

**Swami Ramanand Teerth Rural Government Medical College, Ambajogai**  
**Office of the Dean**

Tel No. Office- 02446-245792/248438

Fax No. 02446- 247132 / 248963

Web - [www.srtrmca.org](http://www.srtrmca.org)

E-mail – [ugexamsrt@gmail.com](mailto:ugexamsrt@gmail.com) / [srtrgmc@gmail.com](mailto:srtrgmc@gmail.com)

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## **NOTIFICATION**

All the selected students for Certificate Course in Modern Pharmacology (CCMP) 2020-21 at Swami Ramanand Teerth Rural Govt. Medical College, Ambajogai should follow following instructions and accordingly report with all details required.

- 1) Download & print this PDF file in 'Two Copies' and fill all the details.
- 2) All original documents enlisted below to be kept in a 'Simple Folder File.
- 3) Prepare two sets of 'Xerox copies (Attested) According to Holding Certificate.
- 4) The Demand Drafts (D.D.) of Fees should be without any Spelling mistakes.
- 5) Fees will NOT be accepted in cash.

**DEAN**

**Swami Ramanand Teerth Rural  
Govt. Medical College Ambajogai**

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**Office of the Dean**

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E-mail – ugexamsrt@gmail.com / srtrgmc@gmail.com

No.SRTRMC/UG/Acad./ /2021

Dated:- / /2021

**HOLDING CERTIFICATE**  
**CERTIFICATE COURSE IN MODERN PHARMACOLOGY**

This is to certify that Dr. \_\_\_\_\_  
is Admitted in this college on / /2021 to Certificate Course In Modern Pharmacology  
for the Academic Year 2020-21. His/her following ORIGINAL CERTIFICATES are retained in  
this College.

- (Sets to be prepared in the following sequence)

Sr.No	Original Documents Required	Available YES/NO
1	Selection letter with allotment of college	
2	Date of Birth Proof (Date of Birth Certificate/SSC Certificate/T.C./Driving License/ Pan Card/ Aadhar Card)	
3	Homeopathy Degree Certificate	
4	Registration Certificate of Maharashtra Homeopathic Council, Mumbai.	
5	NOC Certificate from Maharashtra Council of Homeopathy	
6	Transfer Certificate (T.C)	
7	Change of the Name..(if Applicable)	
8	Caste Certificate.... (For Reserve Category)	
9	Caste Validity Certificate	
10	Non-Creamy Layer Certificate.	
11	Medical Fitness Certificate	
12	Economically Weaker Section (EWS) Certificate (if applicable)	
13	Other (if applicable)	
<b>Demand Drafts of Fees as Applicable...</b>		
<b>D.D. No:</b>	<b>Rs.</b>	<b>Dt. / /2021</b>

*Original Documents Verifier Officer's  
Name and Sign*

**DEAN**  
SRTR GMC AMBAJOGAI

To,  
Dr. \_\_\_\_\_  
SRTR GMC, AMBAJOGAI.

**Swami Ramanand Teerth Rural Government Medical College, Ambajogai**  
**Office of the Dean**

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No.SRTRMC/UG/Acad./ /2021

Dated:- / /2021

**OFFICE ORDER**

Sub: - Admission to Certificate Course in Modern Pharmacology  
for the year 2020-21.

Ref: - MUHS Letter No. \_\_\_\_\_ Date: -

With reference to above cited subject, you are provisionally admitted to Certificate Course in Modern Pharmacology on date / /2021 at Swami Ramanand Teerth Rural Govt. Medical College, Ambajogai for the year 2020-21 subject to the following conditions.

1. You will have to pay prescribed fees (Demands Draft only) as per rules before joining the course.
2. You will fill up form at the time of admission.
3. Your admission is provisional & subject to final confirmation from Maharashtra University of Health Sciences, Nasik.
4. You should report to this College on Prescribed date as per MUHS Notification.

**D E A N**  
**SRTR GMC AMBAJOGAI**

To,  
Dr. \_\_\_\_\_ .  
SRTR GMC AMBAJOGAI.

