

MGM INSTITUTE OF HEALTH SCIENCES

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

Accredited by NAAC with 'A' Grade

Sector-01, Kamothe, Navi Mumbai - 410 209 Tel 022-27432471, 022-27432994, Fax 022 - 27431094 E-mail : <u>registrar@mgmuhs.com</u> | Website : www.mgmuhs.com

MGM/01/AC-16/2020/215

Date: 08/06/2020

Notification No: AC-41/2020

Post Graduate Admission (MD/MS) 2020 - 21 at Constituent Medical Colleges of MGM Institute of Health Sciences, Navi Mumbai.

(Second Round)

As per the Hon'ble Supreme Court of India, Directorate General of Health Services, (DGHS) guidelines, admission counseling for all PG seats of the Deemed Universities will be done by DGHS/MCC. Therefore the process of PG Admission (MD/MS) for constituent Medical Colleges of MGM Institute of Health Sciences, Navi Mumbai will be as follows:

- 1. All NEET PG-2020 qualified candidates who are interested in getting admission at following constituent Medical Colleges need to select these colleges as their choice on MCC portal of DGHS.
 - I) MGM Medical College & Hospital, Navi Mumbai
 - II) MGM Medical College & Hospital, Aurangabad
- 2. Selected candidates in the second round need to report to Deans of respective Medical Colleges of MGMIHS as per the instruction of DGHS.
- 3. **Reporting Mode:** Depending on the prevailing covide-19 restrictions / lockdown, selected candidates can opt for any of the following mode of reporting:-
 - A) Physical Reporting: At the time of reporting, selected candidates must submit:
 - The requisite annual tuition fee. (Annexure 01) in the form of demand draft favoring "MGM Institute of Health Sciences" Payable at Mumbai or through RTGS (Bank details are available in the Online reporting section)
 - All the documents in original as per check list attached with this notification (Annexure 02) (Please also refer NEET PG 2020 FAQ's uploaded on www.mcc.nic.in website) with two sets of self-attested photocopies.
 - Without original documents and / or payment of tuitions fees candidate will be considered as 'Non Reported'.
 - Students himself/herself must be present to the respective Medical College at the time of reporting. **No proxy will be allowed in any circumstances.** Candidate must join duties as per the instructions of respective Dean's office.

B) Online Reporting:

- Candidates can join the allotted college by sending a confirmatory email to MGM Medical College, Navi Mumbai (Email ID mgmmcnb@gmail.com) OR MGM Medical College, Aurnagabad (Email ID mgmmca@themgmgroup.com) regarding acceptance of seat and attaching scanned copies of relevant documents as mentioned in (Annexure 02) in the same email.
- Pay the requisite annual tuition fees online in the following account:-Account details:-

Name of Beneficiary - MGM Institute of Health Sciences Beneficiary Bank Account No. - **0183104000132763**

Type of Account - SAVING ACCOUNT

Bank Name - IDBI Bank Ltd

Branch - C.B.D. Belapur, Navi Mumbai

Branch Code: 0183

IFS Code - IBKL0000183

- All online reporting candidates need to send an email on 'accountmumbai@mgmuhs.com' mentioning Name of candidate, Amount paid and UTR Number received from bank after NEFT/RTGS. Kindly also attach Self-declaration form in the prescribed format (Annexure 05) and Account details (Annexure 06) with this email.
- Without Confirmatory email of seat acceptance, online fee payment and scanned documents candidate will be considered as 'Non Reported'.
- All such candidates need to report in person along with original documents as and when
 prevailing condition become favorable to travel OR as per directions from respective
 Dean's office.
- 4. All original documents will be returned to the student after verification and granting of eligibility by the Institute.
- 5. Candidates are requested to strictly adhere to FAQs and counseling schedule/scheme put up on www.mcc.nic.in website.
- 6. Seat matrix (vacancy for second round) for both Colleges under MGMIHS in annexed at (Annexure 03).
- 7. One year compulsory bond to be submitted in prescribed format after all admission formalities are completed. Format of the Bond is enclosed as (Annexure 04).
- 8. NRI Candidates:- All such selected students getting admitted as NRI sponsored candidates must pay the first year tuition fees through the sponsorer's NRI account only.
- 9. For Hostel, Mess, Date of Joining, Stipend etc. related queries candidates are requested to get in touch with respective Dean's office in person or through email.
- 10. Cancellation & Refund: Cancellation will be permitted as per MCC guidelines only and refund will be processed within seven days after receipt of cancellation request. An amount of Rs. 10,000/-(Ten Thousand Only) will be deducted as administrative charges.

