

GOVT. MEDICAL COLLEGE, Chhatrapati Sambhajinagar (AURANGABAD)- Maharashtra State

Instruction manual for “Super Specialty” admission process



WELCOME

Contact details for query: (between 10:30 AM to 4:30 PM ONLY)

1. For any query, please call during 11:00 AM to 5:00 PM.

Landline number (CET CELL):

Direct Number: (0240) 2402429

EPBX Number: (0240) 2402412, 2402413, 2402414, 2402415 and ask for extension No.322

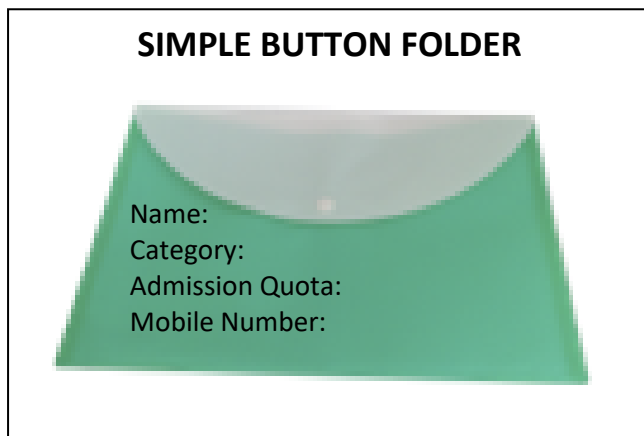
DON'T CALL ON THE PERSONAL NUMBER OF DEAN / NODAL OFFICER notified on mcc website; it is given for administrative use by mcc/STATE ONLY.

“Super Specialty” admission process

All students allotted Super Specialty seat at Govt. Medical College; Chhatrapati Sambhajnagar (Aurangabad) Maharashtra should follow the instructions as below for PG admission:

1. **Download & print this PDF file. READ CAREFULLY ALL DETAILS**
2. **Students should report personally for admission/admission cancellation in case of up-gradation. PROXY will not be allowed for admission process/Cancellation of admission.**
3. **Print and fill 2 copies of the Application Form.**
4. **Print and fill 2 copies Original document Holding Certificate.**
5. **Print and fill 2 copy of Candidate information.**
6. **Print and fill 4 copies of the Admission Office Order.**
7. **Print and fill 1 copy of Medical Fitness in the prescribed format ONLY.**
8. **Print and fill 2 copies of the Declaration for hostel accommodation.**
9. All **original documents** enlisted in the holding certificate will be compulsorily required for admission. Additionally, students should submit **2 sets of SELF ATTESTED photocopies** of all original documents.
10. All original Documents **INDIVIDUALLY SCANNED in PDF format only** will be compulsorily required during admission. The student should scan documents properly through a computer scanner (Size 500 kb only). **Please don't use the mobile scanner for scanning documents.** Individual Original Documents should be scanned and renamed appropriately.
e.g. Nationality certificate after scanning should be renamed as Nationality-Name of Student.
Prepare the folder and rename it with the Name of the student, keep all scan documents in this folder for submission during admission. **Scan documents will be accepted only in Pen Drive.**
11. **Fees:** A demand draft (DD) of complete fees will be required during the admission process. Kindly note that DD should NOT have any errors/spelling mistakes in the name of DD as desired. **Error/spelling will not be acceptable, such DD will be rejected. No cash/online transactions will be acceptable.**
12. **Other Letters** if required will be taken at the time of admission (within the rules thereof)
13. **Submit Recent Passport size photos (3 copies)**

14. The institute is responsible for only the admission of students we will not be available to guide any students for further rounds or rules & regulations of admission authorities. The student should read information brochures/Notifications/Advisory issued by the admission agency on official websites. Please don't contact the institute admission cell for any such information.
15. **Kindly note....** The admission Process requires verification and approval. No student will be given Joining letters urgently on the same day. The office may require 1-3 days for signatures & complete the process.
16. **Students are strictly advised NOT TO EDIT ANY FORMATS. All formats should be filled by a student in his/her own handwriting.**
17. **Kindly Note:** Another website (Govt/Private) is NOT ALLOWED to display this information on their personal websites. All Candidates to note, Govt. Medical College, Chhatrapati Sambhajinagar (MS) has NOT appointed any agency (Govt/Private) for the admission process / Facilitation or guidance center.
18. **Submit all documents in a simple button file folder as below:**
On the folder Write your Name, Category, admission Quota & Mobile Number with a thick permanent marker.



