

## **Instructions For Candidates**

- Fill Details in “ **Information of Candidate** ” form & submit it with two copies of document holding certificate.
- Submit required Original documents , three Passport size photos and two sets of photo copies (self-attested) of original documents in the sequence mentioned in **Document Holding Certificate**.
- Scan original documents and passport size photo in PDF & JPG format and submit the pen drive containing soft copies of above said documents at the time of admission. Size of each documents must be less than 300 KB.
- Scan each document separately in PDF & JPG and name the document accordingly (Ex - Aadhar card, caste certificate).
- SC/ST/VJ/NT/OBC/SBC candidates must submit Caste Certificate & Caste Validity Certificate at the time of admission. (as per annexure in Information bulletin and recent government directives)
- SC/ST/OBC candidates from All India Quota should bring Caste Certificate and **Certificate in lieu of Caste Validity certificate** if Caste Validity certificate is not issued in their State.
- PWD category candidates must bring PWD certificates from specified centers and in prescribed format given in AIQ / State brochure.
- Candidate should bring Physical Fitness Certificate in given proforma.
- EWS Candidate must submit EWS Certificate. (As per annexure in Information bulletin.)
- Fees Should be paid through Demand Draft in favour of **Dean, Dr. Shankarrao Chavan Govt. Medical College, Nanded.**

**❖ Important Note: All Students & their parents should read information brochure very carefully and bring documents as per Annexures mentioned in Information bulletin 2026.**

### **Name of concerned Officials in admission cell**

|                                          |                       |
|------------------------------------------|-----------------------|
| <b>Nodal Officer :-</b> Dr. Umesh Atram  | Mobile No .9890365552 |
| <b>Nodal Officer:-</b> Dr. Sanjiv Zangde | Mobile No. 9890942630 |
| <b>Clerk :</b> Shri Vishal Dulgach       | Mobile No. 9860413013 |
| <b>Clerk :</b> Shri Dasarwad             | Mobile No 8788451781  |

### **Admission Process Venue**

**Community Medicine Department,  
Dr. Shankarrao Chavan Government Medical College, Vishnupuri, Nanded**

# Information of Candidates

Passport Size

Photograph

**Dr. SHANKARRAO CHAVAN GOVT. MEDICAL COLLEGE, NANDED.**

**ADMISSION TO PG COURSE \_\_\_\_\_ FOR THE ACAD YR 2026-27.**

A) NAME OF CANDIDATE \_\_\_\_\_  
(As Per 12<sup>th</sup> Marksheet)

EMAIL ID: \_\_\_\_\_

MOBILE NO. \_\_\_\_\_

AADHAR NO: \_\_\_\_\_

VOTER ID NO: \_\_\_\_\_

B) FATHER'S NAME: Shri \_\_\_\_\_

EMAIL ID: \_\_\_\_\_

MOBILE NO. \_\_\_\_\_

C) MOTHER'S NAME: Smt. \_\_\_\_\_

D) PERMANENT ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ PIN CODE: \_\_\_\_\_

**Domicile State :** \_\_\_\_\_

ADDRESS FOR CORRESPONDENCE: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ PIN CODE: \_\_\_\_\_

E) CANDIDATE'S DATE OF BIRTH: \_\_ / \_\_ / \_\_

PLACE OF BIRTH: \_\_\_\_\_ TALUKA: \_\_\_\_\_

DISTRICT: \_\_\_\_\_ STATE: \_\_\_\_\_

F) MOTHER TONGUE: \_\_\_\_\_

G) CASTE: \_\_\_\_\_ CATEGORY: \_\_\_\_\_

RELIGION: \_\_\_\_\_ ALLOTTED QUOTA \_\_\_\_\_

H) COLLEGE FROM WHICH **MBBS** PASSED : \_\_\_\_\_

\_\_\_\_\_ UNIVERSITY : \_\_\_\_\_

ADDRESS OF COLLEGE: \_\_\_\_\_

\_\_\_\_\_

I) NEET PG APPLICATION FORM NO.: \_\_\_\_\_

J) NEET PG ROLL NO : \_\_\_\_\_

K) NEET PG MARKS: \_\_\_\_\_ / 720 , PERCENTILE : \_\_\_\_\_

L) ALL INDIA RANK: \_\_\_\_\_ State Rank \_\_\_\_\_

M) DATE OF COUNSELING BY MCC /MAHACET: \_\_\_\_\_

N) QUOTA ALLOTTED (All India, State): \_\_\_\_\_

PARENT'S SIGNATURE

STUDENT'S SIGNATURE

VERIFYING OFFICER

# **Dr. Shankarrao Chavan Govt. Medical College, Vishnupuri, Nanded**

Ref. No. Dr.SCGMCN/Acad /NEET/PG Adm/ /2026. Dated: / /2026.