Registrar br. Rajesh B. Goel Registrar

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MGM INSTITUTE OF HEALTH SCIENCES

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Fees Structure for Management & NRI Quota for the Academic Year 2020 - 21 (MD/MS)

Fees Structure for MGM Institute of Health Sciences constituent Medical Colleges at Navi Mumbai & Aurangabad.

Sr. No.	Fee Structure	Particulars & Fee Type	Management Quota Fees (Rs.)	NRI Quota Fees	
	# B	Clinical Subjects (All) – (Per Year)	25,00,000	\$76,800/- (but not less than Rs. 55,00,000/-)	
1.	Tuition fees (To be paid at the time of Reporting)	MD Pathology MD Immuno-Haematology & Blood Transfusion MD Family Medicine – (Per Year)	15,00,000	\$43,500/- (but not less than Rs. 30,00,000/-	
		Anatomy, Physiology, Biochemistry, Microbiology, Pharmacology, Community Medicine – (Per Year)	7,00,000	\$22,000/- (but not less than Rs. 15,00,000/-	
2.	University Eligibility / Registration Fee and Hostel & Mess Charges as applicable (Need to be paid after admission)				

Bond: One Year Compulsory Bond to serve in the respective department after completion of PG.

Registrar Dr. Rajesh B. Goel Registrar

MGM Institute of Health Sciences (Deemed University u/s 3 of UGC Act. 1976) Navi Mumbai- 416 209

/2020

Date:



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Sector-01, Kamothe, Navi Mumbai - 410 209 Tel 022-27432471, 022-27432994, Fax 022 - 27431094 E-mail: registrar@mgmuhs.com; Website: www.mgmuhs.com

Admission (MD / MS) 2020 - 2021

No. Acad. 16/2020

All India NEET Rank No.	Name:						
		Check List					
Please submit the following originate time of reporting							
Note: Please put $$ in the Please put X in the appr	e appropriate chopriate chopriate check b	neck box below for the ox where no original de	original documents received focument received from the stu	rom the student.			
	put X in the appropriate check box where no original document received from the student. Admit Card of NEET PG - 2020						
2. Mark Sheet of	NEET PG - 202	20					
3. Bonafide Certif	ficate from Insti	itute where qualified fo	r M.B.B.S. / Diploma				
4. Nationality Cer	rtificate or valid	Passport					
5. SSC Passing C	ertificate / 10 th						
6. HSC Passing C	Certificate / 12 th	ı					
Statement of M	IBBS Marks of	:					
7.		8.	9.	10.			
First Ye	ear	Second Year	Third Year – Part I	Third Year – Part II			
11. MBBS Degree	Certificate						
12. MBBS Passing	Certificate						
13. Attempt Certifi	cate of all Univ	versity Examinations					
14. Internship Com	Internship Completion Certificate						
15. Migration Certi	Migration Certificate						
16. Transfer Certifi	icate						
17. Provisional / Pe	ermanent Regis	tration Certificate of M	MC / State Council / MCI				
18. Medical Fitness	s Certificate						
			e period between Internship Co ed affidavit on Rs. 100/- stamp				
20. A copy of Gaze	ette, in case of a	iny change in the name	of the candidate				
21. Photocopy of A	Aadhaar Card						
Four Passport S	Size photograph	S					
23. Caste Certificat	te						
24. Caste Validity	Certificate						
•	•	for OBC valid up to 3	/03/2020				
Tuition Fee: DI	D No.	Dated: / /20	20 Bank:	Amount:			
26. Tuition Fee: DI	D No.	Dated: / /20	20 Bank:	Amount:			
Tuition Fee: DI	D No.	Dated: / /20	20 Bank:	Amount:			
27. Foreign Medica	al Graduates are	e required to bring their	FMGE Pass Certificate issued	d by NBE			
28. Competed Bon	d documents						