Sd/-
DEAN
Govt. Medical College, Ch.
Sambhajinagar

RECENT

PAN SIZE PHOTO

Candidate Information

GOVT. MEDICAL COLLEGE, Chhatrapati Sambhajinagar 431 001

ADMISSION FOR THE YEAR 2024-25

1	Name of the Student (In Capital words)	
2	Date of Birth	
	Place of Birth	
3	Date of Admission	
4	Category: SC/ST/VJ/NT-1/NT-2/NT-3/OBC/OPEN/other	
	Caste	
	Sub-Caste	
5	Domicile	
6	Course Name	
7	Quota	
8	AI Rank	
9	Percentage of Marks in All India Entrance Examination	/ = % =
10	Blood Group	
11	Mark of Identification (Two)	1. 2.
12	Guardian / Father's Full Name	
13	Name of Mother	
14	Residential Detail Address	
15	Telephone No. With Code (Residential)	
16	Mobile No.& Email ID	Student: Parent :
17	Guardian / Father's Occupation	
18	Registered Medical Council Name	
19	Medical Council Registration /MCI -No.	
20	PG passing year	
21	Marks Obtained in PG	/ = % =
22		
23		

The above information is true and correct....

Date : / /2025

Place : Chhatrapati Sambhajinagar

Signature of Candidate

	<p>महाराष्ट्र शासन</p> <p>GOVT. MEDICAL COLLEGE, CHHATRAPATI SAMBHAJINAGAR.</p> <p>शासकीय वैद्यकीय महाविद्यालय, छत्रपती संभाजीनगर.</p> <p>Telephone: 0240-2402412 – 19, Ext:322 website: www.gmcaurangabad.com</p>

No.GMCA/ACAD/SS-ADM-24/

/2025

Date:-

HOLDING CERTIFICATE

Received following Original Certificate from Dr. _____
admitted for super specialty _____ course on / /2025at Govt.
Medical College, Chhatrapati Sambhajinagar (Maharashtra state) for the academic year **2024-25**.
This Certificate is the Proof that all original documents are submitted by the student & will be retained by the institute till the student completes the Compulsory Bond service after completing the super-specialty Course. Once admitted original documents will not be given to the student.

Sr. No	Essential Documents Required	Available Yes/No
1	Nationality Certificate or Valid Indian Passport	
2	All India Admit Card & Rank Letter of NEET-SS	
3	NEET-SS Mark sheet.	
4	Aadhar Card/PAN/Voter ID/Driving License (Xerox Copy)	
5	All India Provisional Allotment letter	
6	First to Final year MBBS Mark Sheets	
7	MBBS Degree Certificate	
8	Internship Completion Certificate	
9	Registration Certificate of MBBS from State/MCI	
10	MD/MS Passing Certificate/Degree (DNB Passing Certificate)	
11	MD /DNB Additional qualification Certificate/Receipt	
12	PG College Leaving Certificate (T.C)PG LC	
13	Attempt Certificate of MD/MS from Principal/DEAN	
14	Gazette for Change in Name (If applicable)	
15	Migration Certificate issued by the respective University. (In original form) (If Applicable)	
16	Self-Educational Gap (after completion of Internship program) Affidavit by student certified by Executive Magistrate/Notary.(If applicable)	
17	Medical Fitness Certificate. (as per the attached format)	
18	PWD Certificate from the authorized agency and as per format issued by competent authority (if applicable)	
19	Copy to Gazette, Marriage Certificate & Affidavit in case of change in name (If applicable)	
20	Other certificate	
21	D.D Details : 1) DD No _____ Dt _____ of Rs 1,52,718/-	

DEAN

Govt. Medical College, Chh. Sambhajinagar.

Copy to, Dr. _____

**Recent
Passport size
Photograph**

Student Name: _____

Address (In Capital): _____

Phone No. (Res.) _____

Mobile No. _____

Date: _____

To,
The Dean,
Govt. Medical College,
Chhatrapati Sambhajanagar (Aurangabad) M.S.

Sub: - Joining as Super specialty student (**SR-1**) in the subject of _____
for the academic year 2024-25 at Govt. Cancer Hospital- Govt. Medical College,
Chhatrapati Sambhajanagar (MS)

Ref:- Allotment Letter Dt- / /2025.

