



Vilasrao Deshmukh Government Medical College, Latur

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

O.W.N.VDGMCL/ACAD/CCMP/ADMISSION2025-26/ /2025 DATE: - / /2025.

Provisional Admission Letter Certificate Course in Modern Pharmacology

Candidates Name As (Per MCH) -.....

Mother Name :-----Birth Date-----Birth Place-----

Address -----Pin Code-----

Candidate Mobile No:-.....Whats App Mobile No.....

Email ID.....AADHAR NO.....

MCH Registration Number..... Valid From.....To.....

Candidates Category: - Allotted Category:-.....

Student Signature

Note: - Arrange the set of Original Certificates & Two sets of self attested photocopies separately in the Order given below for the verification.

Sr. No	List of Documents	Yes	No
1	Allotment Letter		
2	Nationality Certificate / Domicile Certificate /Birth Certificate/ Valid Indian Passport.		
3	Passing Certificate		
4	Degree Certificate		
5	MCH Registration certificate with Renewal (update)		
6	Caste Certificate (If applicable)		
7	Caste Validity (If applicable)		
9	Non-Creamy layer (If applicable)		
10	Medical fitness certificate		
11	Leaving / Transfer certificate		
12	NOC from Maharashtra Council of Homoeopathy		
13	Change of Name (If applicable) Marriage, Gazette, Affidavit		
14	EWS Certificate (If applicable)		
15	Undertaking as per Annexure- D		
16	Aadhar Card Colour Xerox		
17	Status Retention		
118	Pen Drive (Above 1 to 18 All Document Scan Pdf Separate Mention Document Name) Photo & Sign & .jpg format		

Received above original documents from Shri./Kum. _____ and he/she is provisionally admitted to CCMP course in this Medical college on dated / /2025

He /She has submitted above Original Certificates & two set of attested photocopies separately and College fees at the time of admission.

Course Fee Rs: 50,000/- D.D. No. _____ Date:- / /2025

Admission Fees :- 1500/- Paid to Cashier Receipt No. _____ Date :- / /2025

Eligibility Fees 6700 Paid Yes/No _____ Clerk Sign



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Undertaking Regarding Deficiency of Certificates

I am selected through _____ round for CCMP admission at Vilasrao Deshmukh Government Medical College, Latur. I have reported on Date: - / /2025.

I undertake to submit the following certificates within 7 Days from the date of admission.

SN	Documents
1	
2	
3	
4	

I am aware of the condition that failure to comply with above mentioned undertaking will lead to official action against me as per the rules and regulations. It shall be my responsibility to produce all necessary documents within stipulated time period and to get eligibility from Maharashtra University of Health Sciences, Nashik.

Name of the Student: -

Mobile No.:-.....

E mail ID: -

Permanent Address:-.....

.....
.....
.....

Date: - / /2025.

Students Signature



CCMP Admission 2025-26

Demand draft 50,000/- in favor of

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

Or

The Dean, VDGMC, Latur

Admission Fees Rs. 1500/-

Paid in Cash to Cashior (Dean Office).

Eligibility Fees Paid in Cash to Admission Clerk
6700/-