29. For NRI Quota admissions: (As per of DGHS/Govt. of India guidelines)

1.	Notarized Affidavit of the person who is NRI and the Sponsorer
2.	Document claiming that the Sponsorer is an NRI (Valid passport, Visa of the sponsorer
3.	Relationship of NRI with the candidate (Notarised affidiavit of family tree)
4.	Notarized Affidavit from Sponsorer that he /she will sponsor the entire duration course fee of the candidate
5.	Embassy Certificate of the Sponsorer

4.	candidate	and will sponsor the clitic duration course fee of the
5.	Embassy Certificate of the Sponsorer	
For offi	ice use only:-	
Dr.	All India NEE	Γ Rank No is eligible / not eligible for
	& certified that the above tick ($\sqrt{\ }$) marked original docume	ents (Total: documents) are retained by MGMIHS.
Verified by	y a Member of Scrutiny Committee: Dr	Signature:
	mission will be confirmed on payment of Tuition Fee at es at the respective Medical College	the time of reporting and on completion of other
	DECLARA	TION
I sol	lemnly affirm and state that:	
(i)	Attached / submitting documents men	ntioned at Sr. No
		are authentic documents.
(ii)	, ,	uineness of my original documents which are Institute of Health Sciences liable in any
(iii)		t found to be authentic or genuine, I shall be also for cancellation of my admission or gree is already conferred.
(iv)	In case my admission is cancelled becauthe entire fee for the course of study / Bo	use of fraudulent practices, I undertake to payond.
(v)	compulsorily register themselves with l	eir local state council or MCI will have to Maharashtra Medical Council within 15 days mission may get cancelled as per the rules of C/MCI.
Sole	emnly affirmed at:	
	this: day of	
Depone	ent: (Signature of student):	
Q.I.	CC 1 0	
I Name (of Student):	



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PG NEET- 2020 (MD/MS)

	A THE RESIDENCE OF THE PERSON	y Position				
	MGI	M Medical Co Navi Mumba	ollege,	MGM Medical College, Aurangabad		
Name of Course	Total Vacancy	Management Quota (85%)	NRI Quota (15%)	Total Vacancy	Management Quota (85%)	NRI Quota (15%)
MD Anatomy	5	5	-	4	.4	-
MD Physiology	3	3		3	3	-
MD Biochemistry	2	2	-	2	2	
MD Microbiology	2	2	-	4	4	
MD Pharmacology	2	2		2	2	
MD Pathology	1	Ī		5	5	7
MD Community Medicine	2	2	-	2	2	
MD General Medicine	8	5	3	9	6	3
MD Emergency Medicine	2	2	-	NA	NA	NA
MD Respiratory Medicine	Î	1		1	1	
MD Dermatology	2	1	1	2	2	0
MD Paediatrics	3	1	2	5	3	2
MD Anaesthesiology	6	6		2	2	
MD Radiology	I	1	0	1	0	1
MD Psychiatry	1	1	-	2	I	1
MD Geriatrics	1	1	5.5	NA	NA	NA
MD Immuno Haematology & Blood Transfusion	3	3	- To	NA	NA	NA
MD Family Medicine	0	0		NA	NA	NA
MS General Surgery	5	2	3	4	2	2
MS Orthopedics	3	1	2	1	0	1
MS Ophthalmology	2	2	0	2	1	1
MS Obst. & Gynaec.	3	1	. 2	3	1	2
MS ENT	1	1 - 9 -	-	2	2	
MS Traumatology & Surgery	1	1		NA	NA	NA
Гotal	60	47	13	56	43	13

Dr. Registrar

MGM Institute of Health Sciences (Deemed University u/s-3 of UGC A. 6) Navi Mumbai- 410 209

BY STUDENT ON RS. 500 STAMP PAPER AND NOTARIZED (DRAFT 1)

AGREEMENT

AGREEMENT is made at ... this ... day of ... between the Mahatma Gandhi Missions Institute of Health Sciences having its office at Sector 1, Kamothe, Navi Mumbai (hereinafter referred to as the Party of the First Part) and Miss/Mr. (Dr.----- residing at ------ (hereinafter referred to as the Party of the Second Part).