R/Sir,

I the undersigned Dr. _____ (Full Name in
Capital) have been selected for _____ course as per the allotment
letter Dated _____.

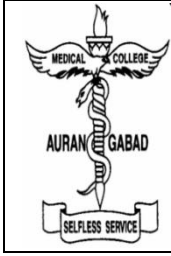
Kindly enroll me in your college as S.R-1 in the subject of -----
for the academic year 2024-25 on / /2025.

I have been informed that I must submit a bond for Two year to Maharashtra Govt.
Service once admission is confirmed, otherwise to pay a penalty of Rs.2,00,00,000/- (Two Crore
Only) as per the rules and regulations of Maharashtra State.

Thanking you.

Yours sincerely,

(Dr. _____)



महाराष्ट्र शासन

GOVT. MEDICAL COLLEGE, CHHATRAPATI SAMBHAJINAGAR.
शासकीय वैद्यकीय महाविद्यालय, छत्रपती संभाजीनगर .

Telephone: 0240-2402412 – 19, Etx: 322

Direct Number:- 0240-2402429

website: www.gmcaurangabad.com

No.GMCA/All India-2024-25/SS-Adm/

/2025

Date:-

ORDER

Sub: - Admission as SR-1 for _____ Course at Govt. Cancer Hospital, Chhatrapati Sambhajinagar - Govt. Medical college, Chhatrapati Sambhajinagar (MS)

Ref: -1) G.R.No.MED/10/96/Edu., Mantralaya, Mumbai, date 31/01/1996.

2) G.R.No.MED/1017P.K.171/17/Edu-2., Mantralaya, Mumbai, date 12/10/2017.

Dr. _____ from

_____ University is provisionally selected for the _____ course at **Govt. Cancer Hospital- Govt. Medical College, Chhatrapati Sambhajinagar (Maharashtra State)** by Under Secretary to the Govt. Of India , New Delhi. for the year 2024-25 subject to the condition that He/She is not registered for any **Super Specialty** course anywhere at present.

1. Your terms will be counted from the date of joining.
2. As per MCI recommendation that you will have to undergo 36 months for super specialty course from the date of joining the course. No other equitable exemption will be granted to appear for the university examination. Such type of undertaking will have to submit at the time of joining the course to the concerned head of Depts.
3. Late entrance to the scheme or students required to keep extra terms shall be required to do so as non-stipendiary students.
4. You are also informed that your selection is provisional and subject to the final confirmation of MUHS Nashik.
5. Private practice or any kind is not permitted during the period of pursuing the said course.
6. You are directed to report to the Professor & Head of the Dept. of concerned department of this institute on or before _____. No representation, therefore, will be entertained, which he/she should note.
7. You must pay Rs.152718/- as term fees etc. before joining the course & every year as per the academic term failing with the student will not be allowed to appear for University Exam.
8. You are required to submit Service Bond within one week of the cutoff date of the admission process as per the format given in the admission manual .
9. You are compulsorily required to complete residency tenure (3 years) and 2 year Bond If you fail to complete the residency tenure and or opt out of the Super Specialty course **after the cutoff date**, then you will be liable to pay a penalty of Rs.20,00,000/- Rs. Twenty lacs Only (Non completion of residency period Rs.10,00,000/- + Lapse of seat Rs.10,00,000/-).
10. **Govt. of Maharashtra hereby prohibits "strike" in the essential services specified in the schedule hereto appended from the date of this order.**

DEAN,

Govt. Medical College, Chh. Sambhajinagar.

To,

Dr. _____

Cc: Prof & HOD _____ / Accounts Dept/Warden Post Graduate

	<p>महाराष्ट्र शासन</p> <p>GOVT. MEDICAL COLLEGE, CHHATRAPATI SAMBHAJINAGAR.</p> <p>शासकीय वैद्यकीय महाविद्यालय, छत्रपती संभाजीनगर .</p> <p>Telephone: .0240-2402412 – 19, Etx:322 Direct Number:- 0240-2402429</p> <p>website:www.gmcaurangabad.com</p>
---	---

UNDERTAKING

I the undersigned hereby confirm that the data submitted during joining for_____through the online process was done in my presence and with my full consent. It will be my full responsibility to thoroughly check the data before final submission.

Name & Sign Witness

(Name & Sign of candidate with date)

Contact No.:

Contact No.:

Place:-

Date:-

DECLARATION: BY STUDENT & PARENTS
HOSTEL FACILITY (If applied/allotted)

I, _____ is admitted for _____ course in the academic year _____ at Govt. Cancer Hospital-Medical College, Chhatrapati Sambhajanagar (Maharashtra).

