

महाराष्ट्र शासन  
**GOVT. MEDICAL COLLEGE, CHHATRAPATI SAMBHAJINAGAR.**  
शासकीय वैद्यकीय महाविद्यालय, छत्रपती संभाजीनगर.  
Phone Numbers: 0240-2402412 – 17 Ext No.322 Fax: 0240-2402418 - 19  
Web site: [www.gmcaurangabad.com](http://www.gmcaurangabad.com) e-mail: [gmcastudentsection@gmail.com](mailto:gmcastudentsection@gmail.com)

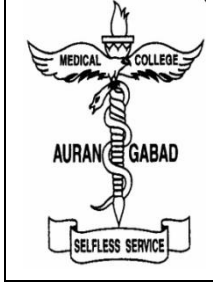
Date: 17/12/2024

## NOTIFICATION

All the selected students for Certificate Course in Modern Pharmacology (CCMP) 2024-25 at Govt. Medical College, Chhatrapati Sambhajinagar should follow following instructions and accordingly report with all details required.

- 1) Download & print this PDF file in 'Two Copies' and fill all the details.
- 2) All original documents enlisted below to be kept in a 'File.'
- 3) Prepare two sets of 'Xerox copies (Attested) According to Holding Certificate.
- 4) The Demand Drafts (D.D.) of Fees should be without any Spelling mistakes.
- 5) Fees will NOT be accepted in cash.

Sd/-  
DEAN  
Govt. Medical College  
Chhatrapati Sambhajinagar



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**GOVT. MEDICAL COLLEGE, CHHATRAPATI SAMBHAJINAGAR.**  
शासकीय वैद्यकीय महाविद्यालय, छत्रपती संभाजीनगर.  
Phone Numbers: 0240-2402412 – 19, 2402028 Fax: 0240-2402418 - 19  
Web site: www.gmcaurangabad.com e-mail: deangmca@gmail.com

No.GMCCS/ACAD/Mod.Pharma.Adm. / /2024 Date:-

**HOLDING CERTIFICATE**  
**CERTIFICATE COURSE IN MODERN PHARMACOLOGY**

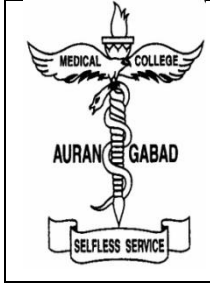
This is to certify that Dr. \_\_\_\_\_ is Admitted in this college on / /2024 to Certificate Course In Modern Pharmacology for the Academic Year 2024-25. His/her following **ORIGINAL CERTIFICATES** are retained in this College.

(Sets to be prepared in the following sequence)

| Sr. No.                                       | Original Documents Required  | Available YES/No |
|---|--|------------------|
| 1   | Nationality Certificate  |                  |
| 2   | Domicile Certificate   |                  |
| 3   | Selection letter with allotment of college                           |                  |
| 4   | Aadhar Card (Xerox Copy)   |                  |
| 5   | SSC Certificate  |                  |
| 6   | Transfer Certificate   |                  |
| 7   | Medical Fitness Certificate  |                  |
| 3   | Homeopathy Degree Certificate  |                  |
| 4   | Registration Certificate of Maharashtra Homeopathic Council, Mumbai. |                  |
| 5   | NOC Certificate from Maharashtra Council of Homeopathy               |                  |
| 6   | Change of the Name..(if Applicable)                                  |                  |
| 7   | Caste Certificate....(For Reserve Category)                          |                  |
| 8   | Caste Validity Certificate   |                  |
| 9   | Non Creamy Layer Certificate..(Valid up to 31/03/2025)               |                  |
| 10  | Economically Weaker Section (EWS) Certificate (if applicable)        |                  |
| 11  | Other (if applicable)  |                  |
| <b>Demand Drafts Of Fees as Applicable...</b> |  |                  |
| D.D. No: _____ Rs. 50,000/- Dt. / /2024       |  |                  |
|   |  |                  |
| (Please write-down 'YES/No' carefully)        |  |                  |

To,  
Dr. \_\_\_\_\_  
Govt. Medical College, Chhatrapati  
Sambhajinagar..

DEAN  
Govt. Medical College,  
Chhatrapati Sambhajinagar



महाराष्ट्र शासन

**GOVT. MEDICAL COLLEGE, CHHATRAPATI SAMBHAJINAGAR.**

शासकीय वैद्यकीय महाविद्यालय, छत्रपती संभाजीनगर.

दुरध्वनी क्रमांक 0240-2402412 - 19, 2402028

फॅक्स क्र. 0240-2402418 - 19

e-mail: [deangmca@gmail.com](mailto:deangmca@gmail.com)

No.GMCCS/ACAD/

/2024

Date:-

## **OFFICE ORDER**

Sub: - Admission to Certificate Course in Modern Pharmacology  
for the year 2024-25.

Ref: - MUHS Letter No. \_\_\_\_\_ Date:-

With reference to above cited subject, you are provisionally admitted to Certificate Course in Modern Pharmacology on date / /2024 at Govt. Medical College, Chhatrapati Sambhajnagar for the year 2024-25 subject to the following conditions.

