



# MGM INSTITUTE OF HEALTH SCIENCES

(Deemed University u/s 3 of UGC Act, 1956)

Grade 'A' Accredited by NAAC

Sector-01, Kamothe, Navi Mumbai - 410 209

Tel 022-27432471, 022-27432994, Fax 022 - 27431094

E-mail : [registrar@mgmuhs.com](mailto:registrar@mgmuhs.com) ; Website : [www.mgmuhs.com](http://www.mgmuhs.com)

No. MGM/01/AC-16/2015/1148

June 22, 2015

## NOTIFICATION – 43/2015

### COUNSELING FOR ADMISSION TO FIRST YEAR MBBS COURSE – 2015-16 (First Round)

This is for the information of all qualified candidates for admission to first year MBBS Course for the academic year 2015-16 in the constituent Medical Colleges of MGM Institute, at Navi Mumbai for 85 seats and Aurangabad 127 seats. The Merit list of qualified candidates for counseling is already put up on the MGM Institute's Website : [www.mgmuhs.com](http://www.mgmuhs.com)


**Admission Counseling schedule is given as under:**

#### Counseling Schedule 2015-16

Date of Counseling	Reporting Time	Merit Numbers	Venue
01 <sup>st</sup> July, 2015 Wednesday	08:00 A.M.	1 to 50	New Lecture Hall - 2 Ground floor, MGM Medical College, Navi Mumbai
	11.00 A.M.	51 to 100	
02 <sup>nd</sup> July, 2015 Thursday	08:00 A.M.	101 to 150	
	11.00 A.M.	151 to 200	
03 <sup>rd</sup> July, 2015 Friday	08:00 AM	201 to 250	
	11.00 AM	251 to 300	

## INSTRUCTION TO CANDIDATES

- 1) All the candidates must remain present for the counseling on the date and time specified as above, with requisite documents. Only one parent/guardian will be permitted with the candidate in the counseling hall.
- 2) The candidate must submit Original Certificates and two sets of self attested photocopies. If candidate has submitted following documents to any other Institute for admission purpose, the original letter regarding submission of documents should be submitted.
  - (i) Admit Card
  - (ii) Mark Sheet of MGM CET 2015 (MBBS)
  - (iii) Age / Nationality / Domicile Certificate / Valid Passport
  - (iv) Statement of Marks of Std. 10<sup>th</sup> or its equivalent Examination
  - (v) Passing Certificate of Std. 10<sup>th</sup> or its equivalent Examination
  - (vi) Statement of Marks of Std. 12<sup>th</sup> or its equivalent Examination
  - (vii) Passing Certificate of Std. 12<sup>th</sup> or its equivalent Examination
  - (viii) Leaving Certificate / Transfer Certificate
  - (ix) Migration Certificate ( if applicable)
  - (x) Medical Fitness Certificate
  - (xi) Affidavit, regarding Educational Gap ( if applicable)
  - (xii) Undertaking / Declaration (Notarized) as per the attached format
  - (xiii) Four recent passport size photographs
  - (xiv) Authority Letter ( if applicable) as per the attached format
  - (xv) Validated caste certificate with non-creamelier certificate (if applicable)
- 3) Demand Draft of Tuition Fee in favor of 'MGM Institute of Health Sciences' payable at Navi Mumbai of Rs. 9, 35,000/- ( Rupees Nine Lakh Thirty Five Thousand only) immediately after the counseling, if selected.
- 4) The admitted candidate should report to Dean of respective Medical College with in two working days for confirmation of admission.
- 5) Candidates are also requested to go through the prospectus of MGM CET 2015 (MBBS) for MGM Institute Rules and Regulations.

  
Registrar

Undertaking A

(TO BE TYPED ON NON JUDICIAL STAMP PAPER OF RUPEES ONE HUNDRED  
& SUBMITTED TO MGMIHS AFTER DULY NOTORIZED)

**AFFIDAVIT**

I, \_\_\_\_\_ Age: \_\_\_\_\_ years  
daughter of / son of \_\_\_\_\_  
do hereby affirm and state as under :-

1. I have submitted the following original documents to the MGM Institute of Health Sciences  
Navi Mumbai for seeking admission to the \_\_\_\_\_

- i. Statement of Marks of SSC or its equivalent examination issued by \_\_\_\_\_ Board.
- ii. Passing Certificate of SSC or its equivalent examination issued by \_\_\_\_\_ Board.
- iii. Statement of Marks of HSC or its equivalent examination issued by \_\_\_\_\_ Board.
- iv. Passing Certificate of HSC or its equivalent examination issued by \_\_\_\_\_ Board.
- v. Bachelor's Degree Certificate issued by \_\_\_\_\_ University (if any).
- vi. Statement of Marks of the bachelor's degree issued by \_\_\_\_\_ University.
- vii. Leaving Certificate / Transfer Certificate / Migration Certificate
- viii. Transfer Certificate (if passed from within Maharashtra)
- ix. Age, Domicile and Nationality Certificate.
- x. Birth Certificate
- xi. Migration Certificate (if passed from out of Maharashtra)
- xii. Four Coloured Photographs recently taken.

