



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 2024-25 **For AIQ15% Quota Candidates**

SN	Documents	SN	Documents
1	NEET-UG 2024 Admit Card & Allotment Letter	13	Caste Certificate (If Applicable) Annexure- 3
2	NEET-UG 2024 Application Form (filled on www.mcc.nic site)	14	Caste Verification Certificate (If Applicable) Annexure- III (As per Proform given by MUHS, Nashik)
3	NEET-UG 2024 Mark Sheet.	15	OBC-NCL as per Central List Annexure –4 (As per NEET UG 2024 Information Bulletin)
4	Nationality Certificate / Valid Indian Passport/ School Leaving Cert. of HSC/ 12 th Standard indicating Nationality as INDIAN	16	EWS Certificate as per Annexure- 5 (As per NEET UG 2024 Information Bulletin)
5	Domicile Certificate	17	Migration Certificate
6	12 th Class (HSC or equivalent) Mark Sheet.	18	Gap Certificate (If Applicable) (Affidavit on Rs. 100/- Bond Paper Only) (As per given Format - Annexure- A)
7	12 th Class Passing Certificate. .	19	Aadhaar Card
8	10 th Class (or equivalent) Mark Sheet	20	Voter ID Card
9	10 th 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 - Annexure- H)	22	
11	Leaving Certificate/ Transfer Certificate 12 th 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 2024 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 MBBS AIQ 15%

Rs. 1, 49,830/- 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 2024-25 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 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 (2024-25)

Sr. No	Fee Heads	For AIQ Candidates	Fee Submission
1	Tuition Fee	1,38,300	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		1,49,830/-	

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

(Proforma for Caste Verification Certificate for AIQ SC, ST, OBC Candidates.

(As per MUHS Nashik Annexure –III)

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 **जात प्रमाणपत्र क्रमांक** **दिनांक**..... वैध है ।

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

**कार्यालय कि मोहर
संबंधित अधिकारी के हस्ताक्षर**

तहसीलदार/जिला मॅजिस्ट्रेट तथा

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

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 passedcourse 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:-.....

Medical Fitness Format (Annexure – H)
(As Per NEET UG Brochure 2024-25)

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 - 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 :	

Certificate of Disability Annexure -3
(As per NEET-UG 2024 Information Bulletin)

Annexure-2

CERTIFICATE OF DISABILITY FOR NEET ADMISSIONS

(As per MCI Gazette Notification No. MCI-18(1)/2018-Med./187262 dated 5th Feb, 2019/
14th May, 2019 for admission to Medical Courses in All India Quota)

Certificate No : 2023-July/XXXX

Certificate Date : 00-XXX-2023

Name of the Designated Disability Certification Centre				PHOTOGRAPH
This to certify that Dr. / Mr. / Ms.				
Age		Son/ Daughter of Mr.		
NEET Roll No.		Rank No.		

Has the following Disability

Disability Details				
Sr No	Disability Type	Type of Disability	Specified Disability	Disability %
1				

Conclusion: Based on quantification of Disability The Disability of candidate is between 40- 80%. Hence, the candidate is eligible to pursue medical education and also eligible to claim PwD reservation.

The Disability Certification Board certifies that the candidate is Eligible for admission in Medical/ Dental courses and to avail 5% PwD reservation as per the NMC/ MCI Gazette Notification.

Eligible for PWD Quota, Eligible for Medical/Dental Course

Functional competency with the aid of **Assistive devices** in case of **Locomotor*/ Visual*/ Hearing* Impairment**, if any. No

Sign & Name:

Assistant Professor
Neurology

Sign & Name:

Associate Professor
Orthopedics

Sign & Name:

Associate Professor
Medicine

Disclaimer : This Certificate is Provisional and will be verified by the allotted college authorities at the time of admission. The candidate may be subjected to diagnostic test to specify the level of disability again at the allotted college in case of any ambiguity. The certificate may be cross verified by the admitting college from the Disability Board from where the certificate has been issued. Hence, the Designated Disability Boards and the candidates are advised to preserve the records for any future reference. The Disability Certificate is valid for this academic session only.

QR CODE

SC ST Caste Certificate Annexure -3
(As per NEET-UG 2024 Information Bulletin)

ANNEXURE-3

PROFORMA FOR SCHEDULED CASTE AND SCHEDULED TRIBE CERTIFICATE

Form of certificate as prescribed in M.H.A., O.M., No. 42/21/49-N.G.S. dated the 28.1.1952, as revised in Dept. of Per- & A.R. letter No. 36012/6/76-Est. (S.CT), dated the 29.10.1977, to be produced by candidate belonging to a Scheduled Caste or a Scheduled Tribe in support of his/her claim.

CASTE CERTIFICATE

This is to certify that Shri/Smt./Kum.*son/daughter* of
.....of village/town* in

district/Division* of the State/Union Territory*

belongs to the Caste/ Tribe which is recognized as a Scheduled
Caste/Scheduled Tribe* under:

- The Constitution (Scheduled Caste) Order, 1950
 - The Constitution (Scheduled Tribe) Order, 1950
 - The Constitution (Scheduled Caste) (Union Territories) Order, 1951
 - The Constitution (Scheduled Tribe) (Union Territories) Order, 1951
1. (as amended by the Scheduled Caste and Scheduled Tribe Lists (Modification) order, 1956, the Bombay Re- organization Act, 1960, the Punjab Re- organization Act, 1966, the State of Himachal Pradesh Act, 1970 the North Eastern Areas (Re- organization) Act, 1971 and the Scheduled Castes and Scheduled Tribes Orders, (Amendment) Act, 1976).
- The Constitution (Jammu and Kashmir) Scheduled Caste Order, 1956.
 - The Constitution (Andaman and Nicobar Islands) Scheduled Tribes Order, 1959.
 - The Constitution (Dadra and Nagar Haveli) Scheduled Caste Order, 1962.
 - The Constitution (Dadra and Nagar Haveli) Scheduled Tribes, Order, 1962.
 - The Constitution (Puducherry) Scheduled Caste Order, 1964
 - The Constitution (Uttar Pradesh) Scheduled Tribes, Order, 1967.
 - The Constitution (Goa, Daman & Diu) Scheduled Caste Order, 1968.
 - The Constitution (Goa, Daman & Diu) Scheduled Tribes, Order, 1968.
 - The Constitution (Nagaland) Scheduled Tribes Order, 1970.
 - The Constitution (Sikkim) Scheduled Caste Order, 1978.
 - The Constitution (Sikkim) Scheduled Tribes Order, 1978.
2. Applicable in the case of Scheduled Caste/Schedule Tribe persons who have migrated from one State/Union Territory Administration:

This certificate is issued on the basis of the Scheduled Caste/Scheduled Tribe* certificate issued to Shri/Smt*
.....
father/mother of
Shri/Smt/Kum* - ____ of village/town* ____ in District/Division* of the State/Union
Territory*
who belongs to the caste/tribe which is recognized as a Scheduled Caste/Scheduled
Tribe* in the State/Union
Territory* issued by the (name of prescribed authority) vide their No.....
---- date

3. Shri*/Smt.*/Kum* and/or his/her* family ordinary reside (s) in village/town* of
the State/Union Territory
of

Signature

Place..... State/Union Territory

** Designation.....

OBC-NCL Annexure - 4
(As per NEET-UG 2024 Information Bulletin)

ANNEXURE-4

PROFORMA FOR OTHER BACKWARD CLASS (OBC-NCL) CERTIFICATE

(Certificate to be produced by Other Backward Class applying for admission to Central Educational Institute (CEIS) under the Government of India)

This is to certify that Shri/Smt./Kum./Dr. _____ Son/Daughter of Shri/Dr. _____ of Village/Town/District/Division in the _____ State belongs to the _____ Community which is recognized as a backward class under:

- (i) Resolution No. 12011/68/93-BCC(C) dated 10/09/93 published in the Gazette of India Extraordinary part I Section I No. 186 dated 13/09/93.
- (ii) Resolution No. 12011/9/94-BCC dated 19/10/94 published in the Gazette of India Extraordinary part I Section I No. 163 dated 20/10/94.
- (iii) Resolution No. 12011/7/95-BCC dated 24/05/95 published in the Gazette of India Extraordinary part I Section I No. 88 dated 25/05/95.
- (iv) Resolution No. 12011/96/94-BCC dated 09/03/96.
- (v) Resolution No. 12011/44/96-BCC dated 06/12/96 published in the Gazette of India Extraordinary part I Section I No. 120 dated 11/12/96.
- (vi) Resolution No. 12011/13/97-BCC dated 03/12/97.
- (vii) Resolution No. 12011/99/94-BCC dated 11/12/97.
- (viii) Resolution No. 12011/68/98-BCC dated 27/10/99.
- (ix) Resolution No. 12011/88/98-BCC dated 06/12/99 published in the Gazette of India Extraordinary part I Section I No. 270 dated 06/12/99.
- (x) Resolution No. 12011/36/99-BCC dated 04/04/2000 published in the Gazette of India Extraordinary part I Section I No. 71 dated 04/04/2004.
- (xi) Resolution No. 12011/44/99-BCC dated 21/09/2000 published in the Gazette of India Extraordinary part I Section I No. 210 dated 21/09/2000.
- (xii) Resolution No. 12015/09/2000-BCC dated 06/09/2001.
- (xiii) Resolution No. 12011/01/2001-BCC dated 19/06/2003.
- (xiv) Resolution No. 12011/04/2002-BCC dated 13/01/2004.
- (xv) Resolution No. 12011/09/2004-BCC dated 16/01/2006 published in the Gazette of India Extraordinary part I Section I No. 210 dated 16/01/2006.
- (xvi) Resolution No. 20012/129/2009/-BC-II dated 04/03/2014 published in the Gazette of India Extraordinary Part I section I no. 63 dated 04/03/2014.

Shri/Smt./Kum. and/or his family ordinarily reside(s) in the _____ District/Division of State.

This is also to certify that he/she does not belong to the persons/section (creamy layer) mentioned in Column 3 of the Scheduled to the Government of India. Department of Personnel & Training O.M. No. 36012/22/93-Estt. (SCT) dated 08/09/93 which is modified vide OM No. 36033/3/2004 Estt. (Res.) dated 09.03.2004 or the latest notification of the Government of India.

Dated:

District Magistrate/Competent Authority Seal

NOTE:

- (a) *The Term Ordinarily used here will have the same meaning as in Section 20 of the Representation of the People Act, 1950.*
- (b) *The authorities competent to issue Caste Certificates are indicated below:*
 - (i) *District Magistrate/Additional Magistrate/1st Class Stipendiary Magistrate/Sub-Divisional Magistrate/Taluka Magistrate/Executive Magistrate/Extra Assistant Commissioner (not below the rank of 1st Class Stipendiary Magistrate.)*
 - (ii) *Chief Presidency Magistrate/Additional Chief presidency Magistrate/Presidency magistrate.*
 - (iii) *Revenue Officer not below the rank of Tehsildar.*
 - (iv) *Sub-Divisional Officer of the area where the candidate and/or his family resides.*
 - (c) *The annual income/status of the parents of the applicant should be based on financial year ending March 31, 2024.*

EWS Annexure - 5
(As per NEET-UG 2024 Information Bulletin)

Annexure-5

Proforma for EWS Certificate

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

INCOME & ASSET 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.