# GRANT GOVERNMENT MEDICAL COLLEGE & SIR J. J. GROUP OF HOSPITALS, MUMBAI

# MBBS
## ADMISSION 2026


## ADMISSION PROCESS 2026

Information • Eligibility • Documents • Counselling • Fee Structure • Important Dates

INFORMATION | ELIGIBILITY | DOCUMENTS | COUNSELLING | FEE STRUCTURE | IMPORTANT DATES

# GRANT GOVERNMENT MEDICAL COLLEGE MUMBAI

## Instruction Manual for UG Admission Process 2026


# WELCOME

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

1. For Scrutiny of Documents Reporting Timing 10.00 Am to 12.00 Pm
2. Official Email ID: gmcacad@gmail.com
3. Official Website: https://gmcjjh.edu.in/

**DO NOT CALL ON THE PERSONAL NUMBER OF THE DEAN/NODAL OFFICER notified on the MCC website; It is given for the administrative use by MCC/DMER ONLY**

# MBBS ADMISSIONS PROCESS
# Grant Government Medical College, Mumbai
# (All India Quota/ State Quota)

All the selected students of NEET-UG-2026 who have been allotted seat at Grant Government Medical College, Mumbai should follow following instructions and accordingly report with all details required for admission process.

1. Download & print this PDF file. READ CAREFULLY ALL DETAILS
2. Student should report personally for admission / admission cancellation in case of up gradation. PROXY will not be allowed for admission process/Cancellation of admission.
3. Print 2 copies of Scrutiny Form. (All India/State quota separately)
4. All Original documents enlisted in the scrutiny form will be compulsory required for admission.
   - Student should submit 2 sets of SELF ATTESTED Xerox/photocopies of all original documents.
   - Arrange all original and xerox documents according to the sequence given in scrutiny form.
   - All original documents should be scanned separately in PDF format only. Student should scan the documents properly through computer scanner ((Size 500 kb only). Please don't use mobile scanner for scanning documents. Individual Original Documents should be scanned and renamed appropriately.
     e.g. Nationality certificate after scanning should be renamed as Nationality-Name of Student.
   - Send all scanned documents on gmcacadug26@gmail.com.
   - Prepare Folder and name 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.

5. Print and fill 1 copy of
   - Student Profile
   - Student Life cycle management program
   - Application for admission form

6. Medical Fitness should be in the prescribed format ONLY.
7. Print and fill 2 copies of Declaration for hostel accommodation.
8. Fees: Demand draft (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.
9. Other Letters/undertakings if required will be taken at the time of admission if permissible within the rules thereof.

10. Kindly note…. Admission Process requires verification and approval. After document verification as per rules admission letter will be issued.
11. Students are advised to read details of admission process in information brochure/FAQs/other notifications available on mcc website. For state admissions (Maharashtra state) refer state commissioner & admission regulating authority official website (www.mahacet.org).
12. Penalty for Lapse of Seat MBBS Course: Any candidate admited from all india quota and state quota responsible for lapse of MBBS seat at Government College will have to pay penalty of Rs 10,00,000/- (Rs Ten lac only). This penalty is applicable to any candidate resigning a seat after the prescribed date for MBBS course resulting in laps of seat or also fails to complete the course irrespective of admission quota of the candidate as per rule no. 25 NEET UG brochure 2026.
13. The institute is responsible for only admission process. We will not be available/responsible to guide any students for further rounds or rules & regulations of All India/State. 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.
14. Students are strictly advised NOT TO EDIT ANY FORMATS. All formats should be filled by student in his/her own handwriting.
15. **Kindly Note: Other website (Govt/Private) is NOT ALLOWED to display this information on their personal websites. All Candidates to note, Grant Government Medical College, Mumbai has NOT appointed any agency (Govt/Private) for admission process. ADMISSION PROCESS IS ONLY THROUGH MCC PORTAL & STATE CET PORTAL.**
16. Submit all documents in a simple button file folder as below:
    On folder Write your Name, Category, admission Quota & Mobile Number with thick permanent marker.
17. Late Fee of Rs. 50/- Per week per document will be applicable for all pending documents which is not available at the time of admission as per MUHS Eligibility Circular.


