

GOVERNMENT OF MAHARASHTRA  
GOVERNMENT MEDICAL COLLEGE, LATUR.

OFFICE OF THE DEAN.

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O.W.N.GMCL\ACAD\MBBS\ADMISSION2013-14\

14,

DATE:- / /2014.

**CERTIFICATE**

Received of all originals documents from Shri./Kum. \_\_\_\_\_ is admitted to First M.B.B.S course in this Medical college from **MHT-CET 2014 Quota** on dated / /2014. He/She has submitted following Original Certificates or two set of attested photocopies separately and College fees at the time of admission.

| SN | Documents  | Yes | No | SN | Documents   | Yes | No |
|----|--|-----|----|----|---|-----|----|
| 1  | Selection Letter Competent Authority                 |     |    | 13 | Cast Certificate (If Applicable)  |     |    |
| 2  | MHT-CET Admit Card.                                  |     |    | 14 | Cast Validity Certificate (If Applicable)   |     |    |
| 3  | MHT-CET Receipt Cum Identity Card.                   |     |    | 15 | Non Creamy Layer Certificate (If Applicable for Valid Dt.31.3.2015) (NT1,NT2,NT3,OBC including SBC) |     |    |
| 4  | MHT-CET 201 Exam Mark Sheet.                         |     |    | 16 | D1/D2/D3:-Ex-servicemen Certificate, actual service certificate.                                    |     |    |
| 5  | S.S.C. Statement of Mark Sheet.                      |     |    | 17 | D1/D2:- Domicile Certificate of Defence person.   |     |    |
| 6  | S.S.C. Passing Certificate.                          |     |    | 18 | D3:- Transfer certificate   |     |    |
| 7  | H.S.C. Statement of Mark Sheet.                      |     |    | 19 | Defense Certificate (If Applicable) Father/Student Domicile.  |     |    |
| 8  | H.S.C. Passing Certificate.                          |     |    | 20 | M.K.B. Border Certificate /Mother tongue Certificate.   |     |    |
| 9  | Age, Nationality Certificate/ Valid Indian Passport. |     |    | 21 | HA:-Parent Domicile, SSC/HSC Hilly area certificate.  |     |    |
| 10 | Domicile Certificate                                 |     |    | 22 | Gap Certificate (If Applicable)   |     |    |
| 11 | Leaving Certificate/ Transfer Certificate            |     |    | 23 | Handicapped Certificate (If Applicable)   |     |    |
| 12 | Medical Fitness Certificate (Annex. I)               |     |    | 24 | Migration Certificate   |     |    |

Fee Rs.:-

D.D. No.

Date:-

/ /20

All above original certificates check and found correct.

Signature of Scrutiny Officer:-

**DEAN,**  
Govt. Medical College, Latur.