SWAMI RAMANAND TEERTH RURAL GOVERNMENT MEDICAL COLLEGE, AMBAJOGAI DIST-BEED

Contact Number for Admission Process

Landlinenumber : 02446-248438

DON'T CALL ON THE PERSONAL NUMBER OF DEAN / NODAL OFFICER

Institutional guide for students, parents and admission staff

IMPORTANT: This manual is an institutional guide. In case of any discrepancy, the latest instructions/notifications of MCC, NTA, State CET Cell Maharashtra, Government of Maharashtra, NMC or MUHS shall prevail.

FOR ALL INDIA/STATE QUOTA STUDENTS

NOTIFICATION (For NEET UG-2026-27 Admissions)

All the selected students of NEET-UG-2026 allotted seat at **S.R.T.R Govt. Medical College, Ambajogai Dist-Beed (M.S.)** should follow following instructions and accordingly report with all details required for admission process.

1. **Download & print this PDF file**. **READ ALL DETAILSCAREFULLY**
2. Print and fill 2 copies of Application Form,
3. Print and fill 2 copies of Holding Certificate
4. Print and fill 2 copies of Student information.
5. All **original documents** enlisted in the holding certificate **and two sets of SELF ATTESTED photo copies** of all original documents.
6. **Passport photo JPJ Format must include in pendrive**
7. All original Documents **INDIVIDUAL SCAN in PDF format only** will be compulsory required during admission. Student should scan document properly through computer scanner (Size 500 kb only). **Please don't use mobile scanner for scanning documents.** Individual Original Documents should be scanned and **renamed** appropriately. This submission will be mandatory to be submitted ONLY on pen drive.

   e.g. Nationality certificate, after scanning should be renamed as

   Nationality- Amol Solanke (Name of Student)

   Prepare Folder and rename it with Name of the student, keep all scan documents in this folder for submission during admission. Scan documents will be accepted only in Pen Drive.
8. Students to note that the Demand Drafts (D.D.) of desired Fees should not have any error/spelling mistakes in the name of DD desired. This will not be acceptable**. Cash/Cheque will NOT be acceptable.**
9. Other Letters/undertakings if required will be taken at the time of admission if permissible within the rules thereof.

10. **Kindly note…. Admission Process requires verification and approval. No student will be given Joining letters urgently. The office may require 1-2 days to complete the process.**
11. **Students are advised to read details of admission process in information brochure/FAQs/other notifications available on mcc website and for state admissions (Maharashtra state) on state commissioner admission cell official website. The institute is responsible ONLY for admissions; students are advised to check official websites for any queries.**
12. **Students are strictly advised NOT TO EDIT ANY FORMATS. All formats should be filled by student in his/her own hand writing.**
13. **Students and parents are requested to follow the instructions of the College/Competent Authority regarding entry, crowd management and document verification during the admission process.**
14. **Submit all documents in a simple button file folder as below:**

SIMPLE BUTTON FOLDER

Sd/-
Nodal Officer
S.R.T.R GMC
AMBAJOGAI

एमबीबीएस प्रवेशासाठी विद्यार्थ्यांना महत्वाच्या सुचना

नीट युजी-२०२६ अंतर्गत स्वामी रामानंद तिर्थ ग्रामीण शासकीय वैद्यकीय महाविद्यालय, अंबाजोगाई येथे एमबीबीएस प्रवेशासाठी येणा-या विद्यार्थ्यांनी खालील सुचनांचे काटेकोरपणे पालन करावे.

१. या पीडीएफ फाईल मधील **Application Form** च्या दोन प्रती प्रिंट करुन त्या मधील माहिती अचुक भरावी.

२. या पीडीएफ फाईल मधील **Holding Cerificate** च्या दोन प्रती प्रिंट करुन त्या मधील माहिती अचुक भरावी.

३. या पीडीएफफाईल मधील **Student Information** च्या दोन प्रती प्रिंट करुन त्या मधील माहिती अचुक भरावी.

४. सर्व मुळ प्रमाणपत्रे Holding Cerificate मध्ये दिलेल्या प्रमाणपत्रांच्या यादी नुसार क्रमांनी लावावीत व तसेच त्याच क्रमांनी स्व साक्षांकित (सेल्फअटेस्टेड) केलेले दोन झेरॉक्स सेट तयार करावे.

५. Holding Cerificate मध्ये दिलेल्या सर्व मुळप्रमाणपत्रांचे स्पष्ट फोटो मध्ये येतील (कृपया मोबाईल स्कॅनरचा वापर करु नये) असे प्रत्येक प्रमाणपत्रांचेस्वतंत्र स्कॅन करावे (पीडीएफ फॉरमॅट मध्ये ५०० के.बीच्या आत) व त्या स्कॅन केलेल्या फाईलला त्या प्रमाणपत्राचेनाव व विद्यार्थ्यांचे नाव द्यावे.

उदा.Nationality Certificate हे प्रमाणपत्र स्कॅन केल्यानंतर त्या फाईलचे नाव

Nationality Certificate–Amol Solanke.pdf असे द्यावे.

अशा प्रकारे सर्व प्रमाणपत्रेस्कॅन केल्यानंतर सर्व पीडीएफ फाईल एक फोल्डर मध्ये टाकुन त्याफोल्डरला विद्यार्थ्याचे नाव द्यावे व स्कॅन केलेलेप्रमाणपत्रे पेन ड्राईव मध्ये सादर करावे.

उदा- **Amol Solanke Documents**

६. सर्व विद्यार्थ्यांनी आपणांस लागु असलेल्या शुल्का नुसार धनाकर्ष (डी.डी) स्पेलिंग मिस्टेक न करता काढावे.

७. प्रवेश प्रक्रियेदरम्यान आवश्यकतेनुसार विद्यार्थ्यांकडुन प्रतिज्ञापत्र व प्रमाणपत्र मागण्यात येतील.

८. प्रवेशासाठी आलेल्या विद्यार्थी व पालक यांना सुचित करण्यात येते की, प्रवेश प्रक्रिया पुर्ण करण्यासाठी किमान १ ते २ दिवसांचा कालावधी लागु शकतो. कृपया कोणीही प्रवेश निश्चित झालेल्या प्रमाणपत्रासाठी (**JOINING LETTER**) घाई करु नये.

९. तसेच प्रवेशास येण्यापुर्वी राज्य सामाईक प्रवेश परीक्षा कक्ष, यांनी वेळोवेळी दिलेल्या सुचनांचे पालन करावे.

१०. प्रवेश प्रक्रियादरम्यान विद्यार्थी व पालक यानी गर्दी करु नये व महाविद्यालयाने दिलेल्या सुचनाचे पालन करावे.

११. सर्व मुळ प्रमाणपत्रे व दोन छायांकित प्रती खालील दिलेल्या बटण फोल्डर मध्ये जमा करावे

STUDENT INFORMATION

S.R.T.R GOVT.MEDICAL COLLEGE, AMBAJOGAI

ADMISSION FOR THE YEAR 2026-27

1	Name of the Student as mentioned on HSC Mark sheet (in Capital)	
	Guardian / Father's Full Name	
	Name of Mother	
	Full Name of the Student in Marathi /Hindi.	
2	Residential Address with PIN code	
	Mobile No. of Student	
	Mobile No. of Parent	
3	E-mail Address of Student	
	E-mail Address of Parent	
4	a) Date of Birth	
	b) Place of Birth	
5	Aadhaar No.	
6	Gender (Male /Female)	
7	Date of Admission	/ /2026
8	a) Category	
	b) Caste	
	c) Sub-Caste	
	Category of Admission	
9	Domicile State (belongs to which state)	
10	**Academic Record**	
	S.S.C. Year of Passing:	
	Name of the HSC/12thBoard	
	Marks Obtained in H.S.C.(10+2)	
	(1) English: Marks Obtained	/100
	(2) Physics: Marks Obtained	/100
	(3) Chemistry: Marks Obtained	/100
	(4) Biology: Marks Obtained	/100
	Total marks (Phy+Chem+Bio)	/300 (P+C+B)
	NEET-UG-2026 Roll No.	
	NEET-UG-2026 Marks	/720
	NEET-UG-2026 AIR No.	
	Name of Board in HSC Exam	
11	Blood Group	
	Mark of Identification (two)	1)
		2)
	Guardian/Father's Occupation	
12	*Willingness about organ donation after Accidental Death.	Yes /No

* As per Maharashtra University of Health Sciences eligibility form.