2. I have also submitted :

- (i) Two sets of attested photocopies of each of the documents, of which one set  
additionally signed by Mr. / Mrs. / Ms. \_\_\_\_\_
  - (ii) Certified true copy of Passport / Photo ID bearing No. \_\_\_\_\_ dated  
\_\_\_\_\_ issued by : \_\_\_\_\_
-

3. I further solemnly affirm and state that:

- (i) I am very, well aware that I have been given admission to the \_\_\_\_\_ course inter-alia on the basis of the above said original documents submitted by me.
- (ii) The documents mentioned at Sr. No. 1 (i) to (xii) are the original documents and their true copies are duly authenticated by Notary and also signed by me.
- (iii) I shall be held solely responsible for genuineness of my original documents listed at Sr. Nos. 1 (i) to (xii) which are submitted to the MGM Institute of Health Sciences, and shall not hold the MGM Institute of Health Sciences liable in any manner.
- (iv) In case any of the said documents is not found to be authentic or genuine, I shall be liable for appropriate legal action and also for cancellation of my admission or withdrawal of my degree, even if the degree is already confirmed / awarded.

Solemnly affirmed at: \_\_\_\_\_

On this : \_\_\_\_\_ day of \_\_\_\_\_ 2015

Deponent: (Signature of student): \_\_\_\_\_

(Name of Student) : \_\_\_\_\_

Identified by me: \_\_\_\_\_

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Undertaking B

(TO BE TYPED ON NON JUDICIAL STAMP PAPER OF RUPEES ONE HUNDRED  
& SUBMITTED TO MGMIHS AFTER DULY NOTORIZED)

**AFFIDAVIT**

I, \_\_\_\_\_  
father / mother of \_\_\_\_\_  
do hereby solemnly affirm and state that I am aware about the documents submitted by my son /  
daughter / ward: Mr./Mrs./Ms. \_\_\_\_\_  
for seeking admission for \_\_\_\_\_ course  
of MGM Institute of Health Sciences. I further state that I have seen these original documents  
and they are genuine. In case of any doubt / dispute arising about the authenticity of the said  
original documents my son / daughter / ward: Mr. / Mrs. /  
Ms. \_\_\_\_\_ shall be liable for appropriate action including  
cancellation of his / her admission from \_\_\_\_\_ course of the  
MGM Institute of Health Sciences. I as well as my son / daughter / ward:  
Mr./Mrs./Ms. \_\_\_\_\_ shall also be responsible  
for any action initiated by the MGM Institute of health Sciences for falsity / doubt of the said  
document/s submitted by my son / daughter / ward to the MGM Institute of Health Sciences,  
Navi Mumbai. We shall no claim of whatever nature against the MGM Institute of Health  
Sciences.

Solemnly affirmed at: \_\_\_\_\_  
On this: \_\_\_\_\_ day of \_\_\_\_\_ 2015

Deponent: (Signature of Students' Father / Mother): \_\_\_\_\_

(Name of Student's Father / Mother): \_\_\_\_\_

Identified by me: \_\_\_\_\_

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## Authority Letter

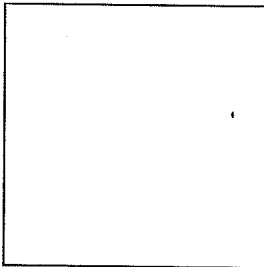
### MGM UG CET – 2015 (MBBS)

I , ..... Son / Daughter / Ward of  
Mr. .... bearing Roll No. ....  
in MGM UG CET – 2015 (MBBS), Merit No. .... do hereby **authorize**  
**\*Mr. / Mrs. / Miss.** ..... (Relation: ..... )  
to represent me on date ...../...../2015 before the committee for selection for admission to  
MBBS Course.

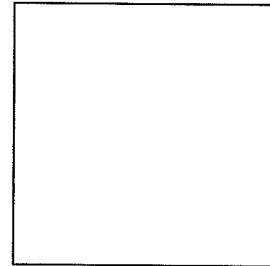
Photographs of above named persons are pasted below:

(These photographs must be attested by Gazetted Officer)

Candidate Photograph  
(Authorizing person)



Representative Photograph  
(Authorized Person)



## UNDERTAKING

I, ....., Son / Daughter / Ward of  
Shri ..... aged ..... years, do hereby  
solemnly affirm and undertake that the decision of my authorized proxy, Mr. / Miss. / Mrs.  
..... regarding selection of seat in  
counselling on ..... Shall be binding to me and I shall not have any claim whatsoever,  
other than the decision taken by my authorized representative on my behalf, including seat  
refusal.

**Signature of Authorised Proxy**

**Signature of Candidate**

\*Representative should be a father/Mother/elder brother/elder sister/elder brother in law/elder sister in law.