**Sd/-**
**DEAN**
**Grant Government Medical College,**
**Mumbai**

# STUDENT'S PROFILE

## (KINDLY FILL THE FORM IN THE CAPITAL LETTERS ONLY)

**STATE/ALL INDIA_____**

SEX; M/F_____ DATE OF

ADMISSION_____

NEET 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_____Nationality_____

DOMICILE STATE_____- PHYSICAL MARK

_____

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_____

**NEET** MARKS_____NEET PERCENTAGE_____

NEET PERCENTILE _____ QUOTA(All India/State) _____

ADMITTED CATEGORY _____STUDENT'S CATEGORY_____

CASTE_____SUB CASTE_____(ALSO FOR OPEN CANDIDATES),

**SPL RESERVATION**_____

ANNUAL INCOME: FATHER_____ MOTHER_____

SIGNATURE:: CANDIDATE_____FATHER_____

**EMAIL ID** : (IN CAPITAL)_____

MOTHER NAME_____NON CREAMY LAYER VALID

UPTO_____INCOME CERTIFICATE_____

NEAREST POLICE STATION NAME &

ADDRESS_____

**FATHER DETAILS :**

FULL NAME _____

Date of Birth _____

PERMANENT ADDRESS_____

STATE_____DISTRICT_____PIN CODE_____

MOBILE NO_____LANDLINE_____

FATHER EMAIL ID_____

**MOTHER DETAILS :**

FULL NAME _____

Date of Birth_____

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 fill 2 copies of the above form and bring along with you at the time of Admission)

**Parents Sign** **Students Sign**

# Student Life Cycle Management Program

Full Name of Candidate:_____

Mobile No. _____Email ID_____

DOB_____ Gender_____

Student Caste Category:_____ _Student Caste:_____

Marital Status:_____

Nationality:_____ Mother Tongue: _____

Religion:_____

IS Minority:_____ Minority:_____Birth Place:_____

Blood Group:_____Height:_____Weight:_____

Gaurdian Name:_____

Physical Mark:_____Father Annual income:_____

PAN Card No._____ Aadhar Card No._____

Emergency Contact Number:_____

Quota Rank:_____ Medium of Instruction:_____

TLC Submitted? Yes/No

Quota:_____Admission Letter No:_____

NEET Exam Date:_____

NEET Roll No:_____ Date of Admission:_____

NEET Marks:_____Percentile:_____

Previous Qualification Details:_____

Course:_____Specialization: _____

Institute Name: _____

Institute Address:_____University/Board:_____

Start Date: _____Enda Date:_____Score:_____

Contact Details:_____

House No:_____Locality:_____Street:_____

Landmark:_____Country:_____State:_____

District:_____Location Type:_____

Post Office:_____PIN Code:_____

Nearest Railway Stn:_____

Nearest Police Station:_ _____

ISD No._____STD No._____Telephone No:_____

Family Member Full Name:_____

Gender:_____ Relation:_____

Date of Birth:_____ Occupation:_____

Mobile No. _____

Email ID:_____

Bank Details:_____

Bank:_____

Branch:_____

Account Type:_____

IFSC Code:_____

Documents required:

1. Signature Scanned

2.Photo

3. Income Proof

4. UG Seat Allotment Letter

5. 12th Passing

6. Address Proof

7. Family Member Adhar card

8. Cancelled Cheque

All Documents (1 to 8) In PDF Format Email on gmcacadug26@gmail.com

# Scrutiny Form For All India Candidate

Received following original documents from Miss / Mr _____

admitted through All India quota /State quota to 1st MBBS course on_____for the academic year 2026-2027 at Grant Govt. Medical College, Mumbai

**This Certificate is the Proof that all original documents mentioned below are submitted by the student to the institute. Once admitted original documents will not be given to student. Original documents will be retained by the institute till the student completes MBBS & Compulsory Bond service.**

| Sr.No. | Original Documents Required | Yes | No |
|---|---|---|---|
| 1 | Nationality Certificate OR Valid Passport attested by Dean OR School Leaving Certificate indicating Nationality as a INDIAN | | |
| 2 | Aadhar Card (Photocopy) | | |
| 3 | SSC (10th) Passing Certificate | | |
| 4 | HSC (10+2) Mark sheet | | |
| 5 | HSC (10+2) Passing Certificate | | |
| 6 | **Copy of Admit card NEET-UG 2026** | | |
| 7 | **Copy of Downloaded Mark sheet NEET-UG 2026** | | |
| 8 | Proof of identity (PAN/ Driving License/ Passport)-Photocopy | | |
| 9 | Provisional allotment letter generated on-line | | |
| 10 | Caste Certificate (if applicable) in prescribed format<br>Note: Format for caste certificate is available in NEET UG Information Brochure available on MCC Website | | |
| 11 | Caste Validity Certificate (if applicable)<br>For Outside Maharashtra students (OMS) Letter from magistrate that yourstate does not issue caste validity certificate will be compulsory as per attached proforma (Annexure E) attached | | |
| 12 | Non-Creamy Layer Certificate… Valid up to 31.03.2027 (if applicable) | | |
| 13 | EWS certificate issued by Competent Authority for the year 2026-2027. (If applicable) Please refer All India Brochure available on MCC website.<br>**(Annexure 5)** | | |
| 14 | School Leaving OR Transfer Certificate | | |
| 15 | Eligibility PWD Certificate - From MCC (If applicable) | | |
| 16 | Medical Fitness Certificate in prescribed Performa (Annexure H) | | |
| 17 | Income certificate issued by competent authority of financial year 2025-2026.<br>(For Maharashtra candidates only- Claiming EBC for fees) | | |
| 18 | Migration Certificate …. for Outside Maharashtra State(OMS) candidates only | | |
| 19 | Self-Education Gap Certificate (Affidavit on Rs.100/- Bond)..if applicable | | |
| 20 | Hostel accommodation declaration (compulsory for all) | | |
| Tuition Fees Demand draft:<br>D.D. No: of Rs. Dt. / / | | | |
| Other Fees: D.D. No: of Rs. Dt. / / | | | |
| *Original Document & xerox sets to be prepared exactly as per above sequence.* | | | |