Date: / /2026

Place: AMBAJOGAI

Signature of Candidate

GOVERNMENT OF MAHARASHTRA

SWAMI RAMANAND TEERTH RURALGOVERNMENT MEDICAL COLLEGE, AMBAJOGAI-431517, DIST. BEED.

(OFFICE OF THE DEAN)

Phone. No. (Office) +91-02446- 245792 (Fax) +91-02446-247132 Website. http://www.srtrmca.org E-mail – ugexamsrt@gmail.com ,srtrgmc@gmail.com

Out.No.SRTRGMC/Admission 2026-27/ /2026 Date. / /2026

HOLDING CERTIFICATE

This is to certify that Shri/Kum._____is admitted in this college on / /2026 to I[st] MBBS course for the Academic Year 2026-27. His/her following **ORIGINAL CERTIFICATES** are retained in this College.

Sr.No.	Original Documents Required	Available YES/No
1	Allotment letter generated on-line (Issued by MCC- for AI students). For state quota candidates, Allotment letter / Selection list page printout bearing name of candidate.	
2	Nationality Certificate OR Valid Passport	
3	Domicile Certificate	
4	Aadhar Card (Photocopy compulsory)	
5	SSC (10th) Passing Certificate	
6	HSC (10+2) Mark sheet	
7	HSC (10+2) Passing Certificate	
8	Admit card & Marksheet NEET-UG-2026 issued by NTA	
9	Result or Rank Letter NEET-UG-2026 issued by NTA	
10	Proof of identity (PAN/ Adhar/Driving License/ Passport)-XEROX copy	
11	Caste Certificate (In Standard Format as specified in prospectus/ Information bulletin)	
12	Caste Validity Certificate / For outside Maharashtra students (OMS) Letter from magistrate that your state does not issue caste validity certificate	
13	Non Creamy Layer Certificate… Valid up to 31/03/2027 (Not required for SC & ST)	
14	SEBC (Socially & Educationally Backward Classes) Certificate as per the prescribed format by Competent Authority issued for 2026-2027 (If applicable)	
15	EWS certificate as per the prescribed format by Competent Authority issued for 2026-2027 (If applicable)	
16	School Leaving OR Transfer Certificate	
17	Defense Certificate (for D1,D2,D3 .. (for State quota students only)	
18	Physically Handicapped / Disability Certificate…. If applicable (As per the NMC norms & as specified in information Brochure/Bulletin)	
19	MKB Certificate ….. (for State quota students only)	
20	Hilly Area Certificate…..(for State quota students only)	
21	Medical Fitness Certificate in prescribed Performa	
22	Migration Certificate (if applicable)	
23	Self-Education Gap Certificate (Affidavit on Rs.100/- Bond)	
24	Copy of Online Application form (Latest) filled on www.mahacet.org	
Tuition Fees Demand draft: D.D.No: of Rs. Dt. / /2026		
Other Fees:D.D.No: Rs. Dt. / /2026		
(Document Sets to be prepared exactly as perabovesequence)	(Please write-down **YES/No** carefully)	

Documents Verifier Name & Sign

D E A N,
S.R.T.R Govt. Medical College, Ambajogai.

Application for admission

Name:-_____

Address (In Capital):-_____

_____

Mobile No .Student :-_____

E-mail Address of Student :-_____

Mobile Non parents :-_____

E-mail Address of Student:-_____

Phone No.(Res.):-_____

Date: :- / /2026

Recent Passport size Photograph

To,
The Dean,
S.R.T.R Govt. Medical College, AmbajogaiDist-Beed

Sub: - Joining in Ist MBBS Course at S.R.T.R Govt. Medical College, Ambajogai

Ref:- Selection letter/List : (print out attached)

Respected Sir,

I the undersigned Shri./Kum. (Full Name in Capital) _____ _____has been selected for Ist MBBS Course in S.R.T.R Govt. Medical College, Ambajogai as per the Selection letter of All India / Statelist.

Kindly enroll me in your college as Ist MBBS student for the Academic Year 2026-2027.

Thanking you.

Yours faithfully,

Signature of candidate
(Name:_____)

Detail Information of Candidates

Passport Size Photograph

S.R.T.R GOVT.MEDICAL COLLEGE, AMBAJOGAI

ADMISSION TO M.B.B.S. COURSE FOR THE ACADEMIC YEAR 2026- 2027.

A) NAME OF CANDIDATE _____
(As Per 12th 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) DATE OF BIRTH: ___ /___ /_____

PLACE OF BIRTH: _____ TALUKA: _____

DISTRICT: _____STATE: _____

F) MOTHER TONGUE: _____

G) CASTE: _____ CATEGORY: _____

RELIGION: _____ ALLOTTED QUOTA_____

H) COLLEGE FROM WHICH HSC (10 + 2) PASSED: _____

_____ BOARD: _____

ADDRESS OF COLLEGE: _____

_____

HSC (10+2) PASSING YEAR/ MONTH: _____ SEAT NO: _____

I) NEET UG APPLICATION FORM NO.: _____

J) NEET UG ROLL NO: _____

K) NEET UG MARKS: _____ / 720, PERCENTILE: _____

L) ALL INDIA RANK: _____ State Rank_____

M) DATE OF COUNSELING BY MCC /MAHACET: _____

N) QUOTA ALLOTTED (All India, State): _____

O) HSC (10+2) AGGREGATE MARKS & PERCENTAGE: _____

P) PCB TOTAL MARKS & PERCENTAGE : _____

PHYSICS: _____CHEMISTRY: _____ BIOLOGY: _____ ENGLISH: _____

Q) Qulification Details (HSC)

SR. NO.	EXAMINATION	COURSE	REGISTRATION NO.	BOARD/UNI.	MONTH & YEAR PASSING

PARENT'S SIGNATURE

STUDENT'S SIGNATURE

VERIFING OFFICER

FEES: To be submitted as Demand Draft Details (DD)

For M.B.B.S. Admission in the year 2026-27
Selected students are instructed to submit the DD as follows
Demand drafts to be drawn from Nationalized banks
(No errors or spelling mistakes in the DD will be accepted)

For All India Quota Candidates & OPEN Category Candidates of State Quota	**1.First D.D of Rs.1,67,300/-** **2.Second D.D of Rs.19,250/-** Above two Demand Drafts In Favor of : **DEAN, SRTR GMC AMBAJOGAI** **(Payable at Ambajogai)**
For Reserve Category (For Maharashtra Students Only) **VJ, NT,SBC, OBC, (Annual Income Less than 8 Lakhs) & SC, ST Girls (For Maharashtra state Domicile Only) (As per GR.Dated 08/07/2024, 19/07/2024 and instructions Issued by Commissioner DMER on 23/08/2024)**	**1. Rs.19,250/-** as one D.D. Above one Demand Drafts In Favor of : **DEAN, SRTR GMC, AMBAJOGAI** **(Payable at Ambajogai)**
For Maharashtra Quota Students EWS & SEBC Category (Two DDs) For Boys	**1.First D.D of Rs.83,650/-** **2.Second D.D of Rs.19,250/-** Above two Demand Drafts In Favor of : **DEAN, SRTR GMC AMBAJOGAI** **(Payable at Ambajogai)**
For Maharashtra Quota Students EWS, EBC & SEBC Category Girls (Annual Income Less than 8 Lakhs)	**1. Rs.19,250/-** as one D.D. Above one Demand Drafts In Favor of : **DEAN, SRTR GMC, AMBAJOGAI** **(Payable at Ambajogai)**

