

SHRI BHAUSAHEB HIRE GOVT.
MEDICAL COLLEGE, DHULE
Maharashtra State



**Welcome to the Undergraduate
students joining our Institute for
the academic year 2025-26**

Contact Person for query: (between 10:00 to 5:00 PM)

Landline number CET Cell : 02562- 239408/298114

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

GOVT.OF MAHARASHTRA
SHRI BHAUSAHEB HIRE GOVT. MEDICAL COLLEGE, DHULE- 424311.
TELEPHONE NO. 02562 -239408/298114
e- mail:- studentsectiondhule@gmail.com
[www. sbhgmcdhule.org](http://www.sbhgmcdhule.org)

FOR ALL INDIA/STATE QUOTA STUDENTS

NOTIFICATION (For NEET UG-2025 Admissions)

All the selected students of NEET-UG-2025 allotted seat at **Shri Bhausaheb Hire Govt. Medical College, Dhule (M.S.)** should follow instructions and accordingly report with all details required for admission process.

1. Download & print this PDF file. READ ALL DETAILS CAREFULLY
2. Print **TWO COPIES** of 'Application for Admission' form, fill it completely & submit at the time of admission.
3. All original documents enlisted in the Application form along with **TWO SETS** of **SELF ATTESTED** photocopies of all original documents are to be submitted in **simple spring office file**.
4. All **Original Documents** are to be **scanned individually** & submit in a folder in pen drive. The folder should be named by student's name. The scan should be in PDF format ONLY and each file not beyond **500 KB. Pen drive submission will be mandatory.**
5. One Original & 2 photo copies of Medical Fitness in the prescribed format are Required.
6. **Fees will be accepted by the Demand Drafts (D.D.) only.**
D.D. should be drawn from any Nationalized Bank in favour of ...
"Dean, Shri Bhausaheb Hire Government Medical College, Dhule"
payable at Dhule.
Fees will not be accepted by Cash.
7. **Kindly note.... Admission Process requires verification and approval. No student will be given Joining letters urgently. The office may require 2-3 days to complete the process.**
8. For any query please call Landline number **239408/298114** Do not call on personal Mobile number of Dean available on MCC website, it is given for administrative use by MCC/DMER ONLY.

Application for admission

Recent Passport size Photograph

Address (In Capital) :- _____

E-mail Address of Student :- _____

E-mail Address Parents :- _____

Date: :- / /2025

To,
The Dean,
Shri Bhausaheb HireGovt.
Medical College, Dhule.

Sub: - Joining in Ist MBBS Course at Shri Bhausaheb Hire Govt. Medical College, Dhule.

Ref:- Selection letter/List : (printout attached)

R/Sir,

I the undersigned Shri./Kum. (Full Name in Capital) _____

_____ has been selected for Ist MBBS Course in Shri Bhausaheb Hire Govt.

Medical College, Dhule as per the Selection letter of All India / State list.

Kindly enroll me in your college as Ist MBBS student for the Academic Year 2025-2026.

Thanking you.

Yours faithfully,

(Name _____)



24) Place of Birth :								
25) Marital Status :	Married/ Unmarried							
26) Permanent Address :	<table border="1"> <tr> <td>PIN Code</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>	PIN Code						
PIN Code								

State:	District:	Tehsil:
Students' Location Category:	Rural/ Urban/ Tribal	
Contact Details:	Phone No.:	Student Mobile No.:
		Parent's Mobile NO.:
Student E-mail ID :	Parent's Email id-	
Willingness about organ donation after Accidental Death of student	Yes / No	
Occupation of Father/ Mother/ Guardian:	Service/ Business/ Profession/Farmer/Laborer/ Retired	

I hereby declare that, the information filled in by me in this form is true to the best of my knowledge.

I have Attached all the mandatory document as specified in the list documents as specified in the list-

Signature of the Student

List of Documents for Admission

Sr. No.	Name of Document/ Certificate	Attached (Yes/No)	Sr. No	Name of Document/ Certificate	Attached (Yes/No)
1	Nationality Certificate		16	Aadhar Card	
2	Domicile Certificate		17	Migration Certificate (if applicable)	
3	SSC Mark Sheet		18	Leaving/Transfer Certificate	
4	SSC Passing Certificate		19	Defense Certificate	
5	HSC Mark Sheet		20	Physical Handicap Certificate for PWD (Annexure – “D”)	
6	HSC Passing Certificate		21	Hilly Area Certificate	
7	NEET Score Card-2024		22	Election Card (Annexure-C if less than 18 Years)	
8	Admit Card issued by NEET-UG-2025		23	Passport (if applicable)	
9	Selection Letter CET CELL/ AIQ-2025		24	Ration Card	
10	Caste Certificate (if applicable)		25	Student's Haemogram Report (Two Copies)	
11	Caste Validity Certificate		26	D.D. of Requisite Fees	
12	Non- Creamy Layer Certificate (if applicable)		27	Passport size Photographs- 04 Nos.	
13	EWS Certificate		28	Income Certificate 2024-25 (For EWS, EBC Students)	
14	Self-Educational Gap Affidavit by student certified by Executive Magistrate / Notary. (If applicable)				
15	Physical Fitness Certificate				

[Do not leave any field blank strictly write “Yes” if document attached and “No” if not attached. Write “N.A.” if not applicable. All certificates should be submitted in Original and two sets of attested Xerox copies.]

