to Medical Super specialty 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 super specialty course (NEET-SS 2024).

(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.
Date	Seal of Registered Medical Practitioner

✂.....

Note:

A candidate must be medically fit to undergo the Medical Super specialty Courses (NEET-SS 2025) applied for. The medical fitness must be certified by a Registered Medical Practitioner in the prescribed Performa, as given above on a **Letterhead.**

GAP AFFIDAVIT FORMAT ON Rs.100/- OR 500/- BOND PAPER

1. I, Dr._____, S/o _____, age _____
R/o :_____hereby solemnly affirm and state on oath as under

   i) That I the deponent have passed MD/MS/DNB _____course Examination in the year _____from _____college.

   ii) That after passing the aforesaid examination in that year did not join any school/college/Institution from year_____.

   iii) That the session _____is the gap year of the deponent.

2. I, Dr _____do hereby solemnly affirm that the contents of this affidavit from paras 1 (i) to 1 (iii) are true and correct to the best of my personal knowledge and belief, I do understand that if the above affirmation is proved to be false, my admission in this institute would be cancelled for which I solely will be responsible.

The above contents are correct to the best of my knowledge and belief. If it is found false I will be liable for punishment under section 199, 200 of I.P.C.

Date : Signature of Candidate

SERVICE BOND ON Rs.500/- BOND PAPER

I _____ admitted to _____ post graduate Super Specialty Course at Grant Government Medical College in the year 2025-26 do solemnly affirm and admit that, I shall be serving the Government of Maharashtra or Local Self Government or Defense Services for a period of **TWO** years, failing which, I will pay to Government of Maharashtra a sum of Rs.2,00,00,000/- (In words Rs. Two Crore only) for the default.

Date : / /2026

Place :

Signature :

Name :

Address :

Mobile No :

UNDERTAKING

I ……, selected through All India Quota for SS admission-2025 at Grant Government Medical College, Mumbai. I have reported on Date:- / /2026.

I undertake to submit the following certificate(s) with 15 days from the date of admission.

1)

2)

3)

4)

5)

6)

I am aware that if I fail to submit above mentioned documents within 15 days, appropriate action will be initiated against me by the administration. It shall be my responsibility to produce all necessary documents and get eligibility from Maharashtra University of Health Sciences, Nashik.

Name:-
Signature of Candidate
Mobile No.
E-mail.

STUDENT LIFE CYCLE MANAGEMENT

(KINDLY FILL THE FORM IN THE CAPITAL LETTERS ONLY)

SEX; M/F_____ DATE OF ADMISSION_____

NEET SS ROLL NO._____ AIR NO _____

NAME OF THE STUDENT (in English)_____

(AS PER HSC MARKSHEET)

NAME OF THE STUDENT (in Marathi)_____

LOCAL ADDRESS_____

_____PIN:_____

PERMANENT ADDRESS_____

_____PIN:_____

DATE OF BIRTH_____ PLACE OF BIRTH_____

DOMICILE STATE_____-

MOBILE NOS:- SELF_____& FATHER/MOTHER_____

LAND LINE NO_____AADHAR CARD NO._____

BLODD GROUP_____MOTHER TOUNGE_____PAN NUMBER_____

S.S.C.PASSING MARKS/OUT OF _____PERCENTAGE_____BOARD NAME_____

SCHOOL NAME_____MONTH &YEAR OF PASSING_____

H.S. C, PASSING MARKS/OUT OF _____PERCENTAGE_____BOARD NAME_____

COLLEGE NAME_____MONTH & YEAR OF PASSING_____

MARKS : PHYSICS :_____CHEM:_____BIO:_____ENG:_____

PCB TOTAL:_____PCBE TOTAL :_____PCB PERCENTAGE_____HSC SEAT NO_____

MBBS, PASSING MARKS/OUT OF _____ PERCENTAGE_____

UNIVERSITY NAME_____

COLLEGE NAME_____MONTH & YEAR OF PASSING_____

PG, Course _____PASSING MARKS/OUT OF _____ PERCENTAGE_____

UNIVERSITY NAME_____

COLLEGE NAME_____MONTH & YEAR OF PASSING_____

NEET SS MARKS_____NEET PERCENTAGE_____NEET PERCENTILE _____

ADMITTED CATEGORY/QUOTA_____STUDENT'S CATEGORY_____

SUB CASTE_____(ALSO FOR OPEN CANDIDATES), **SPL RESERVATION**_____

ANNUAL INCOME: FATHER_____MOTHER_____

SIGNATURE:: CANDIDATE_____FATHER_____

EMAIL ID : (IN CAPITAL)_____NON CREAMY LAYER VALID UPTO _____

FATHER DETAILS :