1. You will have to pay prescribed fees (Demands Draft only) as per rules before joining the course.
2. You will to fill up form at the time of admission.
3. Your admission is provisional & subject to final confirmation from Maharashtra University of Health Sciences, Nasik.
4. You should report to this College on Prescribed date as per MUHS Notification.

**DEAN,**  
**Govt. Medical College,**  
**Chhatrapati Sambhajnagar.**

To,  
Dr. \_\_\_\_\_

Govt. Medical College, Chhatrapati Sambhajnagar.

**Application For Admission**

**Recent  
Passport size  
Photograph**

Name: \_\_\_\_\_

Address (In Capital): \_\_\_\_\_

Mobile No. Student\_ \_\_\_\_\_

email id of Student \_\_\_\_\_

Phone No. (Res.)with code \_\_\_\_\_

Date:    /    /2024

To,  
The Dean,  
Govt. Medical College,  
Chhatrapati Sambhajanagar.

**Sub:** - Joining in Certificate Course in Modern Pharmacology at Govt.  
Medical College, Chhatrapati Sambhajanagar

**Ref:-** Selection letter/List (printout attached)

R/Sir,

I the undersigned Dr. (Full Name in Capital) \_\_\_\_\_  
\_\_\_\_\_ has been selected for Certificate Course in Modern  
Pharmacology in Govt. Medical College, Chhatrapati Sambhajanagar as per the  
Selection letter/list of MUHS Nasik.

Kindly enroll me in your college as Certificate Course in Modern  
Pharmacology student for the Academic Year 2024-2025.

Thanking you.

Yours faithfully,

(Name \_\_\_\_\_)

## STUDENT INFORMATION

**GOVT.MEDICAL COLLEGE, CHHATRAPATI SAMBHAJINAGAR 431 001**  
**ADMISSION For Certificate Course in Modern Pharmacology**  
**YEAR 2024-2025**

|    |  |               |
|----|--|---------------|
| 1  | Name of the Student as mentioned on SSC Certificate (in Capital) |               |
| 2  | a) Date of Birth   |               |
|    | b) Place of Birth  |               |
| 3  | Aadhaar No.  |               |
| 4  | e-mail Address of Student  |               |
| 5  | Gender ( √ )   | Male / Female |
| 6  | Date of Admission  | / /2024       |
| 7  | a) Category  |               |
|    | b) Caste   |               |
|    | c) Religion  |               |
| 8  | Domicile State   |               |
| 9  | Homeopath Degree Passing Year                                    |               |
|    | Registration Certi. No. of Maha. Homeopathic Council, Mumbai     |               |
| 10 | Blood Group  |               |
|    | Mark of Identification (two)                                     | 1)            |
|    |  | 2)            |
| 11 | Guardian / Father's Full Name                                    |               |
|    | Name of Mother   |               |
| 12 | Residential Address with PIN code                                |               |
|    | Mobile No. of Student  |               |
|    | Phone No. of Res. with STD Code                                  |               |
| 13 | *Willingness about Organ donation after Accidental Death         | Yes / No      |

\* As per Maharashtra University of Health Sciences eligibility form.

Date: / /2024

Place: Chhatrapati Sambhajinagar

Signature of Candidate

## **CERTIFICATE OF MEDICAL FITNESS**

This is to certify that I have conducted clinical examination of Dr.....who is desirous of admission to medical Certificate course in Modern Pharmacology course.

He/she has not given any personal history of any disease incapacitation him/her to undergo the professional course. Also, on clinical examination it has been found that he/she is medically fit to undergo the medical course (Certificate course in Modern Pharmacology) in the academic year 2024-25.

1. Absence of any incapacitating and/ or progressive systematic.
2. Disease/disorder/condition.
3. Absence of any disability of upper limb/s.
4. Absence of any major visual/auditory disability,
5. Absence of psychosis/neurosis/mental retardation.
6. Ability to maintain erect posture.
7. Reasonable manual dexterity.

Address of the Registered Medical Practitioner

Signature

Name

Registration No.

Date:

Seal of Registered Medical Practitioner

## **Demand Draft Details**

**For Certificate Course in Modern Pharmacology Admission in the year 2024-25**

**Selected students are instructed to submit the DD as follow**

**Demand drafts to be drawn from 'Nationalized bank'**

***(No errors or spelling mistakes in the DD will be accepted)***

For All **Open Category/Reserve category** Students DD as Follows

**1. Rs.50,000/-** as D.D.

In Favor of : **DEAN, GOVT. MEDICAL COLLEGE,  
CHHATRAPATI SAMBHAJINAGAR**  
*(Payable at Chhatrapati Sambhajinagar)*

**Note:**

- **At any cost cash/ cheque will not be accepted.**
- The demand draft will be deposit in the accounts only after final confirmation of the admission by MUHS Nashik/Status retention by the student.
- If students are allotted another college in subsequent rounds of In such situation, all the DDs will be refunded back to the student.
- Kindly note any change in fees structure by the concerned authority will be informed to the students. Accordingly, the students will have to pay additional fees DD if required.
- **MUHS ELIGIBILITY:** All candidates to note that separate DD of eligibility fees will be required once admission is confirmed. The amount and name of DD will be informed to candidates once admission process is completed. (after cut off date) . It will be the responsibility of candidates to submit DD of eligibility to Admission section clerk once it is notified.

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