WHEREAS

- 1. The Party of the first part is the Mahatma Gandhi Missions Institute of Health Sciences, a deemed to be University registered under the University Grants Commission Act and established by the Mahatma Gandhi Mission Trust (MGM Trust), registered Public Charitable Trust. The Mahatma Gandhi Missions Institute of Health Sciences has 2 constituents Medical Colleges in Navi Mumbai and in Aurangabad.
- 2. The Party of the second part is a student who has taken admission and enrolled/ is desirous of enrolling in the course of (Degree) MD/MS/Diploma offered by the Colleges/Institutes, which are run and administered by the Party of the First part.
- 3. The party of second part on completion of the course of (Degree) MD/MS/Diploma will be qualified person to be employed to the post of Senior Resident/Tutor with the party of first part. The Party of the second part has agreed and undertaken to join the employment of the party of first part as a Senior Resident/Tutor and work with the party of the first part for a period of 1 year.
- 4. The party of the second part has also agreed to execute a Bond, Indemnity and Undertaking in relation to the employment etc. The party of the second part acknowledges, admits and undertakes that after the completion of the course of (Degree) MD/MS/Diploma, the party of the second part will join and continue to work with the party of the first part for a period of 1 year. The party of the second part will be paid salary.
- 6. The parties have now mutually decided to reduce the same in writing on the following terms and conditions:-

NOW IT IS AGREED BETWEEN.THE PARTIES HERETO AS FOLLOWS:

- (i) The party of the second part agrees to work with the party of the first part as a Senior Resident/Tutor at the -----run and administered by the party of the first part at a pre defined monthly salary/stipend based on the MCI/Government norms.
- (ii) The party of the second part agrees, undertakes and is bound by the agreement, bond and undertaking to work for a total period of 1 year from the date the party of second part assumes charge of the said post. The said period may be extended for a further period from time to time as may be agreed upon. The party of the second part and the sureties have has also executed the required bond, indemnity and undertaking.
- (iii) The party of the first part shall pay to the party of the second part a pre defined monthly salary/stipend based on the MCI/Government norms.
- (iv) The party of the first part will, as far as possible provide a suitable residential accommodation to the part of the second part free of cost.
- (v) The Party of the Second Part agrees and admits that the rural posting for specified duration will be compulsory. The place of posting will be purely at the discretion of the Dean/Management.
- (vi) The Party of the Second Part agrees and admits that all the original documents submitted to the institute at the time of admission and mark sheet, passing certificate and degree certificate of the course in which admitted (issued by University) will be in custody of ------- Medical College, Hospital & Research Centre, till completion of the bond period of 1 years.
- (vii) The party of the second part will be entitled to leave as per the norms of MGMIHS.
- (viii) The party of the second part will devote the whole office or working time and shall work faithfully, sincerely, diligently and efficiently and to the best of her ability and make her best efforts to use her knowledge and skill in providing the best medical services and medical care to the patients.

- (ix) The party of the second part will diligently undertake and complete the administrative work related to the patients assigned to her/him. The party of second part will not divulge or disclose to anybody any medical case papers, examinations details, reports of any of the patients.
- (x) If the party of the second part resigns from service and terminates this agreement before the expiration of the said period of 1 year, she/he will be liable to pay to the party of the first part a sum of Rs 50,00,000/ (Rupees Fifty lacs only) as per the agreement, bond indemnity and undertaking.
- (xi) The party of the second part will not remain absent from the work without a prior intimation and without obtaining prior written permission of the Administrator of the hospital or in his absence of any other Director of the Hospital.
- 7. All disputes or difference pertaining to the subject matter of the this agreement or in respect of the employment of the party of the second part shall be referred to Arbitration.
- 8. This agreement is executed in duplicate and one copy each will remain with the parties.

IN WITNESS WHEREOF the parties have put their hands the day and year first hereinabove written.