Admission Status: Admitted/ Cancelled

DATE : _____

DEAN
Shri Bhausaheb Hire Govt.
Medical College, Dhule

Verification of Original Documents		
(Note: Deficit of any original document found should be strictly mentioned below)		
(1)	(2)	(3)
1.	1.	1.
2.	2.	2.
3.	3.	3.
4.	4.	4.
Remarks if any :	Remarks if any :	Remarks if any :
Name:	Name:	Name:
Designation:	Designation:	Designation:
Signature:	Signature:	Signature:

Shri Bhausaheb Hire Govt. Medical College, Dhule
Admission Year 2025-26 for M.B.B.S.

Fee Structure

Open Category (Maharashtra State Quota) & All India Quota (Open & Reserved Category)			Reserved Category (Only for Maharashtra State Quota) & (EWS/SEBC/EBC Only for Female Students)	EWS/EBC/SEBC (For Maharashtra students only) (General Administration Department Government Resolutionsno.RAD/4019/ C.R 31/16-A, dated12 February, 2019)
Sr. No.	Fee	Amount	Amount	Amount
01	Tuition Fee	1,52,100/-	00/-	76050/-
02	Library Fee	1,000/-	1,000/-	1,000/-
03	Admission Fee	1,500/-	1,500/-	1,500/-
04	Gymkhana Fee	500/-	500/-	500/-
05	Development fee	5,000/-	5,000/-	5,000/-
06	Library Deposit	2,000/-	2,000/-	2,000/-
07	Caution Money	3,000/-	3,000/-	3,000/-
08	University Pro-rata	530/-	530/-	530/-
09	University Development Fee	100/-	100/-	100/-
Total		1,65,730/-	13,630/-	89,680/-
Open Category			Reserved Category	EWS/EBC/SEBC Category (MALE)
1) D.D. Rs. 12,630/-			1) D.D.Rs. 12,630/-	1) D.D. Rs. 12,630/-
2) D.D. Rs. 1,53,100/-			2) D.D.Rs. 1,000/-	2) D.D. Rs. 77,050/-

- Note - For Girls EWS/SEBC/EBC Fees Only (Applicable for Maharashtra Domicile Candidate Only) Student Should submit all required category documents as per the information brochure for reserve category fees claim. (As per GR Dated. 30/8/2024) D.D. of any **Nationalized Bank** may be drawn in favour of “**Dean, Shri Bhausaheb Hire Government Medical College, Dhule**” payable at “**Dhule**” At any cost Cash will not be accepted.
- The demand draft will be deposit in the accounts only after confirmation of the admission /status retention by the students
- If students are allotted another college in subsequent rounds of All india / state In such situation, all the DDs will be refunded back to the student, all such students will be required to pay an amount of **Rs.1500/- as cash** in the cash section of accounts department.
- Amartya Shiksha Yojana** - The student have to submit D.D. of Rs.797/- to the college, one time installment for the insurance of the student after final admission to the respective college. (National Insurance Company Limited” Payable at Kolhapur.)
- FEE STRUCTURE MIGHT CHANGE DEPENDING ON INSTRUCTIONS FROM HIGHER AUTHORITIES.

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** :

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 / 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 :

(Only All India Quota Reserve Category Student)

Annexure – III

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, -----राज्यमे अलगसे जात वैधता
प्रमाणपत्र निर्गमित करने कोई प्रावधान नही है ।

कार्यालयीन मोहोर

तहसिलदार/जिल्हा मॅजिस्ट्रेट तथा

संबंधीत अधिकारी के हस्ताक्षर

पदवी, पदव्युत्तर पदवी प्रथम वर्ष अभ्यासक्रमास प्रवेश घेणाऱ्या सर्व मुला/मुलींकडून प्रवेशाच्या वेळीच मतदार यादीमध्ये नाव नोंदणी करण्याच्या अनुषंगाने घ्यावयाचे प्रमाणपत्र / हमीपत्र नमुना.

मी....., अभ्यासक्रम :

..... महाविद्यालयाचे नाव:

..... या महाविद्यालयात प्रथम वर्षात प्रवेश घेतला असून मी दिनांक: ०१/०१/..... रोजी १८ वर्षाचा / वर्षाची झालो / झाले आहे किंवा होणार आहे. १८ वर्ष पूर्ण झाल्याबरोबर मी माझे नाव मतदार यादीत नोंदवून घेणार आहे अशी मी प्रतिज्ञा करतो/करते.

स्वाक्षरी :

नाव :