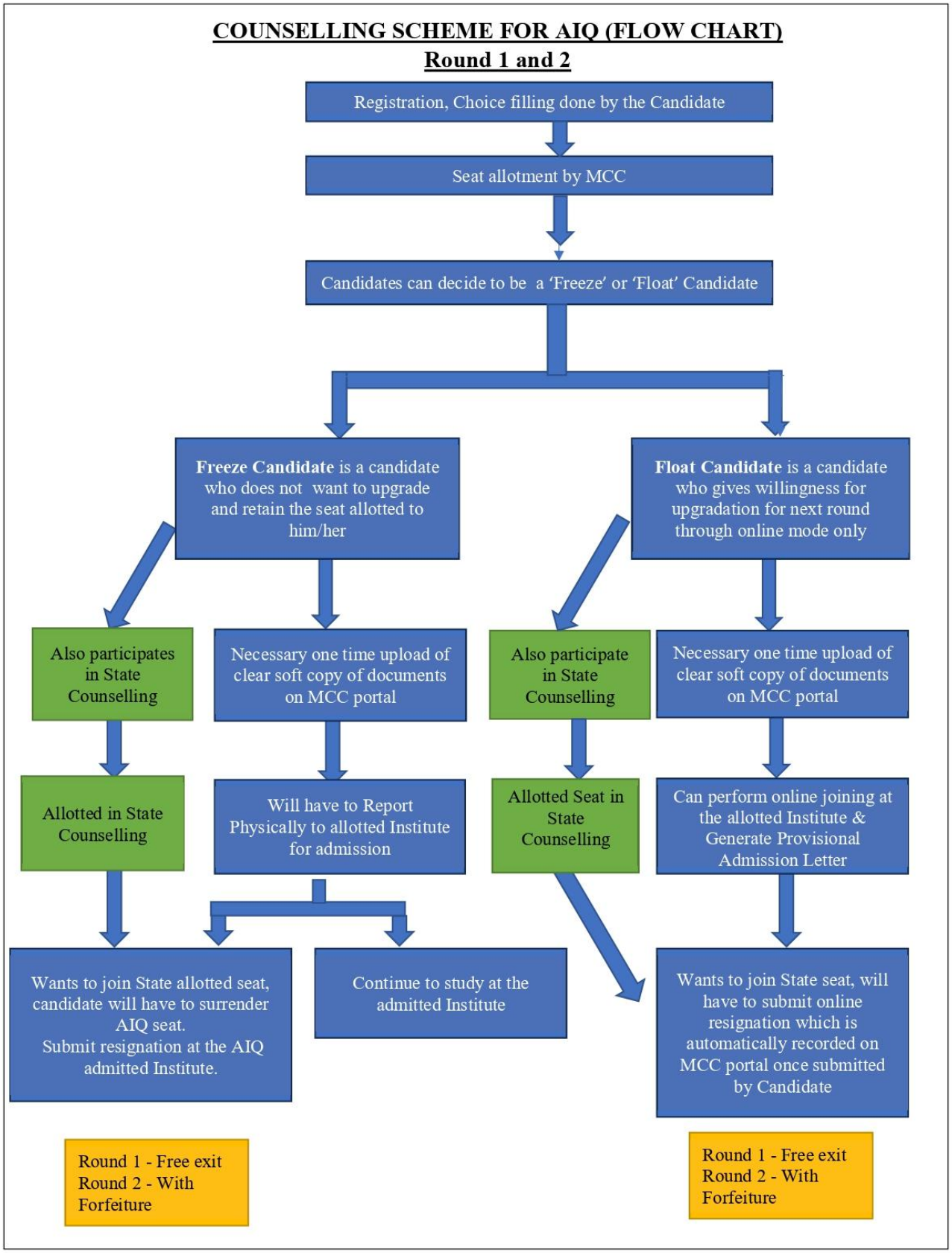
*** Those from VJ, NT, OBC (Including SBC) & SEBC Category with income more than 8 Lakh/yr will have to pay full fees as per OPEN category**

*****आर्थिक दृष्टया दुर्बल घटक (EBC & EWS) आणि SEBC प्रवर्गातील वार्षीक कौटुंबिक उत्पन्न प्रमाणपत्र धारक (रुपये आठ लाखाच्या आत) विद्यार्थीनींना (आर्थिकवर्ष २०२४-२५) शैक्षणीक शुल्कपुर्ण माफअसल्या कारणाने सदरील विद्यार्थीनींनी फक्त रुपये १९,२५०/-रक्कमेचा डी.डी काढावा. (शा.नि.क्र.शिष्यवृ-२०२४/प्रक्र१०५/तांशि-४ दि. ०८ जुलै २०२४)

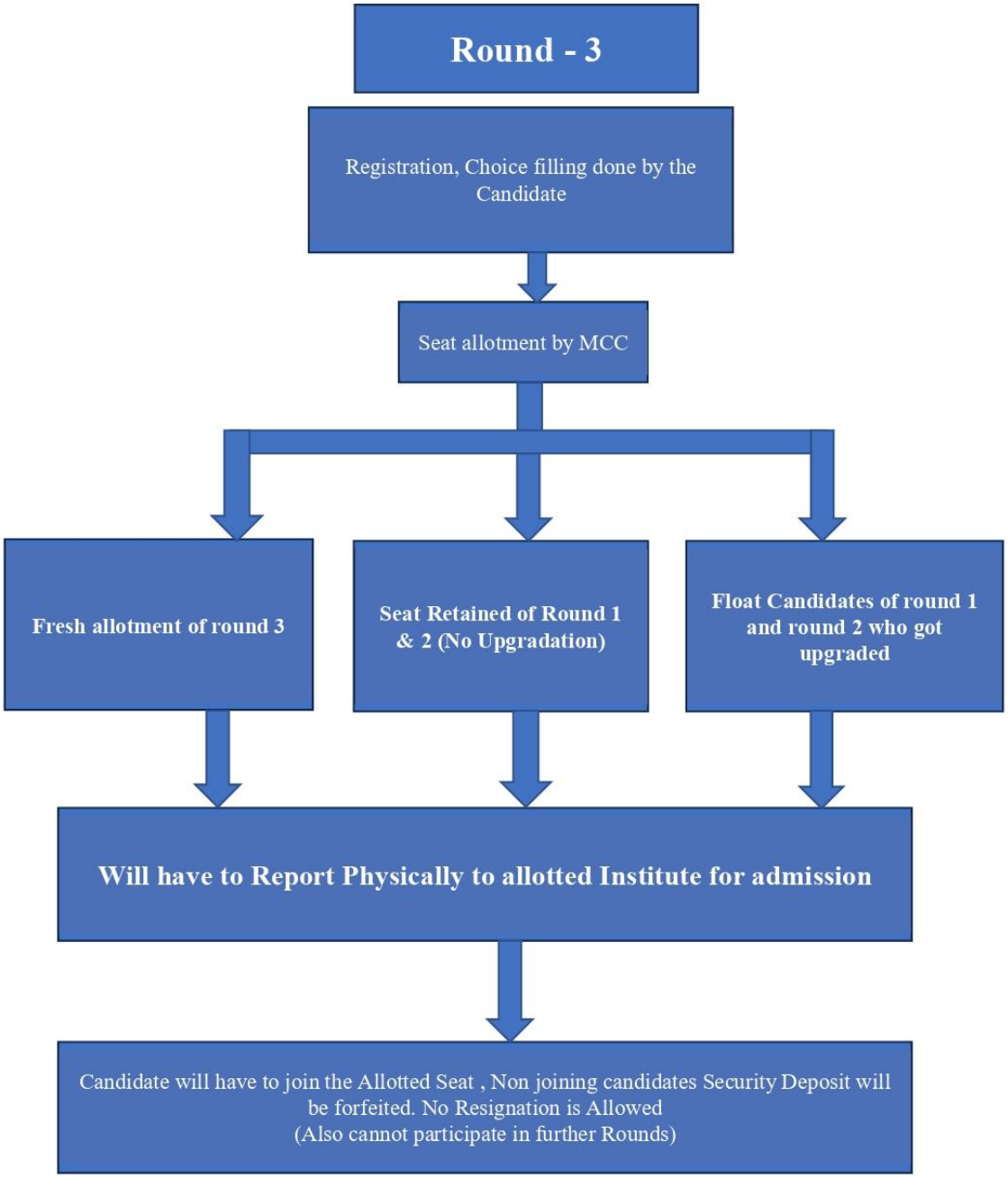
Note:

- **Please Note cash/cheque will not be accepted.**
- The demand draft will be deposit in the accounts only after cutoff date of admission process.
- If students are allotted another college in subsequent rounds of All India / state ….. In such situation, DD will be refunded back to the student. All such students will be required to pay an amount of **Rs.1500/- as cash** (admission cancellation fees) in the cash section of accounts department.

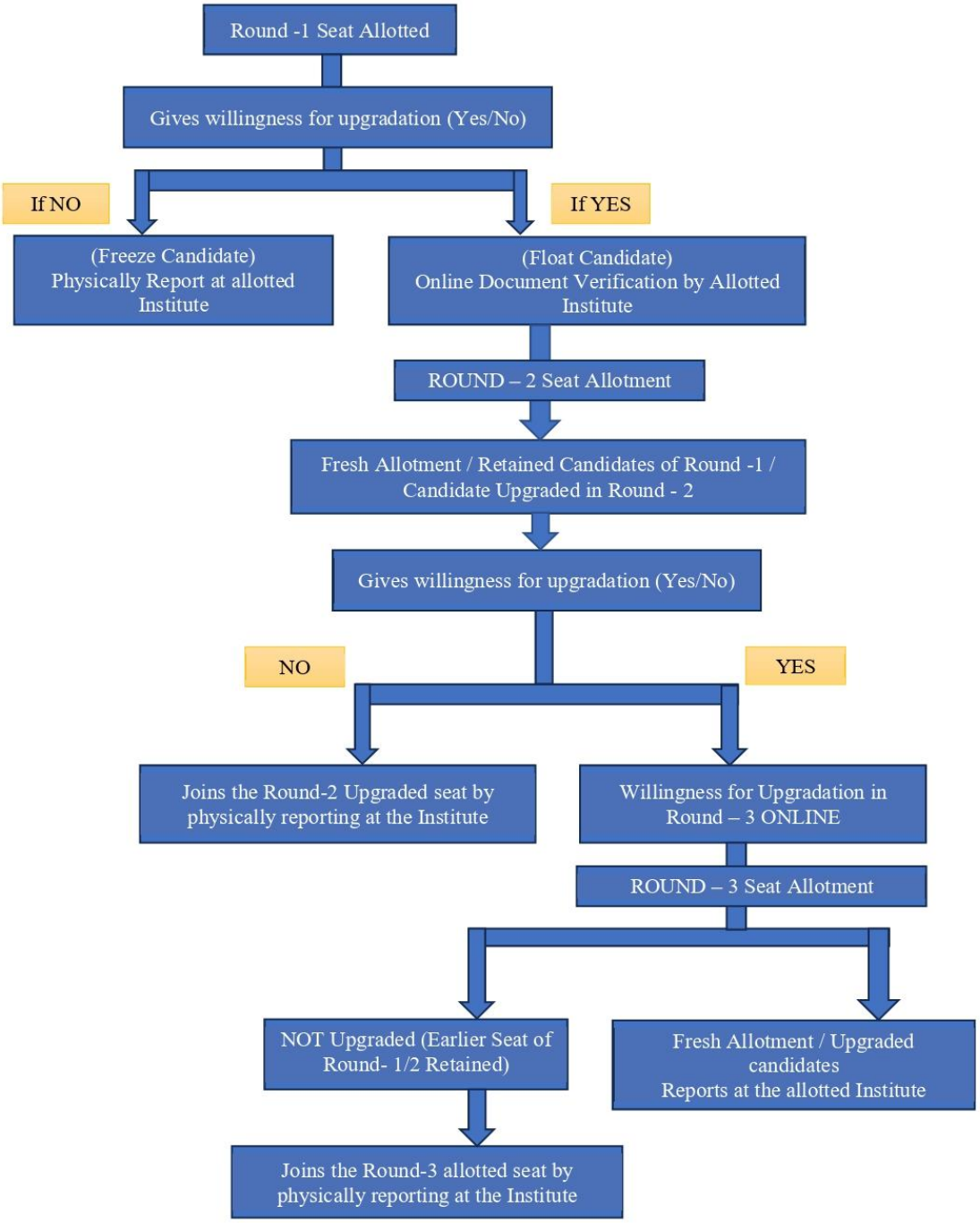
- **AIQ COUNSELLING STUDENTS FLOW CHART**



Flow Chart for Process of Counselling … continued from the previous page



Flowchart for Retained/ Upgraded Candidates



PwBD-STUDENTS ELIGIBILITY CERTIFICATE FROM AUTHORIZED MEDICAL ASSESSMENT BOARDS (AIQ/STATE Quata Students)

Note- See NMC UGMEB (U-11021/24204/2026-UGMEB Date-27.07.2026) Guidelines on assessment of persons with benchmark disabilities (PwBD) for admission to MBBS course 2026. (NEET UG Counselling 2026, information bulletin & counselling scheme page no.69-98).

SCHEDULE – II

[See Clause 12.6]

ELIGIBILITY CERTIFICATE

Issued by the Medical Assessment Board

1. Candidate Particulars

1. Name of Candidate: _____
2. Father's/Mother's/Guardian's Name: _____
3. Date of Birth: _____/ _____/ _____
4. Gender: _____
5. NEET Roll Number: _____
6. Application/Registration Number: _____
7. UDID Number _____
8. Disability Certificate Number and Date: _____

2. Medical Assessment Board

1. Name of Medical Assessment Board: _____
2. Institution/Hospital: _____
3. Date(s) of Assessment: _____/ _____/ _____
4. Place of Assessment: _____

3. Nature of Disability

1. Category of Disability: _____
2. Medical Diagnosis: _____
3. Nature and Extent of Disability: _____
4. Percentage of Benchmark Disability (where applicable): _____%

Note: The determination of eligibility has not been made solely on the basis of the diagnosis, category of disability, or percentage of benchmark disability.

4. Functional Competency Assessment

The Medical Assessment Board has assessed the candidate with reference to the essential competencies prescribed under the Competency Based Medical Education (CBME) Curriculum.

The Board records the following findings:

_____

_____

_____

_____

5. Assessment of Reasonable Accommodation

The Medical Assessment Board has considered the requirement and feasibility of providing reasonable accommodation, assistive technology, or other support measures.

Accommodation(s) considered:

Accommodation(s) recommended (if any):

If no accommodation is recommended, reasons:

6. Assessment of Ability to Complete the MBBS Course

The Medical Assessment Board is satisfied that the candidate:

☐ Is capable of successfully completing the MBBS Course and acquiring the essential competencies prescribed under the CBME Curriculum.