**Deficiency IF Any:1.**

**2.**

**3.**

**Eligible / Not Eligible :-** ----------

**SCRUTINY OFFICER**
**Name & Sign.**

**Vice Dean**
**Grant Govt. Medical College, Mumbai.**

# Scrutiny Form For State Candidate

Received following original documents from _____

admitted through All India quota /State quota to 1st MBBS course on_____for the academic year 2026-2027 at Grant Govt. Medical College, Mumbai.

**This Certificate is the Proof that all original documents mentioned below are submitted by the student to the institute. Original documents retained by the institute.**

| Sr.No. | Original Documents Required | Yes | No |
|---|---|---|---|
| 1 | Nationality Certificate OR Valid Passport attested by Dean OR School Leaving Certificate indicating Nationality as a INDIAN | | |
| 2 | Domicile Certificate | | |
| 3 | **Aadhar Card (Photocopy)** | | |
| 4 | SSC (10th) Passing Certificate | | |
| 5 | HSC (10+2) Mark sheet | | |
| 6 | HSC (10+2) Passing Certificate | | |
| 7 | **Copy of Admit card NEET-UG 2026** | | |
| 8 | **Copy of Downloaded Mark sheet NEET-UG 2026** | | |
| 9 | Proof of identity (PAN/ Driving License/ Passport)-Photocopy | | |
| 10 | Provisional allotment letter generated on-line | | |
| 11 | Caste Certificate (if applicable) in prescribed format<br>Note: Format for caste certificate is available in NEET UG Information Brochure available on MCC Website | | |
| 12 | Caste Validity Certificate (if applicable) For Outside Maharashtra students (OMS) Letter from magistrate that yourstate does not issue caste validity certificate will be compulsory as per attached proforma (Annexure E) attached | | |
| 13 | Non-Creamy Layer Certificate… Valid up to 31.03.2027 (VJ,NT1,NT2,NT3,OBC including SBC, SEBC) | | |
| 14 | EWS certificate issued by Competent Authority for the year 2026-2027. (If applicable). Please refer information brochure NEET UG 26 State CET Cell. **(Annexure T)** | | |
| 15 | School Leaving OR Transfer Certificate | | |
| 16 | Defense claim(D1/D2/D3): All certificates as per NEET-UG-2026 Information Brochure…(For State quota students only) | | |
| 17 | Eligibility PWD Certificate from MCC (If Applicable) | | |
| 18 | MKB: Disputed area certificate, Mother tongue certificate, SSC/HSC from MKB area…. (For State quota students only) | | |
| 19 | Hilly Area Certificate….(for State quota students only) | | |
| 20 | Orphan Certificate (If Applicable) as per NEET UG Format 2026. | | |
| 21 | Medical Fitness Certificate in prescribed Performa (Annexure H) | | |
| 22 | Income certificate issued by competent authority of financial year 2025-2026. (For Maharashtra candidates only- Claiming EBC for fees) | | |
| 23 | Migration Certificate …. for outside Maharashtra state (OMS) candidates only | | |
| 24 | Self-Education Gap Certificate (Affidavit on Rs.100/- Bond).if applicable | | |
| 25 | Hostel accommodation declaration (compulsory for all) | | |
| Tuition Fees Demand draft:<br>D.D. No: of Rs. Dt. / / | | | |
| Other Fees: D.D. No: of Rs. Dt. / / | | | |
| *Original Document & xerox sets to be prepared exactly as per above sequence.* | | | |