FULL NAME _____

PERMANENT ADDRESS_____

STATE_____DISTRICT_____PIN CODE_____

MOBILE NO_____LANDLINE_____

FATHER EMAIL ID_____

MOTHER DETAILS :

FULL NAME _____

PERMANENT ADDRESS_____

STATE_____DISTRICT_____PIN CODE_____

MOBILE NO_____LANDLINE_____

FATHER EMAIL ID_____

FATHER OFFICE DETAILS:

OCCUPATION_____OFFICE NAME_____

OFFICE ADDRESS_____

STATE_____DISTRICT_____PIN CODE_____

MOBILE NO_____LANDLINE_____

FATHER OFFICE EMAIL ID_____

MOTHER OFFICE DETAILS:

OCCUPATION_____OFFICE NAME_____

OFFICE ADDRESS_____

STATE_____DISTRICT_____PIN CODE_____

MOBILE NO_____LANDLINE_____

FATHER OFFICE EMAIL ID_____

STUDENT BANK DETAILS:

STUDENT NAME**(as per Bank Account)**_____

BANK NAME_____BANK AC NO_____

BANK IFSC CODE_____

BANK ADDRESS_____

STATE_____DISTRICT_____PIN CODE_____

KINDLY ATTACHED COPY OF HSC MARKSHEET, SELECTION LETTER AND CC ,CVC & EWS

(Kindly fill 1 copies of the above form and bring along with you at the time of Admission)

FEE STRUCTURE POST GRADUATE (DM/MCh)

ADMISSION YEAR 2025-2026			
	SR 1 (First Year)	**SR 2 (Second Year)**	**SR 3 (Third Year)**
Tuition Fee (A)	152100	152100	152100
Other Fee (B)			
Admission Fee	1500	-	-
Vikas Nidhi	5000	5000	5000
Resident Deposite	4000	-	-
Hostel Fee	4000	4000	4000
Librabry Deposite	2000	-	-
Librabry FEe	1000	1000	1000
Gymkhana Fee	500	500	500
Rashtriya Seva Yojana	10	-	-
Total (B)	**18010**	**10500**	**10500**
Total (A+B)	**170110**	**162600**	**162600**

* This Fee Structure is applicable to all category students.

Note: This Fee Structure is applicable to all Three Years for the candidate admitted in the Academic Year 2025-2026.

FEES NOTICE

Subject:- Payment of Fees for Super Specialty Students

(Academic Year 2025-2026)

All Post Graduate (DM / MCh) Students who wants to take admission for Post Graduate course through NEET SS 2025-2026 must follow the following instructions:

1. They must bring original set of documents and two attested photocopies of the same.
2. They must bring two separate DD from a Nationalized Bank (i.e. 1,52,100/- & 18,010/-) in favor of **The Dean Grant Govt. Medical College, Mumbai**. (Payable at Mumbai).

1. Tuition Fees:-1,52,100/- (One Lakh Fifty Two Thousand and One Hundred Only)

2. Other Fees:-18,010/- (Eighteen Thousand & Ten Rupees only)

- **Tuition Fees**:- **Rs.1,52,100/-**
- **Other Fees:-**

Admission Fees:-	Rs.1500/-
Vikas Nidhi:-	Rs.5000/-
Resident Deposit:-	Rs.4000/-
Hostel Fees:-	Rs.4000/-
Library Deposit:-	Rs.2000/-
Library Fees:-	Rs.1000/-
Gym Fees:-	Rs.500/-
Rashtriya Seva Yojana	Rs. 10/-
	Rs. 18,010/-