☐ Is capable of successfully completing the MBBS Course subject to the reasonable accommodation(s) specified above.

☐ Is not capable of acquiring the essential competencies prescribed under the CBME Curriculum despite consideration of reasonable accommodation.

Reasons:

7. Patient Safety Assessment

The Medical Assessment Board has evaluated whether the disability poses any demonstrable risk to patient safety.

Findings:

Where any risk has been identified, the Board records whether such risk can be mitigated through reasonable accommodation:

8. Final Determination

After considering—

(a) the candidate's demonstrated functional competency;

(b) the feasibility of reasonable accommodation and assistive technology;

(c) the ability to successfully complete the MBBS Course and acquire the prescribed competencies; and

(d) considerations relating to patient safety,

the Medical Assessment Board hereby certifies that the candidate is:

☐ Eligible

☐ **Eligible with Reasonable Accommodation**

Recommended Accommodation(s):

☐ Ineligible

Reasons (to be recorded in accordance with Clause 12.4):

9. Declaration of the Medical Assessment Board

The Medical Assessment Board certifies that this determination has been made after conducting an individualized assessment based on objective medical and functional evidence, taking into account the essential competencies prescribed under the Competency Based Medical Education (CBME) Curriculum, the feasibility of reasonable accommodation and assistive technology, and considerations relating to patient safety. The determination has not been based solely on the diagnosis, category of disability, or percentage of benchmark disability.

10. Signatures

Name of Member	**Designation**	**Signature**
	Chairperson	
	Member	
	Member	

Date: _____/ _____/ _____

Place: _____

(Official Seal of the Medical Assessment Board)

All candidates selected for MBBS Course have to submit this certified Medical Fitness at the time of admission.

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 **Letter head** 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 / Naturopathy and Yogic Sciences / BSc Nursing. **(Strike, which is not applicable):**

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

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

All AIQ Reserved Category candidates selected for MBBS Course have to submit SC/ST/OBC-NCL/EWS Certificate in following Proforma wherever applicable at the time of admission.

ANNEXURE : 3

PROFORMA FOR SCHEDULED CASTE AND SCHEDULED TRIBE CERTIFICATE

Form of certificate as prescribed in M.H.A., O.M., No. 42/21/49-N.G.S. dated the 28.1.1952, as revised in Dept. of Per- & A.R. letter No. 36012/6/76-Est. (S.CT), dated the 29.10.1977, to be produced by candidate belonging to a Scheduled Caste or a Scheduled Tribe in support of his/her claim.

CASTE CERTIFICATE

This is to certify that Shri/Smt./Kum.*.....son/daughter* of

.....ofvillage/town*----------in

district/Division*----------of the State/Union Territory* ----------

belongs to the ---------- Caste/ Tribe which is recognized as a Scheduled Caste/Scheduled Tribe*under:

- The Constitution (Scheduled Caste) Order, 1950
- The Constitution (Scheduled Tribe) Order, 1950
- The Constitution (Scheduled Caste) (Union Territories) Order,1951
- The Constitution (Scheduled Tribe) (Union Territories) Order,1951

1. (as amended by the Scheduled Caste and Scheduled Tribe Lists (Modification) order, 1956, the Bombay Re- organization Act, 1960, the Punjab Re- organization Act, 1966, the State of Himachal Pradesh Act, 1970 the North Eastern Areas (Re-organization) Act, 1971 and the Scheduled Castes and Scheduled Tribes Orders, (Amendment) Act,1976).
   - The Constitution (Jammu and Kashmir) Scheduled Caste Order, 1956.
   - The Constitution (Andaman and Nicobar Islands) Scheduled Tribes Order, 1959.
   - The Constitution (Dadra and Nagar Haveli) Scheduled Caste Order, 1962.
   - The Constitution (Dadra and Nagar Haveli) Scheduled Tribes, Order, 1962.
   - The Constitution (Puducherry) Scheduled Caste Order, 1964
   - The Constitution (Uttar Pradesh) Scheduled Tribes, Order, 1967.
   - The Constitution (Goa, Daman & Diu) Scheduled Caste Order, 1968.
   - The Constitution (Goa, Daman & Diu) Scheduled Tribes, Order, 1968.
   - The Constitution (Nagaland) Scheduled Tribes Order, 1970.
   - The Constitution (Sikkim) Scheduled Caste Order, 1978.
   - The Constitution (Sikkim) Scheduled Tribes Order, 1978.
2. Applicable in the case of Scheduled Caste/Schedule Tribe persons who have migrated from one State/Union Territory Administration:

This certificate is issued on the basis of the Scheduled Caste/Scheduled Tribe* certificate issued to Shri/Smt* ----------
father/mother of
Shri/Smt/Kum* -____of village/town*____------ in District/Division* ----------of the State/Union Territory*----------
who belongs to the ---------- caste/tribe which is recognized as a Scheduled Caste/Scheduled Tribe* in the State/Union
Territory* ----------issued by the ---------- (name of prescribed authority) vide their No---------- ---- date

---

3. Shri*/Smt.*/Kum* ----------and/or his/her* family ordinary reside (s) in village/town* ..... of the State/Union Territory
   of --.

Signature .....

Place---------- State/Union Territory ** Designation----------

ANNEXURE : 4

PROFORMA FOR OTHER BACKWARD CLASS (OBC-NCL) CERTIFICATE

(Certificate to be produced by Other Backward Class applying for admission to Central Educational Institute (CEIS) underthe Government of India)

This is to certify that Shri/Smt./Kum./Dr._____Son/Daughter of Shri/Dr. _____of Village/Town_District/Division_in the_____ State belongs to the_____Community which is recognized as a backward class under:

(i) Resolution No. 12011/68/93-BCC(C) dated 10/09/93 published in the Gazette of India Extraordinary part I Section I No. 186 dated 13/09/93.
(ii) Resolution No. 12011/9/94-BCC dated 19/10/94 published in the Gazette of India Extraordinary part I Section I No. 163 dated 20/10/94.
(iii) Resolution No. 12011/7/95-BCC dated 24/05/95 published in the Gazette of India Extraordinary part I Section I No. 88 dated 25/05/95.
(iv) Resolution No. 12011/96/94-BCC dated 09/03/96.
(v) Resolution No. 12011/44/96-BCC dated 06/12/96 published in the Gazette of India Extraordinary part I Section I No. 120 dated 11/12/96.
(vi) Resolution No. 12011/13/97-BCC dated 03/12/97.
(vii) Resolution No. 12011/99/94-BCC dated 11/12/97.
(viii) Resolution No. 12011/68/98-BCC dated 27/10/99.
(ix) Resolution No. 12011/88/98-BCC dated 06/12/99 published in the Gazette of India Extraordinary part I Section I No. 270 dated 06/12/99.
(x) Resolution No. 12011/36/99-BCC dated 04/04/2000 published in the Gazette of India Extraordinary part I Section I No. 71 dated 04/04/2004.
(xi) Resolution No. 12011/44/99-BCC dated 21/09/2000 published in the Gazette of India Extraordinary part I Section I No. 210 dated 21/09/2000.
(xii) Resolution No. 12015/09/2000-BCC dated 06/09/2001.
(xiii) Resolution No. 12011/01/2001-BCC dated 19/06/2003.
(xiv) Resolution No. 12011/04/2002-BCC dated 13/01/2004.
(xv) Resolution No. 12011/09/2004-BCC dated 16/01/2006 published in the Gazette of India Extraordinary part I Section I No. 210 dated 16/01/2006.
(xvi) Resolution No. 20012/129/2009/-BC-II dated 04/03/2014 published in the Gazette of India Extraordinary Part I section I no. 63 dated 04/03/2014.