**Deficiency IF Any: 1.**
**2.**
**3.**

**Eligible / Not Eligible :-** ----------

**SCRUTINY OFFICER** **VICE DEAN**

**Name & Sign.** **Grant Govt. Medical College, Mumbai**

# APPLICATION FOR ADMISSION

**STUDENT'S DETAILS (ALL IN CAPITAL)**

RECENT PASSPORT SIZE PHOTOGRAPH

NAME : _____

FULL ADDRESS : _____

_____

_____

Pin Code : _ _ _ _ _ _

MOBILE NO. : _ _ _ _ _ _ _ _ _ _ _ _ _ _

EMAIL ID : _____

PHONE NUMBER OF RESIDENCE WITH STD CODE OR

PARENT'S CONTACT DETAILS : _____

DATE : / /2026,

To,

The Dean,

Grant Government Medical College,

Mumbai.

Sub. : Joining in First Year M. B. B. S. Course at
Grant Government Medical College, Mumbai

Ref. : Neet All India Rank……..
Neet UG Roll No……..

Respected Sir/Madam,

I, the undersigned Shri/Kum. (Full Name In Capital) _____ _____ have been selected for First Year M. B. B. S. Course in Grant Government Medical College, Mumbai as per the selection letter of All India / State list. Kindly enroll me in your esteemed college as First Year

M. B. B. S. student for the Academic year 2026-27

Thanking you,

Yours Faithfully,

(Name)

**UNDERTAKING-NEET-UG ADMISSIONS 2026-27**

# (Online admission Process)

# ONLY FOR ALL INDIA CANDIDATES

I the undersigned hereby confirm that the data submitted during joining ($1^{st}$ / $2^{nd}$ /subsequent rounds) for MBBS through the online process was done in my presence and with my full consent. It will be my full responsibility to thoroughly check the data before final submission.

Upgradation : Yes/No

Name & Sign Witness

(Name & Sign of candidate with date)

Contact No.:

Place :

Date :

# DECLARATION: BY STUDENT & PARENTS
## HOSTEL FACILITY (If applied/allotted)

I,_____is admitted for _____course in the academic year_____at Grant Government Medical College, Mumbai.

I and my parents/Legal guardian have gone through the SOP for hostel accommodation given in the admission manual at the time of Joining. We have clearly understood all rules and regulations mentioned in SOP.

I hereby declare that I am suffering from _____ disease(s) and on treatment. I am receiving following _____ _____drugs for my disease element since_____days/Months/Years. I also declare that I am not hiding any information related to my health issues.

We, hereby undertake and declare that, if hostel accommodation is allotted, I will abide with all the rules and regulation mentioned in the SOP. If I break any rule mentioned thereof in the SOP, I will be liable for appropriate action.

**Signature of Student with Date**

Name of the Student_____
Full Address with Pincode : _____
_____
Mobile No. _____
Email Address : _____

**Signature of Parents / Legal Guardian with Date**

Name of Parents / Legal Guardian _____
Full Address with Pincode : _____

_____
Mobile No. _____
Email Address : _____

**For Maharashtra Student Only (State Quota)**

**M.B.B.S. ADDMISSION FEES STRUCTURE 2026-2027.**

**GRANT GOVERNMENT MEDICAL COLLEGE MUMBAI**

| MBBS FEES STRUCTURE | 2026-2027 | | | | | |
|---|---|---|---|---|---|---|
| | OPEN Category | Reserve Category (SC/ST/VJ/NT) | OBC/SEBC/EWS (For Maharashtra Student's Only) (Those Candidate who are eligible for Scholarship Scheme will be reimbursed tuition Fees) | | OPEN Category Male & Female (For Maharashtra Students Only) Parent's income of Rs. 8.0 lac or Less Income certificate is compulsory (G.R.No.Schorship2024/105/-4 Dated.08/07/2024) | |
| | | | Male | Female | Male | Female |
| Tuition Fees (A) | 167300/- | 00 | 83650 | 00 | 83650 | 00 |
| Library Fee | 1000/- | 1000/- | 1000/- | 1000/- | 1000/- | 1000/- |
| Misc. Fee | 50/- | 50/- | 50/- | 50/- | 50/- | 50/- |
| Total (A) | 168350/- | 1050/- | 84700/- | 1050/- | 84700/- | 1050/- |
| Other Fees (B) | | | | | | |
| Development Fund | 5000 | 5000 | 5000 | 5000 | 5000 | 5000 |
| Admission Fees | 1500 | 1500 | 1500 | 1500 | 1500 | 1500 |
| Caution Money Deposit (CMD) | 3000 | 3000 | 3000 | 3000 | 3000 | 3000 |
| Library Deposit | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 |
| MUHS Rashtriya Yojana Fee | 10 | 10 | 10 | 10 | 10 | 10 |
| Gymkhana Fees | 500 | 500 | 500 | 500 | 500 | 500 |
| Ashvamedhe Fees | 500 | 500 | 500 | 500 | 500 | 500 |
| University Development Fund | 100 | 100 | 100 | 100 | 100 | 100 |
| Misc. & Book bank Fee | 10 | 10 | 10 | 10 | 10 | 10 |
| Total (B) | 12,620/- | 12,620/- | 12,620/- | 12,620/- | 12,620/- | 12,620/- |
| Total (Rs.) A + B | 180970/- | 13,670/- | 97,320/- | 13,670/- | 97,320/- | 13670/- |
| After allotment of hostel following charges will be applicable | | | | | | |
| Hostel Deposit (Only Once) | 1000/- | 1000/- | 1000/- | | | 1000/- |
| Hostel Rent (Per Year) | 4000/- | 4000/- | 4000/- | | | 4000/- |
| Electricity Charges (Per Year) | 36/- | 36/- | 36/- | | | 36/- |