**Application for Admission**

**Recent  
Passport size  
Photograph**

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

Address (In Capital): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Mobile No. of Student \_\_\_\_\_

email id of Student \_\_\_\_\_

Phone No. (Res.)with code \_\_\_\_\_

Date:    /    /2021

To,  
The Dean,  
Swami Ramanand Teerth Rural  
Govt Medical College, Ambajogai.

Sub: - Joining in Certificate Course in Modern Pharmacology at SRTR Govt.  
Medical College, Ambajogai

Ref: - Selection letter/List (printout attached)

R/Sir,

I the undersigned Dr. (Full Name in Capital) \_\_\_\_\_  
\_\_\_\_\_ has been selected for Certificate Course in Modern  
Pharmacology in Swami Ramanand Teerth Rural Govt. Medical College,  
Ambajogai as per the Selection letter/list of MUHS Nasik.

Kindly enroll me in your college as Certificate Course in Modern  
Pharmacology student for the Academic Year 2020-2021.

Thanking you.

Yours faithfully,

(Name \_\_\_\_\_)

**STUDENT INFORMATION**

**SRTR GOVT.MEDICAL COLLEGE, AMBAJOGAI**  
**ADMISSION For Certificate Course in Modern Pharmacology**  
**YEAR 2020-2021**

1	Name of the Student as mentioned on SSC Certificate (in Capital)	
2	Full Name of the Student in Marathi	
3	a) Date of Birth	
	b) Place of Birth	
4	Aadhaar No.	
5	e-mail Address of Student	
6	Gender (√)	Male <input type="checkbox"/> Female <input type="checkbox"/>
7	Date of Admission	/ /2020
8	a) Category	
	b) Caste	
	c) Religion	
9	Domicile State	
10	Homeopath Degree Passing Year	
	Registration Certi. No. of Maha. Homeopathic Council, Mumbai	
11	Blood Group	
	Mark of Identification (two)	1) 2)
12	Guardian / Father's Full Name	
	Name of Mother	
13	Residential Address with PIN code	
	Mobile No. of Student	
	Phone No. of Res. with STD Code	
14	*Willingness about Organ donation after Accidental Death	Yes / No

\* As per Maharashtra University of Health Sciences eligibility form.

Date: / /2021

Place: Ambajogai.

Signature of Candidate

## **Demand Draft Details**

**For Certificate Course in Modern Pharmacology Admission in the year 2020-21 Selected students are instructed to submit the DD as follow**

**Demand drafts to be drawn from 'Nationalized bank'**

***(No errors or spelling mistakes in the DD will be accepted)***

<b>For All Open Category/Reserve category Students DD as Follows</b>	<b>Rs.50,000/- as D.D.</b> <b>In Favor of: MODERN PHARMACOLOGY COURSE AT SRTRMC AMBAJOGAI</b> <b><i>(Payable at Ambajogai)</i></b>
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***Note:***

- **At any cost cash/ cheque will not be accepted.**
- The demand draft will be deposit in the accounts only after final confirmation of the admission by MUHS Nasik /status retention by the student.
- If students are allotted another college in subsequent rounds of in such situation, all the DDs will be refunded back to the student.
- Kindly note any change in fees structure by the concerned authority will be informed to the students. Accordingly, the students will have to pay additional fees DD if required.

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## ANNEXURE - H

### MEDICAL FITNESS

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** :

<b>CERTIFICATE OF MEDICAL FITNESS</b>	
<p>This is to certify that I have conducted clinical examination of Mr./Ms ..... who is desirous of admission to Health Science Courses.</p> <p>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.</p> <p>Certified that he/she fulfills the following criteria.</p> <ul style="list-style-type: none"><li>(1) Absence of any incapacitating and /or progressive systemic disease/disorder/condition,</li><li>(2) Absence of any disability of upper limb/s.</li><li>(3) Absence of any major visual/ auditory disability.</li><li>(4) Absence of psychosis/neurosis/mental retardation,</li><li>(5) Ability to maintain erect posture,</li><li>(6) Reasonable manual dexterity.</li></ul> <p>Though, following deviations have been revealed, in my opinion, these are not impediments to pursue a career as a Medical. He/ She is fit for MBBS course.</p> <p>1. ....</p> <p>2. ....</p> <p>3. ....</p>	
Address of the Registered Medical Practitioner	Signature
	Name
	Registration No.
	Seal of Registered Medical Practitioner
Date :	