Shri/Smt./Kum._and/or his family ordinarily reside(s) in the _____ District/Division of_____State.

This is also to certify that he/she does not belong to the persons/section (creamy layer) mentioned in Column 3 of the Scheduled to the Government of India. Department of Personnel & Training O.M. No. 36012/22/93-Estt. (SCT) dated 08/09/93 which is modified vide OM No. 36033/3/2004 Estt. (Res.) dated 09.03.2004 or the latest notification of the Government of India.

Dated:
District Magistrate/Competent Authority Seal

NOTE:

(a) The Term Ordinarily used here will have the same meaning as in Section 20 of the Representation of the People Act, 1950.
(b) The authorities competent to issue Caste Certificates are indicated below:
(i) District Magistrate/Additional Magistrate/Ist Class Stipendiary Magistrate/Sub-Divisional Magistrate/Taluka Magistrate/Executive Magistrate/Extra Assistant Commissioner (not below the rank of 1st Class Stipendiary Magistate.)
(ii) Chief Presidency Magistrate/Additional Chief presidency Magistrate/Presidency magistrate.
(iii) Revenue Officer not below the rank of Tehsildar.
(iv) Sub-Divisional Officer of the area where the candidate and/or his family resides.
(c) The annual income/status of the parents of the applicant should be based on financial year ending March 31, 2026.

ANNEXURE: 5

Proforma for EWS Certificate

Government of .....
(Name & Address of the authority issuing the certificate)

INCOME & ASSEST CERTIFICATE TO BE PRODUCED BY ECONOMICALLY WEAKER SECTIONS

Certificate No. _____ Date: _____

VALID FOR THE YEAR_____

This is to certify that Shri/Smt./Kumari _____ son/daughter/wife of _____ permanent resident of _____, Village/Street _____ Post Office _____ District_____ in the State/Union Territory _____ Pin Code_____ whose photograph is attested below belongs to Economically Weaker Sections, since the gross annual income* of his/her 'family"** is below Rs. 8 lakh (Rupees Eight Lakh only) for the financial year _____. His/her family does not own or possess any of the following assets*** :

I. 5 acres of agricultural land and above;
II. Residential flat of 1000 sq. ft. and above;
III. Residential plot of 100 sq. yards and above in notified municipalities;
IV. Residential plot of 200 sq. yards and above in areas other than the notified municipalities.

2. Shri/Smt./Kumari _____ belongs to the _____ caste which is not recognized as a Scheduled Caste, Scheduled Tribe and Other Backward Classes (Central List)

Signature with seal of Office_____
Name _____
Designation _____

Recent Passport size attested photograph of the applicant

*Note1:. Income covered all sources i.e. salary, agriculture, business, profession, etc.

**Note 2:The term "Family" for this purpose include the person, who seeks benefit of reservation, his/her parents and siblings below the age of 18 years as also his/her spouse and children below the age of 18 years

***Note 3: The property held by a "Family" in different locations or different places/cities have been clubbed while applying the land or property holding test to determine EWS status.

Office of the .....

.....

Outward No.:- **Date:-**

TO WHOME IT MAY CONCERN

CERTIFICATE

This is to certify that, the **Caste Certificate No.**.....

Dated ..... 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 Tahsildar / Magistrate / Issuing Authority**

कार्यालय .....

.....

जावक क्र. **दिनांक:**

जो कोई भी इससे संबंधित है उसके लिए

प्रमाणपत्र

प्रमाणित किया जाता है की, **श्री. / कुमारी** ..... इनको,

तहसिलदार/ जिल्हा मॅजिस्ट्रेट ..... कार्यालयद्वारा

निर्गमित किया हुआ **जात प्रमाणपत्र क्रमांक** ..... **दिनांक** .....

वैध है ।

तथा,..... राज्यमें अलगसे जात वैधता प्रमाणपत्र निर्गमित करने का कोई प्रावधान नही है ।

कार्यालयीन मोहोर **तहसिलदार / जिल्हा मॅजिस्ट्रेट तथा संबंधित अधिकारी के हस्ताक्षर**

वाचा: शासन निर्णय क्र. सीइटी ३५१७/प्र.क्र.१२०/१७/शिक्षण-२ दिनांक ०९/०३/२०१५)

Following are the Proformas for State Quota candidates

EWS

शासन निर्णय क्रमांकः राआधो ४०१९/प्र.क्र.३१/१६-अ

सामान्य प्रशासन विभाग, शासन निर्णय क्र. राआधो ४०१९/प्र.क्र.३१/१६ अ, दि. ३१.०५.२०२१
सोबतचे सहपत्र
Annexure-A

Government of Maharashtra

Certificate No :

Photo

(valid for Year)
Eligibility certificate for Economically Weaker Section

(For the purpose of 10% reservation prescribed for Economically Weaker Section vide Government Resolution सामान्य प्रशासन विभाग, शासन निर्णय क्र. राआधो 4019/प्र.क्र.31/16 अ dated 31.05.2021)

This is to certify that Shri/Smt/Kum ---------- is son /daughter/ward of ----------He/ She is resident of village / city ---------Taluka ---------- District -------- and he /she belongs to ---------- caste/sub caste /class which is not included in the cadres mentioned in the Maharashtra State Public services (Schedule Caste, Schedule Tribes, De-notified Tribes (Vimukta Jati), Nomadic Tribes, Special Backward category and Other Backward Classes) Act, 2001 (Maharashtra Act No 8 of 2004).

As per norms prescribed Vide Government of Maharashtra, General Administration Department, and Government Resolution No. राआधो 4019/प्र.क्र.31/16 अ, dated 12.02.2019. His /Her gross family annual income for Year---------- from all source is Rs.----------/- which is less than Rs.8,00,000/-. Therefore it is certified that he/ she is within category of Economically Weaker Sections.

Place :
Date :

Signature :
Name :
Designation:

(This certificate has been issued on the basis of following proof/evidences/documents)

1.
2.
3.

पृष्ठ ८ पैकी ८

ANNEXURE-E
MAHARASHTRA - KARNATAKA DISPUTED BORDER AREA (MKB) RESERVATION

Eight seats in Government Medical Colleges, two seats in Government Dental Colleges, five seats in Government and Govt. aided Ayurvedic Colleges and One seat in Government Yog and Naturopathy College in Maharashtra is reserved for the candidates belonging to Maharashtra-Karnataka Disputed border area on the following conditions:

a) The candidate must be a domicile of place situated in the areas as specified in the list given below, and produce a domicile certificate from the District Collector accordingly.

b) He should have passed SSC (or equivalent) and/or HSC (or equivalent) examination from an Institution situated in the border area. The candidate must produce a certificate from the Principal/Head-Master of the College/School stating that candidate has passed SSC/HSC (or equivalent) examination from the Institution.

c) Mother tongue of the candidate must be Marathi. The candidate must produce a certificate from the Principal/Head-Master of the School from which he/she has passed the SSC (or equivalent) examination, stating that the candidate's mother tongue is Marathi as per the original school record.

d) To avail the benefit of MKB claim, the candidate must have appeared at NEET UG -2026 examination.

e) The Competent Authority shall select the candidates claiming MKB Quota, on the basis of their Merit at NEET UG -2026 examination

Districts, Talukas amd villages included under MKB are available at website of www.mahacet.org

ANNEXURE - F
HILLY AREA (HA) RESERVATION

There will be 3% seats at Govt. / Municipal Corporation Medical colleges reserved for the candidates from Hilly areas.