## **Document Holding Certificate**

Received all Original Documents From..... for FIRST YEAR PG COURSE admission through NEET-2026 exam in.Dr S.C.G.M.C Nanded Under All India Quota / State Quota / (2026-27) as follows - Category\_\_\_\_\_Alloted Quota\_\_\_\_\_

| Sr. No | List of Original Documents                                                                                                      |              |                     |          | Available YES/NO |
|--------|---------------------------------------------------------------------------------------------------------------------------------|--------------|---------------------|----------|------------------|
| 01     | Photo Identity Proof ( Aadhar Card)                                                                                             |              |                     |          |                  |
| 02     | Voter ID                                                                                                                        |              |                     |          |                  |
| 03     | Nationality and Domicile Certificate / Valid Indian Passport                                                                    |              |                     |          |                  |
| 04     | MBBS I, II, III ( first ), III ( final ) marksheets                                                                             |              |                     |          |                  |
| 05     | Internship completion certificate                                                                                               |              |                     |          |                  |
| 06     | MBBS Passing certificate / MBBS degree                                                                                          |              |                     |          |                  |
| 07     | MBBS registration ( Permanent /Provisional)                                                                                     |              |                     |          |                  |
| 08     | S.S.C. Passing certificate/Birth Certificate (Date of Birth Proof)                                                              |              |                     |          |                  |
| 09     | Admit Card of NEET 2026-27                                                                                                      |              |                     |          |                  |
| 10     | NEET 2026 Mark sheet /Rank Letter                                                                                               |              |                     |          |                  |
| 11     | Selection Letter MCC/MAHACET                                                                                                    |              |                     |          |                  |
| 12     | Caste certificate ( As Per Annexure in Information Bulletin 2026 )                                                              |              |                     |          |                  |
| 13     | Caste Validity certificate ( As Per Annexure in Information Bulletin 2026 )                                                     |              |                     |          |                  |
| 14     | Non-creamy layer certificate up to 31 /03/ 2027 (For VJ, NT-1,2,3 and OBC,SBC ) ( As Per Annexure in Information Bulletin 2026) |              |                     |          |                  |
| 15     | College Leaving Certificate(LC/TC)                                                                                              |              |                     |          |                  |
| 16     | Physical Fitness Certificate ( As Per Proforma Provided )                                                                       |              |                     |          |                  |
| 17     | Migration Certificate (If Applicable)                                                                                           |              |                     |          |                  |
| 18     | Gap certificate. (If Applicable)                                                                                                |              |                     |          |                  |
| 19     | Disability Certificate ( As Per Annexure in Information Bulletin 2026 )                                                         |              |                     |          |                  |
| 20     | EWS Certificate ( As Per Annexure in Information Bulletin 2026 )                                                                |              |                     |          |                  |
| 21     | Undertaking Form/ Joint Undertaking                                                                                             |              |                     |          |                  |
| 22     | Any Other certificate applicable                                                                                                |              |                     |          |                  |
|        | Income Certificate (Mandatory For VJ, NT-1,2,3 and OBC,SBC & EBC )                                                              |              |                     |          |                  |
|        | D.D No                                                                                                                          | Name of Bank | Amount              | Date     | Remark YES/NO    |
|        |                                                                                                                                 |              | Rs.1,67,300/-       | / / 2026 |                  |
|        |                                                                                                                                 |              | Rs. 12500/-         | / / 2026 |                  |
|        | Admission Rec. No:-                                                                                                             |              | Rs.1500/- (in Cash) | / / 2026 |                  |

**Note : Keep All Original Documents Clearly Scanned In PDF File Format (Size: Up to 300 Kb each) in Pen Drive (With proper Name) and Submit this Pen drive in College At The Time of Admission Process For M U H S Eligibility purpose.**

VERIFYING OFFICER

*Dean,  
Dr. S.C.G.M.C., Nanded.*

**Certificate in lieu of Caste Validity certificate for All India Students**

OFFICE OF THE \_\_\_\_\_

Outward No:-

Date:     /     /2026

**TO WHOM IT MAY CONCERN**

**CERTIFICATE**

This is to certify that, the caste Certificate No.

