

GRANT GOVERNMENT MEDICAL COLLEGE MUMBAI

PG DMLT ADMISSION 2023-24

DOCUMENTS VERIFICATION PROCESS

SCRUTINY FORM

Date : ___/11/2023

Candidate Name : _____

Selection List Round : First /Second /Mop-up

Merit List No : _____

Category of Candidate : _____

Selection Category of candidate (Category under which candidate selected for admission): _____

Sr No	Original Documents and Two set of attested Photo copies separately	Yes/No
1	Allotment Letter/Selection Letter (Online Downloaded from candidate login ID)	
2	Online downloaded Application form for PG DMLT	
3	Admission fee payment receipt / Demand draft	
4	Any photo ID proof (Aadhar Card/Driving Licence/Pan Card/Passport)	
5	Date of Birth Certificate	
6	Domicile Certificate of State of Maharashtra	
7	Nationality Certificate/Valid Passport	
8	10th Standard Mark sheet	
9	10th Standard Passing Certificate	
10	12th Standard Mark sheet	
11	12th Standard Passing Certificate	
12	BSc Mark sheet 1st year, 2nd year, 3rd year	
13	BSc Passing Certificate/Degree Certificate	
14	BSc Attempt Certificate	
15	BSc College Transfer Certificate/Leaving Certificate	
16	Migration Certificate issued by the respective university	
17	Medical Fitness Certificate as per format duly quoted with Registration number	
18	Personal Information Form	
If Applicable		
19	Caste Certificate	
20	Caste Validity Certificate	
21	EWS Certificate	
22	Non-creamy Layer Certificate Valid up to 31/03/2024 (DT/VJ, NT 1, NT 2, NT 3, OBC)	
23	Disability Certificate (For PWD Candidate)	
24	GAP Affidavit by student certified by Executive Magistrate / Notary	
25	Gazette, Marriage Cert. & Affidavit copy in case of change in name	
26	Documentation for In-service candidate 1)Deputation Certificate 2)No objection Certificate 3)University approval certificate for teacher in the concerned subject 4)Experience Certificate	

Deficiency If Any: _____

Remark : Eligible / Not Eligible

Eligible for Category : SC/ST/DT/VJ/NT-1/NT-2/NT-3/OBC/EWS/OPEN

Seat Status Retention : Yes / No

If not Eligible reason(s) : _____

Verified By

Name & Sign :
Scrutiny officer

FORMAT 1

MEDICAL FITNESS CERTIFICATE

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CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted clinical examination of Mr / Miss. who is desirous of admission to Certificate Course in Modern Pharmacology Courses.

He/she has not given any personal history of any disease incapacitating him/her to undergo the PG DMLT course. Also, on clinical examination it has been found that he/she is medically fit to undergo the PG DMLT course .

- 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.
	Seal of Registered Medical Practitioner
Date	

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Note:

A candidate must be medically fit to undergo the PG DMLT applied for. The medical fitness must be certified by a Registered Medical Practitioner in the prescribed Proforma, as given above on a **Letterhead**.

PG DMLT ADMISSION 2023-24

PERSONAL INFORMATION

Passport
Size
Photo

ADMISSION TO Course _____ For Year : 2023-24

1) NAME OF THE STUDENTS: _____
(Surname) (First Name) (Middle Name)

2) ADMISSION FOR SUBJECT : _____

3) DATE OF BIRTH : _____ 4) Place of Birth: _____

5) MOTHER'S NAME : _____

6) PERMANENT ADDRESS : _____

7) LOCAL ADDRESS : _____

8) MOBILE NO : _____ 9) EMAIL ID. _____

10) RELIGION : _____

11) CATEGORY : _____ 12) ADMITTED CATEGORY : _____

13) SUB CASTE : _____

14) DATE OF ADMISSION : _____

15) DETAILS OF ADMISSION FEES PAYMENT :

1) DEMAND DRAFT NO 1 - _____ DATE: _____ AMOUNT : _____

2) DEMAND DRAFT NO 2 - _____ DATE: _____ AMOUNT : _____

Date :

SIGNATURE OF THE STUDENTS
(Name of Student: _____)