In accordance with G.R. issued by the Govt. of Maharashtra MED Dept. G.R. No. MED-1002/3852/CR-617/02/Edu-2, dated 17/4/2003 and resolutions issued by Govt. of Maharashtra from time to time, the candidates claiming seat under HA claim should satisfy following criteria to be eligible:

i) **Domicile Certificate of the parent stating that he/she is domicile in the village declared as a Hilly area specified in the Table for the respective Regions** (Rest of Maharashtra/Vidarbha /Marathwada, as per the latest list issued by concerned Department) The said certificate should be obtained from the concerned Revenue Department officer (Tehsildar and Above).

ii) To avail the benefit of HA claim, the candidate must have appeared at NEET UG -2026 examination.

iii) The Competent Authority shall select the candidates claiming HA, on the basis of their Merit at NEET UG -2026 examination.

iv) The constitutional reservation is provided under these HA claim seats.

v) The candidate should pass SSC/HSC (or equivalent) examination from School/Junior College situated in the hilly area of his/her parents domicile or if not so, at the most, from a School/Junior College situated in the taluka of his/her parent's domicile.

The list of Hilly areas in Maharashtra state is available at website of www.mahacet.org.

ANNEXURE - G

PROFORMA FOR

NON-CREAMY LAYER CERTIFICATE

Form of Certificate to be produced by Other Backward Classes, Vimukta Jati (A), Nomadic Tribes (B, C, D) and Special Backward Category and its synonyms belonging to the State of Maharashtra along with Non Creamy Layer Status.

PART - A

Documents Verified:

1)

2)

3)

4)

This is to certify that Shri/Shrimati/Kumari ..... son/daughter of..... of Village ..... Taluka ....., District ..... of the State of Maharashtra belongs to the ..... Caste/Community/Tribe which is recognised as a Other Backward Class/ Vimukta Jati(A)/Nomadic Tribe (B,C, D) / Special Backward Category under the Government Resolution No. ..... dated ..... as amended from time to time.

2. Shri/Shrimati/Kumari ..... and/or his/her family ordinarily reside(s) in village ....., Taluka....., District ..... of the State of Maharashtra.

3. This is to certify that he/she does not belong to the persons/sections (Creamy Layer) mentioned in the Government of Maharashtra Gazette, Part-IV-B, dated 29th January 2004, Maharashtra State Public Service (Reservation for S.C./S..T./D.T. (V.J.), N.T., S.B.C. & O.B.C. Act, 2001 and instruction and guidelines laid down in the Government Resolution, Social Justice, Cultural Affairs and Sports & Special Assistance Department No. CBC.1094/CR-86/BCW-V, dated 16th June 1994 and Government Resolution No. CBC.10/2001/CR-111/BCW-V, dated 29th May 2003 as amended from time to time.

4. This Certificate is valid for the period upto 31/03/2027 from the date of issue.

Sr. No. ..... Signature : .....

Place :. ..... Designation : .....
(with seal of office)

Dated : .....

Please delete the words which are not applicable
Please quote the name of department and specific number and date of Resolution under which the caste/community/tribe has been recognised as O.B.C., V.J., N.T., of S.B.C. by the Government of Maharashtra.

Note:- The term "Ordinarily reside(s)" used here will have the same meaning as in Section 20 of the Representation of the Peoples Act, 1950

ORPHAN CERTIFICATE

शासन निर्णय क्रमांक-अनाथ-२०२२/प्र.क्र.१२२/का-०३.

प्रपत्र

अनाथ प्रमाणपत्र

संदर्भ- १.शासन निर्णय, महिला व बाल विकास विभाग, क्र.....दिनांक.....
२.बाल कल्याण समिती.....यांचे पत्र क्र.....दिनांक .....अन्वये केलेली शिफारस.
३.जिल्हा महिला व बाल विकास अधिकारी.....यांचे शिफारस पत्र क्र.....दिनांक.....

.....

संकेतांक क्रमांक .....

नवीन फोटो

विभागीय उपायुक्त कार्यालयाचा
गोल शिक्का

नाव - .....

१) संस्थात्मक प्रवर्गातील अनाथांसाठी "अनाथ" असल्याचे प्रमाणपत्र.

प्रमाणित करण्यात येते की, प्रवेशित नामे ---------- हा/ही मुलगा / मुलगी वय वर्षे ---- जन्मदिनांक ---------- दिनांक ---------- पासून ---------- संस्था (नोंदणी क्रमांक), पत्ता-------- ---------- या ---------- विभागाच्या शासकीय / शासनमान्य स्वयंसेवी बालगृहात /अनाथलयात त्या संस्थेतील प्रवेशित रजिस्टरमधील नोंदणी क्रमांक ---------- नुसार दाखल झालेला अनाथ आहे. संस्थेत दाखल होण्याची पार्श्वभूमी :- (वर्णन द्यावे)

प्रवेशित नामे ..... आई वडील मयत आहेत. / याच्या/हिच्या आई वडिलांचा ठाव ठिकाणा सर्व मार्गांचा अवलंब करूनही अद्याप लागलेला नाही. किंवा लागण्याची शक्यता नाही. त्यामुळे संबंधित प्रवेशित हा अनाथ असल्याचे प्रमाणित करण्यात येत आहे.

२) संस्थाबाह्य प्रवर्गातील मुलासाठी अनाथ असल्याचे प्रमाणपत्र.

प्रमाणित करण्यात येते की, अर्जदार नामे ---------- वय वर्षे ---------- जन्म दिनांक ---------- हा /ही महिला व बाल विकास विभाग अथवा अन्य विभागांकडून मान्यताप्राप्त संस्थेमध्ये

शासन निर्णय क्रमांक-अनाथ-२०२२/प्र.क्र.१२२/का-०३.

कधीही दाखल नव्हता/नव्हती. ..... याचे/हिचे आई वडील मयत असून त्याच्या/तिच्या ---------- या नातेवाईकांची माहिती उपलब्ध आहे. संबंधित अर्जदार अनाथ असल्याचे प्रमाणित करण्यात येत आहे.

त्याचे/ तिचे भविष्य उज्ज्वल व्हावे, ही शुभेच्छा.

(गोल शिक्का)

स्वाक्षरी /-

नाव-

विभागीय उपायुक्त,महिला व बाल विकास,

.....विभाग.

शासन शुद्धीपत्रक क्रमांकः **बीसीसी-२०२४/प्र.क्र. ७५/आरक्षण-५**

शासन शुद्धीपत्रक क्रमांक- बीसीसी-२०२४/प्र.क्र. ७५ /आरक्षण-५ दि. २८ जून २०२४ चे सहपत्र

परिशिष्ट-अ

Form of Certificate to be issued to Socially and Educationally Backward Class persons belonging to the State of Maharashtra.

Documents verified:-	(1)	(2)	(3)	(4)
	----------	----------	----------	----------

CASTE CERTIFICATE

This is to certify/that Shri/Shrimati/Kumari ---------- Son/Daughter of ---------- of Village/Town*----------in District/Division*---------- of the State of Maharashtra belongs to the---------- Caste under the Government Resolution Social Justice & Special Assistance Department No.---------- dated 15th July, 2014 as amended from time to time and Section 2 (1) (j) and Section (3) of The Maharashtra State Reservation for Socially and Educationally Backward Classes Act, 2024 as a Socially and Educationally Backward Class.

2. Shri/Shrimati/Kumari----------and/or his/her* family ordinarily reside (s) in village/Town ----------of ----------district/division of the State of Maharashtra.