..... Date:.....  
issued to Mr./Miss .....by the  
Tahsildar/Magistrate/ ..... is  
valid.

Further, it is stated that there is no provision of issuing separate Caste  
Validity Certificate in.....State.

Office seal / Stamp

Signature of Magistrate / Issuing Authority

कार्यालय \_\_\_\_\_  
\_\_\_\_\_

जावक क्र.

दिनांक:     /     /2026

जो कोई भी इससे संबंधित है उसके लिए,

प्रमाणपत्र

प्रमाणित किया जाता है कि, श्री/ कुमारी.....इतको,  
तहसीलदार /जिल्हा मॅजिस्ट्रेट/ .....कार्यालयद्वारा  
निर्गमित किया हुआ जात प्रमाणपत्र क्रमांक.....  
दिनांक:.....वैध है

तथा,.....राज्य मे अलग से  
जातवैधता प्रमाणपत्र निर्गमित करनेका कोई प्रावधान नहीं है.

कार्यालय कि मोहोर जिल्हा मॅजिस्ट्रेट/  
तथा संबंधित अधिकारी के हस्ताक्षर

# JOINT UNDERTAKING

(For all newly admitted students)

Name of the PG Student : \_\_\_\_\_

Department : \_\_\_\_\_

Dr. Shankarrao Chavan Govt. Medical College, Nanded.

We have read Maharashtra Provision of **Anti Ragging act 1999 (Maharashtra XXI III of 1999)** and relevant instructions against ragging. We are well aware of punishment under this act.

If my son / daughter / myself have been found guilty, he shall be punished for appropriate action under the act including imprisonment for a term which may extend to two years with **fine upto Rs 10,000/-** (Rs ten thousand) or dismissal from the institute and suspension of student for various periods during inquiry period.

I am also aware of the fact that it will be mandatory for the institute to file First Information Report (FIR) to Local Police Authorities in case Victim of ragging or his / her parents / Guardian is not satisfied with the action taken by the Head of the institution or where head of the institution is of the opinion that the incident ought to be reported

Place : \_\_\_\_\_

Name & Signature of Student

Date : \_\_\_\_\_

Name & Signature of Parent

Signature of  
Member Secretary  
Anti Ragging Committee

Signature of  
Vice Dean, Dr. SCGMC, Nanded

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**Note : Student shall submit this undertaking on Rs 100/- stamp paper at the earliest.**

A candidate must be medically fit to undergo the professional course applied for. The medical fitness must be certified by a Registered Medical Practitioner in the prescribed proforma, as given below on a **Letterhead** or on this format with original seal and signature.

## CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted clinical examination of Mr./Ms ..... who is desirous of admission to Health Science Courses.

He/she has not given any personal history of any disease incapacitating him/her to undergo the professional course. Also, on clinical examination it has been found that he/she is medically fit to undergo the professional course.

Certified that he/she fulfills the following criteria.

- (1) Absence of any incapacitating and /or progressive systemic 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.

Though, following deviations have been revealed, in my opinion, these are not impediments to pursue a career as a Medical / Dental / Ayurved / Homeopathy / Unani / Occupational Therapy / Physiotherapy / Audiology & Speech, Language Pathology / Prosthetics & Orthotics / BSc Nursing. **(Strike, which is not applicable):**

1. ....
2. ....
3. ....

|                                                |                                         |
|------------------------------------------------|-----------------------------------------|
| Address of the Registered Medical Practitioner | Signature                               |
|                                                | Name                                    |
|                                                | Registration No.                        |
|                                                | Seal of Registered Medical Practitioner |
| Date :                                         |                                         |