



महाराष्ट्र शासन

शासकीय वैद्यकीय महाविद्यालय, मुंबई

गोकुळदास तेजपाल रुग्णालय व कामा आल्ब्लेस रुग्णालय
लोकमान्य टिळक मार्ग, मुंबई - ४०० ००९

दुरध्वनी क्र. (०२२) २२६२९४६४

इ-मेल :- gmcgtrmbai@gmail.com

Ref.No.GMCM/UG/Modern Pharmacology/Fee Notice/302/2026

Di 24/02/2026

FEES NOTICE

Subject : Payment of Fees for Modern Pharmacology Student (Academic Year 2025-2026)

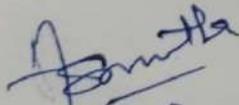
All Student who want to take admission for Modern Pharmacology Course – 2025-26 must following instruction.

- 1) They must bring original set of documents and two set of all Certificate attested Xerox copies.
- 2) They must bring a DD as follows in favor.

MODERN PHARMACOLOGY, GMC MUMBAI

1. Tution Fees Rs.50,000/- (Rs. Fifty Thousand Rupees)

They must bring two passport size photograph & one plastic folder/File

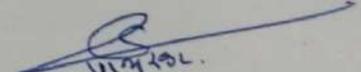

(डॉ. सचिन मुथ्या)

विभाग प्रमुख व सहयोगी प्राध्यापक,
औषध निर्माणशास्त्र,

शासकीय वैद्यकीय महाविद्यालय व

To, गोकुळदास तेजपाल रुग्णालय, मुंबई - ०२.




Vice Dean

Government Medical College, Mumbai

DR. SACHIN PATHARKAR

VICE-DEAN

GOVT. MEDICAL COLLEGE, MUMBAI

1) Cashier, Account Section. GGMC. Mumbai

2) Notice Board, Academic Section GMC, Mumbai

SCRUTINY FORM
GOVERNMENT MEDICAL COLLEGE, MUMBAI
Course In " Modern Pharmacology " 2025-2026

Attested original of following documents :- _____
Name of the Candidates:- _____
Category:- _____
Mobile No:-- _____

Signature of Candidate

Sr No	Certificates	Yes	No
1.	MUHS Allotment order		
2.	Photo ID		
3.	Nationality certificate/Domacile certificate/ Photocopy of valid passport duly attested/ Birth Certificate endorsed with nationality as mention "Indian" on it (Required any one)		
4.	Passing Certificate / Degree certificate issued by concerned University for qualifying examination.		
5.	Post Graduate Degree Certificate		
6.	MCH Registration Certificate		
7.	Caste Certificate (If Applicable)		
8.	Caste Validity (If Applicable)		
9.	Non – Creamy Layer (If Applicable)		
10.	Medical Fitness Certificate		
11.	Physically Handicap document proof (if Applicable)		
12.	Leaving / Transfer leaving Certificate		
13.	MCH NOC From Maharashtra Council Of Homeopathy Original		
14.	Change of Name (if applicable)		
15.	EWS Certificate (if applicable)		
16.	Undertaking as per Annexure -D		
17.	GAP Affidavit		
18.	Migration Certificate (if applicable)		
19.	Final Year Marksheet Xerox		
20.	Annexure D (Undertaking)		

Scrutiny Officer
CCMP Incharge
GMC Mumbai - 400001

VICE DEAN
GOVT.MEDICAL COLLEGE.MUMBAI -01

CCMP ADMISSION 2025-26
PERSONAL INFORMATION

ADMISSION TO Course _____ For Year 2025-26.

1)NAME OF THE STUDENT: _____
(Surname) (First name) (Middle name)

2)ADMISSION FOR SUBJECT: _____

3)DATE OF BIRTH : _____ 4)PLACE OF BIRTH _____

5) MOTHERS NAME _____

6)PERMENENT ADDRESS : _____

7)LOCAL ADDRESS: _____

8)MOBILE NO: _____ 9) EMAIL ID : _____

10)RELIGION _____

11)CATEGORY: _____ 12)ADMITTED CATEGORY: _____

13)SUB CASTE : _____

14)DATE OF ADMISSION: _____

15)DETAILS OF ADMISSION FEES PAYMENT :

1)DEMAND DRAFT NO 1 : _____ DATE _____ AMOUNT _____

2)DEMAND DRAFT NO 2 : _____ DATE _____ AMOUNT _____

Date :

SIGNATURE OF THE STUDENT
(Name of Student : _____)

FORMAT 1
MEDICAL FITNESS CERTIFICATE

CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted clinical examination of
Mr / Miss.----- who is desirous of
admission to CCMP Courses.

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

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

Address of the Registered Medical Practitioner

Signature

Name

Registration No.

Seal of Registered Medical Practitioner

Note :

A Candidate must be medically fit to undergo the CCMP apply for. The medical fitness must be certified by a Registered Medical Practitioner in the prescribed proforma, has given above on a letter head.