



## Vilasrao Deshmukh Government Medical College, Latur

Near Old Railway Station, Infront of Rajasthan Vidyalaya, Govt. Hospital Campus, Latur. 413512  
Tel.(02382-249292) Fax No. 02382-253017 Website:- www.gmclatur.org Email:- gmclacademic@gmail.com

### **Document List for Admission in First MBBS 2023-24** **For AIQ15% Quota Candidates**

SN	Documents	SN	Documents
1	NEET-UG 2023 Admit Card & Allotment Letter	13	Caste Certificate (If Applicable) <b>Annexure- IV</b>
2	NEET-UG 2023 Application Form (filled on www.mcc.nic site )	14	Caste Verification Certificate (If Applicable) <b>Annexure- III</b> (As per proforma given by MUHS, Nashik)
3	NEET-UG 2023 Mark Sheet.	15	OBC-NCL as per Central List ( <b>Annexure –V</b> ) As per NEET UG 2023 Information Bulletin)
4	Nationality Certificate / Valid Indian Passport/ School Leaving Cert. of HSC/ 12 <sup>th</sup> Standard indicating Nationality as INDIAN	16	EWS Certificate as per <b>Annexure- VI</b> (As per NEET UG 2023 Information Bulletin)
5	Domicile Certificate	17	Migration Certificate
6	12 <sup>th</sup> Class (HSC or equivalent) Mark Sheet.	18	Gap Certificate (If Applicable) (Affidavit on Rs. 100/- Bond Paper Only) (As per given Format - <b>Annexure- A</b> )
7	12 <sup>th</sup> Class Passing Certificate. .	19	Aadhaar Card
8	10 <sup>th</sup> Class (or equivalent) Mark Sheet	20	Voter ID Card
9	10 <sup>th</sup> Class (or equivalent) Passing Certificate. (for Date of Birth)	21	ID Proof. Indian Passport / PAN Card / Driving License / Aadhaar Card
10	Medical Fitness Certificate (As per given Format - <b>Annexure- H</b> )	22	
11	Leaving Certificate/ Transfer Certificate 12 <sup>th</sup> Class/HSC	23	
12	Person with Disability (PWD) Certificate issued by authorized medical Board by the designated center as per NMC Norms (As per NEET UG 2023 Information Bulletin.)	24	

- 1. Arrange all original Documents in above sequence & submit two sets of attested Xerox copies.**
- 2. Scan All Original Documents in sequence. Prepare separate PDF & JPG image format of the same. Size of each document must be less than 300 kb.**
- 3. Submit above All documents in pen drive at the time of admission.**



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**Fees for AIQ 15%**

**Rs. 1, 37,230/- Fees for All India Quota Candidates**

Candidates should prepare a Demand Draft (DD) in favor  
of

**The Dean, Vilasrao Deshmukh Government  
Medical College, Latur.**

Payable at Latur

&

Amartya Shiksha Yojna Policy's **Rs.797/-** Demand Draft in  
Favor of

**National Insurance Company Ltd.,  
Kolhapur.**

Payable at Kolhapur



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### M.B.B.S 2023-24 Admission Process & instruction for All India 15% Quota Candidates

1. Obtain Application Form from Academic Section, V D Govt. Medical College, Latur.
2. Fill up the Application Form in detail. Incomplete form will be rejected.
3. Prepare a set of Original Documents and two sets of self attested photocopies (Xerox) in the order as mentioned in Application Form.
4. Scan All Original Documents in PDF & JPG image submit in pen drive at the time of admission. Size of each document must be less than 300 kb.
5. Reserve Category Candidates (i.e. SC, ST, and OBC) must submit Caste certificate & Caste Verification certificate (As per proforma given by MUHS, Nashik) at the time of admission.
6. EWS Candidates must submit EWS Certificate.
7. Fees Rs. **1,37,230/-** should be paid through Demand Draft in favor of **Dean, Vilasrao Deshmukh Government Medical College, Latur** Payable at Latur.
8. Amartya Shiksha Yojna Policy's Rs.797/- Demand Draft in Favor of **National Insurance Company Ltd., Kolhapur**. Payable at Kolhapur
9. Candidates who don't have Voter id , they fill the Prescribed format given by MUHS, Nashik.

### Details of Fees for First MBBS (2023-24)

Sr. No	Fee Heads	For AIQ Candidates	Fee Submission
1	Tuition Fee	1,25,700	Per Year
2	Development Fee	5000	Per Year
3	Caution Money	3000	One time
4	Library Deposit	2000	One time
5	Library Fee	1000	Per Year
6	GYM Fee	500	Per Year
7	Book Bank	10	Per Year
8	I-Card	20	One time
	Total	<b>1,37,230</b>	

Note: - Admission Fee Rs. 1500/- (non Refundable) Should Pay in Cash at the time of Admission.

## Certificate Formats

**1. Proforma for Caste Verification Certificate for SC, ST, OBC Candidates.  
(As per MUHS Nashik Annexure –III)**

**2. Proforma for Educational Gap Certificate  
(As per MUHS Nashik Annexure –A)**

**3. Medical Fitness Format (Annexure – H )  
(As Per NEET UG Brochure 2023-24)**

The Medical fitness must be certified by a Registered Medical Practitioner (MBBS or MD only) in given proforma on a Letterhead or on this format with original seal, signature and registration no.

Annexure-III

Office of 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

कार्यालय.....

.....

जावक क्र.

दिनांक :-

जो कोई भी इससे संबंधित है उसके लिए

प्रमाणपत्र

प्रमाणित किया जाता है कि, श्री /कुमारी..... इनको,  
तहसीलदार/जिला मॅजिस्ट्रेट.....कार्यालय द्वारा  
निर्गमित किया हुआ जाती प्रमाणपत्र क्रमांक .....दिनांक.....  
वैध है।

तथा,.....राज्यमें अलगसे जाती वैधता प्रमाणपत्र निर्गमित करने का  
कोई प्रावधान नहीं है।

कार्यालय कि मोहर

तहसीलदार/जिला मॅजिस्ट्रेट तथा  
संबंधित अधिकारी के हस्ताक्षर

**Print This Format and prepare Affidavit on Rs. 100 Bond Paper only**

**Annexure –A**

**Self - Declaration**

**Applicants  
Photograph**

I ..... Son / Daughter of  
..... aged.....Occupation **Education**  
Resident of..... (Village/City)..... (Tahsil)..... (District).....  
..... (State) with UID No. (Aadhaar No).....

Hereby declares 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 Pinal  
Code and /or any other law applicable there to.

Place:-.....

Applicants Signature.....

Date: - .....

Applicants Name:-.....

**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 **Letterhead** 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 / BSc Nursing. **(Strike, which is not applicable):**

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

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