

Admission counseling for Bachelor of Physiotherapy (BPT) course of MGM School of Physiotherapy, Navi Mumbai under MGM Institute of Health Sciences, Kamothe, Navi Mumbai, for academic year 2015-16 is scheduled on **Wednesday, 22nd July 2015**.

**Venue:** 3<sup>rd</sup> Floor, MGMIHS Auditorium  
MGM Institute of Health Sciences (MGMIHS).  
Sector-1, Kamothe, Navi Mumbai-410209, Maharashtra

Details of event are as follows:

**Group A: Merit 1-50**

Sr.No	Timings	Activity
1	8:30 am to 09:30 am	Documents Scrutiny, verification & filing in allotted station
2	10:00 am to 11:30 am	Counseling

**Group B: Merit 51-94**

Sr.No	Timings	Activity
1	10:00 am to 11:00 am	Documents Scrutiny, verification & filing in allotted station
2	11:30 pm to 01:00 pm	Counseling

***Instructions for candidates:***

1. Only one parent/guardian will be allowed along with candidate for counseling.
2. Kindly report at allotted timings for avoiding inconvenience in proceedings.
3. Please find attached checklist of documents required at the time of counseling. Kindly bring all original documents with two sets of attested copies of same as instructed in checklist. Please arrange the documents in serial order of checklist.
4. **Five** recent (taken in last 6 months) photographs of candidate are to be submitted with documents. Please write your Name, Course & academic year behind all photographs.
5. You also have to submit Demand draft of **Rs. 1, 00,000/- (Rupees One lakh only)** as tuition fees in favor of "**MGM Institute of Health Sciences**" payable at **Navi Mumbai**. Please write your Name, Course & academic year behind the DD.
6. Provisional admission letter will only be issued after submission of tuition fees and documents.



**MGM INSTITUTE OF HEALTH SCIENCES**  
**MGM SCHOOL OF PHYSIOTHERAPY**  
(CONSTITUENT UNIT)

**BPT 2015-2016**

MGM/SOP/ /2015

Date : / /2015

Candidate's Name \_\_\_\_\_

Roll No.

CET Score

**Check list**

**Please submit the following original documents and two sets of self attested photocopies of each of the document, of which one set has to be attested by Competent Government Authority.\***

- |    |                          |                                                                                                      |
|----|--------------------------|------------------------------------------------------------------------------------------------------|
| 1  | <input type="checkbox"/> | Receipt Cum Identity Card of MGM CET                                                                 |
| 2  | <input type="checkbox"/> | Mark Sheet of MGM-CET 2015-16 (Health Science Courses).                                              |
| 3  | <input type="checkbox"/> | SSC Statement of Marks                                                                               |
| 4  | <input type="checkbox"/> | SSC Passing Certificate                                                                              |
| 5  | <input type="checkbox"/> | HSC Statement of Marks                                                                               |
| 6  | <input type="checkbox"/> | HSC Passing Certificate                                                                              |
| 7  | <input type="checkbox"/> | Migration Certificate                                                                                |
| 8  | <input type="checkbox"/> | Medical Fitness Certificate                                                                          |
| 9  | <input type="checkbox"/> | Leaving Certificate / Transfer Certificate                                                           |
| 10 | <input type="checkbox"/> | Nationality and Domicile Certificate                                                                 |
| 11 | <input type="checkbox"/> | Affidavit regarding educational gap (if applicable)                                                  |
| 12 | <input type="checkbox"/> | A copy of gazette, in case of any change in the name of the candidate                                |
| 13 | <input type="checkbox"/> | Tuition fee DD No.                      Dated                      Bank                      for Rs. |

Certified that the above tickmarked original documents (total      ) are received

**IMPORTANT :** Ms /Mr. \_\_\_\_\_ Roll No. \_\_\_\_\_  
is eligible / not eligible for admission.

**Verified** by a Member of Scrutiny Committee

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

Signature

**Checked** by a Member of Scrutiny Committee

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

Signature

1. Admission will be confirmed on payment of Tuition Fee immediately after Counseling University office and on completion of other formalities at the respective Physiotherapy College.

\*2. In the event of original document submitted elsewhere, kindly bring proof for same. For e.g. checklist endorsed by university or provisional admission of other college or undertaking etc.

***For office use only***

Original documents (Total      ) as tickmarked above are retained in the College

**Signature of College Staff (UG Section)**

**College Office Seal**