1). One year Internship Training is Compulsory.
2). Total Number of Academic year of MBBS Course is five and half years.
3). This college will not be responsible for any recovery of loan.
4). For EWS Category Male & Female Students **Income certificate is compulsory**
5). Non Creamy Layer Certificate is compulsory for VJNT/OBC/SBC/SEBC

# For All India Quota Students (Reserved & Unreserved)

**M.B.B.S. ADDMISSION FEES STRUCTURE 2026-2027.**
**GRANT GOVERNMENT MEDICAL COLLEGE MUMBAI**

| MBBS FEES STRUCTURE | Reserved & Unreserved |
|---|---|
| **Tuition Fees (A)** | 167300 |
| **Library Fee** | 1000 |
| **Misc. Fee** | 50 |
| **Total (A)** | **168350** |
| **Other Fees (B)** | |
| Development Fund | 5000 |
| Admission Fees | 1500 |
| Caution Money Deposit (CMD) | 3000 |
| Library Deposit | 2000 |
| MUHS Rashtriya Yojana Fee | 10 |
| Gymkhana Fees | 500 |
| Ashvamedh Fees | 500 |
| University Development Fund | 100 |
| Misc. & Book bank Fee | 10 |
| **Total (B)** | **12,620/-** |
| **Total (Rs.) A + B** | **1,80,970/-** |

1). One year Internship Training is Compulsory.
2). Total Number of Academic year of MBBS Course is five and half years.
3). This college will not be responsible for any recovery of loan.
4) Student should Bring Two Sepreate D.D. No 01 : Tuition Fee (A) – **168350**/-
D.D. No 02 : Other Fee (B) – 12620/-

DD in favor of **"Dean, Grant Government Medical College Mumbai"**

5) Online Fees Payment facility is available. (Card & QR Code)

**Demand Draft Details**

# Grant Govt.Medical College, Mumbai

Fees Structure for First Year M.B.B.S. Course Admission for the Academic Year 2026-27.

Please submit Two Demand Drafts in favor of

**"Dean, Grant Government Medical College Mumbai"**

**(Note : Corrections/Alterations/Overwritting will not be Accepted and DD should be payable at Mumbai)**

(Details of amount to be paid is as mentioned below)

D.D. No 01 : Tuition Fee (A) – 1,68,350/-

D.D. No 02 : Other Fee (B) – 12,620/-

**Online Fee Payment facility is available (Card/ QR Code)**

**Note:**

- **Cash / Cheques for fees payment will not be accepted.**
- The demand draft will be deposited in the accounts only after **confirmation of the admission/status retention by the candidate**
- **If students are allotted another college in subsequent rounds of All India / State Quota, the Demand Drafts will be refunded back to the candidate. Candidate will have to pay CASH of Rs.1500/- in the accounts department.**

# Annexture 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 **Letterhead :**

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

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

| | |
|---|---|
| Address of the Registered Medical Practitioner<br><br>Date : | Signature |
| | Name |
| | Registration No. |
| | Seal of Registered Medical Practitioner |

**Note:**

- ✓ A candidate must be medically fit to undergo MBBS courses applied for. The medical fitness must be certified by registered medical practitioner in the above prescribed format ONLY.
- ✓ **If the candidate has claimed PWD seat & allotted a PWD seat**: He / She must submit additionally the current academic year RECENT Physical handicapped certificate (PWD) issued by the authorized agencies only as per the instructions of competent authorities of All India/State quota for the current academic year in information brochures/Notifications/Advisory.