Signed for and on behalf of
The party of the first part
in the presence of
1)
2)
Signed by the withinnamed
The party of the second part
in the presence of
1)
2)

BOND BY PARENT ON RS. 500 STAMP PAPER AND NOTARIZED (Draft 2)

Bond by Sureties of a Student Admitted to a College to Secure the Performance of an Agreement

BY THIS BOND We, Mr/Mrsresiding at, and
Mr /Mrs residing at (hereinafter called "the
sureties") are bound jointly and severally to the trustees/management of the
College (hereinafter called "the trustees/management") for the
payment to the trustees/management of the sum of Rs. 50,00,000/- (Rupees
Fifty Lacs).
WHEREAS by a deed of agreement dated the executed by the
trustees/management and (student) (or guardian of
student) the trustees/management have agreed to educate the said
(student) at the College and to make him certain
payments therein stipulated on the terms and conditions therein specified.
AND WHEREAS for the purpose of securing and indemnifying the
trustees/management, their assigns and successors against all loss and
damage which they might suffer by reason of the said (student)
(or, the said (surety)) making default in the observance and
performance of any covenant on his part to be performed and contained in the
aforesaid agreement and in consideration of the said education and payment
to be given and made by the trustees/management to the said
(student) it has also been agreed that the sureties should execute the
above written bond subject to the condition hereinafter contained.
NOW THE CONDITION of the above written bond is that if the said
(student) (and the said surety) shall duly and
faithfully observe and perform all the stipulations and conditions on his
(their) part to be observed and performed and contained in the aforesaid
agreement dated then the above written bond or stipulation shall
be void otherwise the same shall remain in full force.

Signed.

BOND BY GUARDIAN ON RS. 500 STAMP PAPER AND NOTARIZED (Draft 3)

This is to be given if parents are not available for (draft 2) bond

KNOW ALL MEN that We Mr (student) residing at
(or, guardian of Student) etc. (Surety No.1) and
(Surety No.2) bind ourselves jointly and severally to the
Mahatma Gandhi Missions Institute of Health
Sciences/management /Trustees for payment of the sum of Rs. 50,00,000/- (
Rupees Fifty Lacs).
WHEREAS the above named bounden (student) has
under the letter/order dated been admitted to the
course run and administered bycollege.
WHEREAS by a deed of agreement dated executed between the
MGMIHS/Trustee/Management and the said bounded (student
) (or, his guardian) the MGMIHS/Trustee/Management
has admitted the student and agreed to educate the student. The Student in
turn has agreed to work with the MGMIHS/Trustee/Management for a
period of 1 year for which he will be paid a salary as per the terms and
conditions therein specified.
AND WHEREAS for the purpose of securing and indemnifying the
MGMIHS/MGM Trust/management against all losses and damages which
the MGMIHS/MGM Trust/management may suffer by reason of the said
(student) making any default in the observance and performance of
any covenant on his part to be performed and contained in the said agreement
and in consideration of the expenses to be incurred on the said training and
payments thereof to be made to the said (student), it has
been agreed that the said sureties i.e Mr/Mrs and Mr /Mrs
) should execute the above given bond subject to the condition
hereinafter contained.
NOW THE CONDITION of the above-written bond is that if the said
(student)(or, the said his guardian) shall duly and
faithfully observe all these stipulations and conditions on his part to be
observed and performed and contained in the aforesaid agreement dated
then the above written bond or stipulation shall be void otherwise
the same shall remain in full force.

SERVICE BOND TO BE GIVEN BY STUDENTS ON RS. 500 STAMP PAPER AND NOTARIZED

(**Draft 4**)

BOND

This	Bond	made	on	this	day	between
						_ (Name & Address of
Studen	t) hereina	after called	l "Stud	lent" wh	ich exp	pression shall unless the
context	does not	permit inc	ludes h	er / his e	executors	s etc. of one part and the
Registra	ar/Dean,					Medical
College	, Hospita	1 & Resea	rch Ce	ntre, her	einafter	called "College" of the
other pa	art.					
Wherea	s the stud	ent has agr	eed to 1	ındergo l	Post Gra	duate Course of (Degree)
MD/MS	S/Diploma	a in departn	nent of		at ·	
	Medical (College, Ho	spital &	& Resear	ch Centr	e,
NOW T	THEREFO	RE THIS I	BOND	WITNES	SSED AS	S UNDER:

- 1. That the student shall entitled to stipendiary benefit from the College as may be decided by the College and will not accept any employment or conduct any private practice while undergoing the course.
- 2. That the student admitted in this Institute will serve the college for a minimum period of 1 year after passing post graduate qualification, alternatively she/he will pay an amount of Rs. 50,00,000/- (Rs. Fifty Lacs Only) for Clinical PG Degree Courses and Rs. 50,00,000/- for Para Clinical Degree Courses and PG Diploma Courses) to the management. However, the management may discontinue her/him considering her/his record, conduct, requirement of staff etc.
- 3. That during bond period, the student will be paid the stipend/ salary of Senior Resident/Tutor (for degree student) and the stipend/salary of Junior Resident III for Diploma student as a pre defined monthly salary/stipend based on the MCI/Government norms.
- 4. That the rural posting for specified duration will be compulsory. The place of posting will be purely at the discretion of the Dean/Management.
- 5. That all the original documents submitted to the institute at the time of admission and mark sheet, passing certificate and degree certificate of the course in which

	admitted (issued by University) will be in custody of
	Medical College, Hospital &
	Research Centre,, till completion of the
	bond period ofyears.
6.	That if the student during the period undergoing the Post
	Graduate Course quits or leaves the course in the middle
	of entire duration of two / three years, she / he will make
	good the balance fees due to her / his for the entire course
	and in default will be required to pay Rs. 50,00,000/- (Rs.
	Fifty Lacs) for bond period as per the agreement bond
	indemnity and undertaking for not serving the College and
	no certification or documents will be returned till the
	amount due is paid.
	In witness hereof the student and the college sets their
	hands herein on day of
	In presence of witnesses.
	Signature &
	Name of Candidate & Address
1)	
1)	
2)	
2)	
Date:	
Place:	

UNDERTAKING BY STUDENT ON RS. 500 STAMP PAPER AND NOTARIZED

(Draft 5)

UNDERTAKING

Ι, _	Son / Daughter / Wife of Shri
	Indian Inhabitant, residing at
	do solemnly affirm and state as under:
1.	I say that I have appeared for the NEET (PG) 201
	examination conducted by the to
	secure admission in the academic year 20 in
	Medical
2.	I say that solely on the basis of merit I have been admitted
	to the college in MD /
	MS / Diploma etc. Course in
	Quota in the academic year 2020
3.	I say that at the time of securing my admission I have paid
	a sum of Rs/- as fees for MD/MS/Diploma
	etc. Courses.
4.	I say that I am aware that the repeater (failure) fees will be
	charged as per the rules and guidelines of the concerned
	authority.
5.	I say that I have made a bond with college to serve the
	college for a specified period of 1 year after passing my
	PG course and I hereby undertake to submit undertaking /
	solvency/affidavit/Bond in lieu of bond fees within 15
	days.
6.	I further agree, admit and undertake to serve the college
	for a period of 1 year after passing my course. I further
	agree and undertake to complete the said period of 1 year.
	I further say that if a fail to complete the said period of 1
	year for whatsoever reason, then in that case I will be
	immediately be liable to pay to the
	MGMIHS/Trust/Management an amount of Rs
	50,00,000/- and the said MGMIHS/Trust/Management
	will be entitled to invoke the Bond, Indemnity and
	undertaking and take steps in accordance with law.
	This day of
	Identified by me;

Signature &

BY STUDENT ON RS. 500 STAMP PAPER AND NOTARIZED

SOLVENCY TO BE GIVEN BY PARENT OR GUARDIAN AS APPLICABLE

(Draft 6)