I and my parents/Legal guardian have gone through the SOP for hostel accommodation given in the admission manual at the time of Joining. We have clearly understood all rules and regulations mentioned in the SOP.

I hereby declare that I am suffering from _____ disease(s) and on treatment. I am receiving following _____ drugs for my disease element since _____ days/Months/Years. I also declare that I am not hiding any information related to my health issues.

We, hereby undertake and declare that, if hostel accommodation is allotted, I will abide by all the rules and regulation mentioned in the SOP. If I break any rule mentioned thereof in the SOP, I will be liable for appropriate action.

Signature of Student with date

Name of Student: _____

Address: _____

Mobile Number: _____

Email address: _____

Signature of Parent/Legal guardian with date

Name of Parent/Legal Guardian: _____

Address: _____

Mobile Number: _____

Email address: _____

FEES: ONLY Demand Draft will be acceptable

For NEET-SS Admission in the current year :Selected students are instructed to submit the DD as follows, Demand drafts to be drawn from Nationalized banks only(errors or spelling mistakes in the DD will NOT be accepted)

One (1) term fee (Super Specialty)

FULL requisite fees DD on the day of admission.

APPLICABLE FOR: All India candidates ONLY

Sr.No	Fees	Amount
1	Tuition Fess	138300
2	Admission Fess	1500
3	Development Fess	5000
4	Count ion Money Deposit	4000
5	Library Deposit	2000
6	Library Fees	1000
7	Gymkhana Fees	500
8	Ashwamedh Fees	318
9	University Development Fees	100
	Total	1,52,718/-

DD Name: DEAN, GOVT. MEDICAL COLLEGE, CHHATRAPATI SAMBHAJINAGAR.(Payable at Chhatrapati Sambhajinagar(M.S.))

Note:

- **At any cost cash / Cheque will not be accepted.**
- The demand draft will be deposited in the accounts only after confirmation of the admission/status retention by the students.
- If applicable and students are allotted another college in subsequent rounds of AI/State quota, then the DD(s) will be refunded back to the student. All such students will be required to pay cancellation of admission fees of Rs.1500/- as cash in the cash section& submit the original receipt for getting your original documents from CET CELL, GMC, Chhatrapati Sambhajinagar.
- **Kindly note that the fee in different heads is dependent upon the instructions given by the state government from time to time. Any new additions/changes will be done accordingly. It will be mandatory for all students to comply with such changes or notifications from the institute.**

MEDICAL FITNESS CERTIFICATE FORMAT

CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted clinical examination of Dr. _____ who is desirous of admission to medical Super Specialty courses.

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 Super Specialty course 2024-2025.

- (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 :

Note : A candidate must be medically fit to undergo **Super Specialty** courses applied for. The medical fitness must be certified by a registered medical practitioner in the above prescribed format on the letter head.

Bond / Affidavit (Notarized)
(DM Neonatology/Surgical Oncology Student)

Name of Student :

Permanent Address :

Course :

Admission Year :

I the undersigned DM/Mch..... student
of Government Medical College, Chhatrapati Sambhajinagar (M.S.)
hereby submit an undertaking that I will serve the Government of
Maharashtra / Corporation / Defense service for a period of **TWO**
YEAR after completion of _____ Course,
failing which, I will pay **Rs, 2,00,00,000/- (Rs. Two Crore Only)** for
the default as per govt. rules.

I am required to complete my residency tenure (3years). If I
fail to complete my residency tenure and or I opt out of Super
Specialty course after cutoff date I am liable to pay penalty of
Rs.20,00,000/- Rs. Twenty lacs Only (Non completion of residency
period Rs.10,00,000/- + Lapse of seat Rs.10,00,000/-).

Date:

Place:

In witness where of the above Named.

Name of the students & Address

(Signature of Student)

Sureties (Excluding parents)

1. Name & Address : _____

(Signature)

2. Name & Address : _____

(Signature)

Witness :

1. Name & Address : _____

(Signature)

2. Name & Address : _____

(Signature)

Note :

1. The student has to submit the bond after final confirmation of admission in this institute. All students who opt for betterment/subsequent rounds of selection process need not submit.
 2. The bond amount & penalty amount may change as per the notifications issued from time to time by Director, Medical Education & Research, Mumbai.
-