पृष्ठ ४ पैकी ३

शासन शुद्धीपत्रक क्रमांक- बीसीसी-२०२४/प्र.क्र. ७५ /आरक्षण-५ दि. २८ जून २०२४ चे सहपत्र

परिशिष्ट-ब

NON-CREAMY LAYER CERTIFICATE

This is to certify that Shri/Smt./Kum. ----------does not belong to the persons/sections (Creamy-layer) mentioned in the Government of Maharashtra Gazette, Extra-Ordinary, Part VIII, dated 26th February, 2024, Maharashtra State Reservation for Socially and Educationally Backward Classes Act, 2024 and instructions and guidelines laid down in the Government Resolution Social Justice, Cultural Affairs, Sports and Special Assistance Department No.CBC-10/2001/Pra.Kra. 120/Mavak-5, dated 1 November, 2001, CBC-1094/Pra. Kra.86/Mavak-5, dated 16th June, 1994, CBC- 1094/Pra.Kra.86/Mavak-5, dated 5th June, 1997 and Government Resolution No.CBC- 10/2001/Pra.Kra.111/Mavak-5, dated 29th May, 2003 and Government Resolution No.VJNT-2014/C.R.118/VJNT-1, dated 31 July, 2014.

This Certificate is valid for the period ----------year from the date of issue.

Signature----------.
Designation----------
(With Seal of the Office)

Place:----------
Dated:----------

Please delete the words which are not applicable

Note:- The term "ordinarily reside(s)" used here will have the same meaning as in Section 20 of the Representation of the Peoples Act, 1950.

ANNEXURE - C

CHILDREN OF DEFENCE PERSONNEL

A specified number of seats i.e., 5% of the intake capacity, subject to a maximum of 5 seats in each Government / Municipal Corporation / Government Aided Medical, Dental / Ayurved, Unani Colleges and some allied Health Science courses are reserved for children of Defence Service Personnel and Ex-Defence personnel, including those permanently disabled or killed in action. The ratio of these seats between Ex-defence and In-service Defence personnel is as given below.

Distribution	Total seats in Defence Quota				
	5	4	3	2	1
Defence 1 (Def 1)	3	2	2	1	1
Defence 2 (Def 2)	1	1	1	1	0
Defence 3 (Def 3)	1	1	0	0	0

1) **DEFENCE CATEGORIES**

(a) Def1 - For a son/daughter/spouse of an Ex-defence service personnel, domiciled in the state of Maharashtra.

(b) Def2 - For a son/daughter/spouse of Active defence service personnel domiciled in the state of Maharashtra.

(c) Def3 - For a son/daughter/spouse of Active defence service personnel, transferred to Maharashtra State from out-side Maharashtra, who is domicile of State other than Maharashtra.

2) For selection against Def-1 & Def-2 seats following conditions will apply;

a) To be eligible for such a seat, a candidate must be a son/daughter/spouse of a person who has been a member of the Armed Forces of India and who has put in at least 5 years' active service and has been subject to Indian Army Act, Indian Navy Act or Indian Air Force Act; and includes an ex-serviceman who has retired from such service or was permanently disabled/killed in action. A candidate claiming a seat under Defence category will be required to produce a certificate from an Appropriate Authority, who is authorized to issue such certificate/Zilla Sainik Board in the State of Maharashtra certifying the same.

b) However, the condition of minimum active service for five years will stand relaxed in case of Defence service person who has been permanently disabled or killed in action. The exception is admissible subject to production of a certificate from Zilla Sainik Board in the State of Maharashtra certifying permanent disability/death of such Defence Service person.

c) To be eligible for seat in Def-1 & Def-2 category candidate should produce following certificates, i) Certificate mentioning that his / her parent who is/was defence personnel ii) Domicile certificate of the parent stating that he/she is domicile in the State of Maharashtra. The domicile certificate should be obtained from District Magistrate/Metropolitan Magistrate/ Addl. District Magistrate or Tehsildar.

d) Candidates belonging Def-1 & Def-2 category shall be considered eligible for admission even if they have passed SSC and /or HSC examination from outside Maharashtra State.

3) For selection against Def.-3 category following conditions shall apply:-

(a) The concerned Defence Service person who is domicile of the State other than Maharashtra and who has been transferred in public interest to Maharashtra State, prior to the last date for filling up of Preference Form.

(b) The concerned Defence Service person ought to be working as on the last date of filling of Preference Form, at a place within the jurisdiction of the concerned regional area in Maharashtra in which the candidate is seeking a seat.

(c) The candidate ought to have appeared and passed the qualifying examination.

(d) The candidate is required to attach necessary and sufficient proof to fulfill above conditions and a certificate in proforma issued by appropriate authority who is authorized to issue such certificate.

Note: The specified reservation for children of defence personel is not applicable to the civilian staff working in the Indian Army, Navy & Air Force.

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PROFORMA

(For Def-1, Def-2 Candidates)

CERTIFICATE

This is to certify that Shri. / Smt. .....,
(Full Name of the Employee with Rank of the employee)

is / has been a member of Defence Forces of India. He / She has put in ..... years of service in Indian Army / Indian Navy / Indian Air Force from ..... to ..... and is currently working / retired from services on ..... / permanently disabled since ..... / killed in action on .....

This certificate is issued for the purpose of his / her son / daughter / spouse .....s' admission to First Year in Health Science Courses for the academic year 2026-2027.

Date:
Place:

(Signature)
Name and Designation of the Authority
(Who is authorized to issue such certificate) /
District Sainik Welfare Officer

Seal of the Office

Note: This proforma is not valid for civilian staff working in the Indian Army, Navy & Air Force.

PROFORMA

(For Def-3 Candidates)

(For son/daughter/spouse of Active defence service personnel domiciled in other than Maharashtra State)

CERTIFICATE

This is to certify that Shri. / Smt. ..... is a member of
(Full Name of the Employee with Rank of the employee)
Defence Forces of India, and is currently working in Indian Army / Indian Navy / Indian Air Force.

Shri / Smt. ..... is transferred to .....
(Place of posting)
in Maharashtra State vide transfer order No. ..... Date .....

He / She has joined duty in Maharashtra on ..... and is currently working in the same post.
(Date of Joining)

This certificate is issued for the purpose of his / her son / daughter/spouse
..... admission to First Year in Health Science Courses for the academic year 2026-2027.

Date:
Place:

(Signature)
Name and Designation of the Authority
(Who is authorized to issue such certificate)

Seal of the Office

Note: This proforma is not valid for civilian staff working in the Indian Army, Navy & Air Force.

ANNEXURE - J

Status Retention Form

(To be sent to Competent Authority by the college)

Candidate's Name : _____

All India Neet Rank _____ Category : _____ NEET UG Roll.No. : _____

Address: _____

_____Pin Code:_____Phone No._____

To
The Competent Authority,
NEET UG 2026, Mumbai.

Sir/Madam,

I, Mr./Miss_____ wish to retain the seat allotted
(Name of Candidate)

to me at _____
(Name of the College)

for _____Course in Health Sciences for the academic year 2026-27.
(Name of the course)

Declaration

I am fully aware that after filling this **Status Retention Form** that I will not be considered for any subsequent rounds of selection process for the year 2026-27. I also declare that I will not ask for reconsideration of my name for further selection process.

Date :
Place : Signature of Candidate

Signature of Parent/Guardian Signature of Dean /Principal (with seal)

(Cut here) -

(To be retained by the College)

To
The Competent Authority,
NEET UG 2026, Mumbai.

Sir/Madam,

Mr./Miss_____(All India NEET Rank._____) wish to retain the
(Name of Candidate)

seat allotted to me at _____
(Name of the College)

for _____Course in Health Sciences for the academic year 2026-27.
(Name of the course)

Declaration

I am fully aware that after filling this **Status Retention Form** that I will not be considered for any subsequent rounds of selection process for the year 2026-27. I also declare that I will not ask for reconsideration of my name for further selection process.

Date :
Place : Signature of Candidate

Signature of Parent/Guardian Signature of Dean /Principal (with seal)