AFFIDAVIT OF 1ST SURETY

	I, S/O, D/O, Sh./Dr.
	resident of
	do hereby solemnly affirm and
declar	re as under:
1)	That I state on oath that I am a permanent resident of
	do hereby solemnly
	affirm and declare as under:
2)	That I state on oath that I stand surety for
	"the obliger"
	whereas the MGMIHS/College has selected the obliger
	for post graduate course of (Degree) MD/MS/Diploma for
	a period ofyears in the department of
	atMedical College,
3)	That I state on oath that I have no blood relation with Dr.
	S/O, D/O mentioned in
	para No.2.
4)	That I state on oath that I am legal and right full owner of
	the property amounting to Rs in my
	possession. I say that the said property is not mortgaged or
	encumbered in any manner whatsoever. The details of the
	property is as under:
	(Description)
5)	That I state on oath that I will not sell, pledge, transfer,
	mortgage, charge or create any kind of charge whatsoever
	on the said property till the completion of the bonded
	period.
	I, further declare that contents of my above affidavit are
	true and correct to the best of my knowledge and belief
	and nothing has been concealed therein. If the contents are
	found to be untrue I shall be laible for further necessary
	action.
Verifi	ied at
	Deponent
Dated	l :

VERIFICATION

I, further declared th	at contents
of my above affidavit are true and correct to the best of my know	vledge and
belief and nothing has been concealed therein.	
Verified at	
	Deponent
Dated:	

AFFIDAVIT OF CANDIDATE ON RS. 500 STAMP PAPER AND NOTARIZED

(Draft 7)

	I, S/O, D/C
	resident of do
hereby	solemnly affirm and declare as under:
1)	That I have been provisionally selected for admission to Post-graduation
	course in the specialty of under
	Quota / quota (as the case may be) for the AY 20-
	20 at the Medical College,
2)	That the terms and conditions of admission notice are acceptable. I have
	not been debarred for doing any Postgraduate course previously.
3)	That I am a citizen of India. I have not obtained the benefit of residence in
	any other state other than Maharashtra.
4)	That I have not joined / doing any PG course at any other medical institute
	/ college in India / abroad.
5)	That I have not left any Postgraduate Course during the last three years.
6)	That neither the deponent nor the child / ward of deponent have obtained
	the benefit of Residence in any other state.
7)	That I have not joined any government/semi-government / private service.
8)	That I will appear in Postgraduate Examination after completing three
	years study period in the same course.
9)	That after getting admission in
	Medical College, if discontinue / leave the training
	course, then I will be bound to deposit the required fee of the entire course
	and the bond amount of Rs 50,00,000/- (Rupees Fifty lacs).
10)	That if I discontinue the training course after getting the admission or
	participating in a strike or being made to leave the training course or
	account of indiscipline or misconduct on his / her part or failing or
	refusing to serve the college for a minimum continuous period of 1 year
	after qualifying for full registration on completion of the course or for
	other reasons, then I shall be liable to deposit the entire bond money of
	Rs.50,00,000/- (Rupees Fifty Lacs only) with the MGMIHS/MGM
	Trust/Management.
	Place:
	Dated:
	Denonent

Deponent

I, further declare that contents of my above affidavit are true and correct to the best of my knowledge and belief and nothing has been concealed therein. If the contents are found to be untrue I shall be laible for further necessary action.

Deponent

Self-Declaration

Place:	Date:		
PAN No:	Adhar Card No:		
Mobile No.			
Full Address:			
Name:			
Signature			
 If there is any problem regarding this parameters of the candidate only. 	ayment i shall settle the same between	een m	ysell &
not go into any legal action against MGMIF		oon m	voolf 9
I will not claim any refund from MGMIHS	regarding the above payment made b		and will
 I shall not hold MGMIHS responsible for ar 	_	ov me	
I hereby confirm that I have no objection for paying			•
Account No.			
Account No:			
Name of the Bank			
whole-heartedly, by RTGS/NEFT/DD from my ban	•	7 1101	benan,
I am remitting the fees of Rs			
course at MGM			
······································	,		
/ Well-wisher / Others (,	
I hereby declare that I, Mr./Ms	am a Relative /	Family	Friend

Bank Account o	letails of the ca	ındidate					
Full Name of the	Student:-						
NEET All India Ra	ınk:-						
Program:-	Roll.No:						
Allotted College							
Mode of Payment RTGS/NEFT /DD	Date	UTR No./DD No	Bank Name with Branch	Amount	Name of Account Holder	Relation of the student with Account Holder	
			ne entire responsibility solely er than student / parents in th		arents including legal/penal ac	tion. NOC from	
Email ID of the	Student:						
Mobile No. of student:					Mobile No. of Parent:		
Signature:					Signature:		