# UNDERTAKING

I ……, selected through All India Quota/ State Quota for Undergraduate admission 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
AIR/Sate Quota : -----
Mobile No.
E-mail.

# ANNEXURE (E)

## IMPORTANT:

Please Note that Any Amendment, Alteration in above information may be made in the future if required.

**OFFICE THE _____**

**_____**

**Outward No:-  Date :-**

**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**

# Annexure T



शासन निर्णय क्रमांकः राआधो ४०१९/प्र.क्र.३१/१६-अ

सामान्य प्रशासन विभाग, शासन निर्णय क्र. राआधो ४०१९/प्र.क्र.३१/१६ अ, दि. ३१.०५.२०२१ सोबतचे सहपत्र

**परिशिष्ट अ**

**महाराष्ट्र शासन**

प्रमाणपत्र क्र.

फोटो

**वर्ष ----------करीता ग्राहय**

**आर्थिकदृष्टया दुर्बल घटकाच्या पात्रतेसाठी प्रमाणपत्र**

**सामान्य प्रशासन विभाग, शासन निर्णय क्र .राआधो/४०१९ प्र.क्र.३१/१६ अ, दिनांक ३१.०५.२०२१ अन्वये**

**(आर्थिकदृष्टया दुर्बल घटकासाठी विहित केलेल्या %१० आरक्षणाचा लाभ घेण्यासाठी)**

प्रमाणित करण्यात येते की, श्री/श्रीमती/कुमारी ---------- श्री/श्रीमती---------- ----------यांचा/यांची मुलगा/मुलगी गाव/शहर----------तालुका ---------- जिल्हा/विभाग ---------- महाराष्ट्र चे रहिवासी आहेत .तो/ती ---------- जातीचे असून जात /पोटजात /वर्ग चे असून सदर जात महाराष्ट्र राज्य लोकसेवा (अनुसूचित जाती, अनुसूचित जमाती ,निरधिसूचित जमाती, (वि.जा.) भटक्या जमाती (भ.ज.) ,विशेष मागास प्रवर्ग (वि.मा.प्र.) आणि इतर मागासवर्ग (इ.मा.व.) यांच्यासाठी आरक्षण) अधिनियम, २००१ (सन २००४ चा महाराष्ट्र अधिनियम क्रमांक ८) यामध्ये नमूद केलेल्या प्रवर्गातर्गत होत नाही.

महाराष्ट्र शासन, सामान्य प्रशासन विभागाचा शासन निर्णय क्र. राआधो ४०१९/प्र.क्र.३१/१६ अ, दिनांक १२.०२.२०१९ अन्वये त्याच्या/तिच्या कुटुंबाचे सर्व स्रोतांचे वर्ष ----------मधील एकत्रित वार्षिक उत्पन्न रु. असून, सदर उत्पन्न रु.८,००,०००/- पेक्षा कमी आहे. त्यामुळे असे प्रमाणित करण्यात येत आहे की, तो/ ती यांचा आर्थिकदृष्टया दुर्बल घटकामध्ये समावेश होतो.

ठिकाण :

दिनांक:

स्वाक्षरी :

नाव :

पदनाम :

हे प्रमाणपत्र अर्जकर्त्याने सादर केलेल्या खालील कागदपत्र/पुरावे यांच्या आधारावर निर्गमित करण्यात येत आहे.

१
२
३

पृष्ठ ८ पैकी ७

# Annexure T



शासन निर्णय क्रमांकः राआधो ४०१९/प्र.क्र.३१/१६-अ

सामान्य प्रशासन विभाग, शासन निर्णय क्र. राआधो ४०१९/प्र.क्र.३१/१६ अ, दि. ३१.०५.२०२१
सोबतचे सहपत्र
Annexure-A

**Government of Maharashtra**

Certificate No :

Photo

**(valid for Year _____)**
**Eligibility certificate for Economically Weaker Section**

(For the purpose of 10% reservation prescribed for Economically Weaker Section vide Government Resolution सामान्य प्रशासन विभाग, शासन निर्णय क्र. राआधो 4019/प्र.क्र.31/16 अ dated 31.05.2021)

**This is to certify that Shri/Smt/Kum ---------- is son /daughter/ward of ---------- ----------He/ She is resident of village / city -- ----------Taluka ---------- District ------- and he /she belongs to ---------- caste/sub caste /class which is not included in the cadres mentioned in the Maharashtra State Public services (Schedule Caste, Schedule Tribes, De-notified Tribes (Vimukta Jati), Nomadic Tribes, Special Backward category and Other Backward Classes) Act, 2001 ( Maharashtra Act No 8 of 2004).**

**As per norms prescribed Vide Government of Maharashtra, General Administration Department, and Government Resolution No. राआधो 4019/प्र.क्र.31/16 अ, dated 12.02.2019. His /Her gross family annual income for Year---------- from all source is Rs.----------/- which is less than Rs.8,00,000/-. Therefore it is certified that he/ she is within category of Economically Weaker Sections.**

Place :

Date :

Signature :

Name :

Designation:

**(This certificate has been issued on the basis of following proof/evidences/documents)**

1.
2.
3.

पृष्ठ ८ पैकी ८

# For all India Quota

ANNEXURE: 5

7

## Proforma for EWS Certificate

**Government of .....**
**(Name & Address of the authority issuing the certificate)**

**INCOME & ASSEST CERTIFICATE TO BE PRODUCED BY ECONOMICALLY WEAKER SECTIONS**

Certificate No. _____ Date: _____

**VALID FOR THE YEAR_____**

This is to certify that Shri/Smt./Kumari _____ son/daughter/wife of _____ permanent resident of _____, Village/Street _____ Post Office _____ District_____ in the State/Union Territory _____ Pin Code_____ whose photograph is attested below belongs to Economically Weaker Sections, since the gross annual income* of his/her 'family"** is below Rs. 8 lakh (Rupees Eight Lakh only) for the financial year _____. His/her family does not own or possess any of the following assets*** :

I. 5 acres of agricultural land and above;
II. Residential flat of 1000 sq. ft. and above;
III. Residential plot of 100 sq. yards and above in notified municipalities;
IV. Residential plot of 200 sq. yards and above in areas other than the notified municipalities.

2. Shri/Smt./Kumari _____ belongs to the _____ caste which is not recognized as a Scheduled Caste, Scheduled Tribe and Other Backward Classes (Central List)

Signature with seal of Office_____
Name _____
Designation _____

| **Recent Passport size attested photograph of the applicant** |
|---|
| |

*Note1:. Income covered all sources i.e. salary, agriculture, business, profession, etc.

**Note 2:The term "Family" for this purpose include the person, who seeks benefit of reservation, his/her parents and siblings below the age of 18 years as also his/her spouse and children below the age of 18 years

***Note 3: The property held by a "Family" in different locations or different places/cities have been clubbed while applying the land or property holding test to determine EWS status.

Annexure 'C'

पदवी, पदव्युत्तर पदवी प्रथम वर्ष अभ्यासक्रमास प्रवेश घेणाऱ्या सर्व मुला/मुलीकडुन प्रवेशाच्या वेळीच मतदार यादीमध्ये नाव नोंदणी करण्याच्या अनुषंगाने घ्यावयाचे प्रमाणपत्र / हमीपत्र नमुना

**हमीपत्र**

मी ....., अभ्यासक्रम : .....

महाविद्यालयाचे नावः .....

..... या महाविद्यालयात प्रथम वर्षात प्रवेश घेतला असुन मी दिनांक 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. यासाठी सोबत जोडलेला नमुना ६, ७ ८ व ८अ व्यस्थितपणे भरलेला आहे.

स्वाक्षरी .....

नाव : .....

# ANNEXURE - G

**PROFORMA FOR**

## NON-CREAMY LAYER CERTIFICATE

*Form of Certificate to be produced by Other Backward Classes, Vimukta Jati (A), Nomadic Tribes (B, C, D) and Special Backward Category and its synonyms belonging to the State of Maharashtra along with Non Creamy Layer Status.*

## PART - A

Documents Verified:

1)

2)

3)

4)

This is to certify that Shri/Shrimati/Kumari ..... son/daughter of..... of Village ..... Taluka ....., District ..... of the State of Maharashtra belongs to the ..... Caste/Community/Tribe which is recognised as a Other Backward Class/ Vimukta Jati(A)/Nomadic Tribe (B,C, D) / Special Backward Category under the Government Resolution No. ..... dated ..... as amended from time to time.

2. Shri/Shrimati/Kumari ..... and/or his/her family ordinarily reside(s) in village ....., Taluka....., District ..... of the State of Maharashtra.

3. This is to certify that he/she does not belong to the persons/sections (Creamy Layer) mentioned in the Government of Maharashtra Gazette, Part-IV-B, dated 29th January 2004, Maharashtra State Public Service (Reservation for S.C./S..T./D.T. (V.J.), N.T., S.B.C. & O.B.C. Act, 2001 and instruction and guidelines laid down in the Government Resolution, Social Justice, Cultural Affairs and Sports & Special Assistance Department No. CBC.1094/CR-86/BCW-V, dated 16th June 1994 and Government Resolution No. CBC.10/2001/CR-111/BCW-V, dated 29th May 2003 as amended from time to time.

4. This Certificate is valid for the period upto 31/03/2027 from the date of issue.

Sr. No. .....

Signature : .....

Place :. .....

Designation : .....

*(with seal of office)*

Dated : .....

*Please delete the words which are not applicable*

*Please quote the name of department and specific number and date of Resolution under which the caste/community/tribe has been recognised as O.B.C., V.J., N.T., of S.B.C. by the Government of Maharashtra.*

*Note:- The term "Ordinarily reside(s)" used here will have the same meaning as in Section 20 of the Representation of the Peoples Act, 1950*

फोटो

कुमार/कुमारी _____

पत्ता: _____

_____

_____

_____

दि.: _____

प्रति,

अधिष्ठाता,

ग्रॅन्ट शासकीय वैद्यकीय महाविद्यालय,

व सर ज. जी. समूह रुग्णालय, मुंबई

विषय: जात प्रमाणपत्र / जात वैधता प्रमाणपत्र / E.W.S. प्रमाणपत्र सत्यतेबाबत.

माननीय महोदय / महोदया,

मी कुमार / कुमारी _____ वय ____ वर्षे, राहणार _____ प्रतिज्ञापुर्वक असे नमुद करतो / करते की, माझे महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक यांच्याशी संलग्नित असलेल्या ग्रॅन्ट शासकीय वैद्यकीय महाविद्यालय, मुंबई या ठिकाणी रा. सा. प्र. प. कक्ष, महाराष्ट्र राज्य (CET) अन्वये, AIR क्र._____, Allotment Letter No. _____, MBBS या अभ्यासक्रमाकरीता शैक्षणिक वर्ष 2026-27 पासून _____ जात प्रवर्गा अंतर्गत प्रवेश प्राप्त झालेला आहे. या प्रवेश प्रक्रिये दरम्यान मी माझे जातीचे प्रमाणपत्र क्र. _____ व जात पडताळणी प्रमाणपत्र क्र. _____ जे मला अनुक्रमे (1)_____ व (2)_____ या प्राधिकरणांकडून प्राप्त झालेले आहेत, ते सत्य आहे. हे मी प्रतिज्ञापुर्वक मान्य करते. सदर प्रमाणपत्र पडताळणी अंतर्गत चुकीचे किंवा खोटे, असत्य किवा बनावट असल्याचे सिध्द झाल्यास, मी महाराष्ट्र शासन / प्रशासकीय नियमानुसार कायदेशिररित्या होणा-या कारवाईस पात्र ठरेन, याची मी ग्वाही देते / देतो. तसेच, सदर प्रवेश प्रक्रिया, प्रवेशाची नोंदणी व पात्रता रद्द ठरु शकते, याबाबत सुद्धा मी ज्ञात आहे.

आपला / आपली विश्वासू

सोबत: प्रमाणपत्रांच्या साक्षांकित केलेल्या
छायांकित प्रती जोडल्या आहेत.

स्वाक्षरी

माझ्या सक्षम माझ्या पाल्याने
प्रतिज्ञापुर्वक स्वाक्षरी केली.

कुमार / कुमारी: _____

आधार कार्ड नं.: _____

मोबाईल नं.: _____

पालकांचे स्वाक्षरी, नाव, व नाते: _____

आधार कार्ड नं.: _____

मोबाईल नं.: _____

(Kindly fill 3 copies of the above form and bring along with you at the time of Admission)

# Contact Information for MBBS Admission Process 2026-27

**Official Address:**
**Grant Government Medical College & Sir J.J. Group of Hospitals.**
**Administrative Building, 6th Floor,Academic Section**,
J J Marg, Noor Baug, Nagpada, Mumbai Central,
Mumbai, Maharashtra 400008.

1. **Contact Information :**
   Contact No: 022-23735555/ Ext(2202)
   Official Email ID : gmcacad@gmail.com
   Official Website: https://gmcjjh.edu.in/

2. **Chief Nodal Officer:**
   Dr. Manjusha Dhawale,
   Mobile No: 9850251351

3. **Deputy Nodal Officer**:
   Dr. Sneha Pawar,
   Mobile No: 8600002407

4. **Office Superintendent:**
   Shubhangi Mirashi
   Mobile No: 9821510001

5. **Senior Clerk:**
   Sachin Malusare
   Mobile No: 9819295134

6. **Cashier:**
   Nitin Patil
   Mobile No: 8779347747

7. **Assistant Cashier :**
   Dnyaneshwar Jadhav
   Mobile No: 9594945141