

**B. J. GOVT. MEDICAL COLLEGE, PUNE**  
**DETAILS OF FEES FOR Post Graduate Course (MD/MS) For A. Y. 2024-25**

<b>Fee Details for MUHS Students (UG from MUHS)</b>		
<b>(A)</b>	<b>Tuition Fee</b>	<b>Rs. 1,38,300/-</b>
<b>(B)</b>	<b>Other Fees :</b>	
1)	Development Fee	Rs. 5,000/-
2)	Admission Fee	Rs. 1,500/-
3)	Library Deposit	Rs. 2,000/-
4)	Gymkhana Fee	Rs. 500/-
5)	Library Fee	Rs.1,000/-
6)	Hostel Fee	Rs.4,000/-
6)	University Related Fee	Rs.4460/-
	<b>Total (B)</b>	<b>Rs.18,460/-</b>
	<b>Total Fees (A)+(B)</b>	<b>Rs.1,56,760/-</b>
Demand Draft in favor of, <b>ADMIN OFFICER BJ MED COLLEGE PUNE (Rs. 1,56,760/-)</b> (DD should be drawn on Nationalized bank only)		

<b>Fee Details for Non-MUHS Students (UG from Other University)</b>		
<b>(A)</b>	<b>Tuition Fee</b>	<b>Rs. 1,38,300/-</b>
<b>(B)</b>	<b>Other Fees :</b>	
1)	Development Fee	Rs. 5,000/-
2)	Admission Fee	Rs. 1,500/-
3)	Library Deposit	Rs. 2,000/-
4)	Gymkhana Fee	Rs. 500/-
5)	Library Fee	Rs.1,000/-
6)	Hostel Fee	Rs.4,000/-
6)	University Related Fee	Rs.16560/-
	<b>Total (B)</b>	<b>Rs.30,560/-</b>
	<b>Total Fees (A)+(B)</b>	<b>Rs.1,68,860/-</b>
Demand Draft in favor of, <b>ADMIN OFFICER BJ MED COLLEGE PUNE (Rs. 1,68,860/-)</b> (DD should be drawn on Nationalized bank only)		

Annexure – IV

Office of the .....

Outward No.:-

Date:-

CERTIFICATE

TO WHOME IT MAY CONCERN

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  
का कोई प्रावधान नही है।

कार्यालयीन मोहोर

तहसिलदार / जिल्हा मॅजिस्ट्रेट तथा  
संबंधित अधिकारी के हस्ताक्षर

# ANNEXURE – “M”

✂.....

## CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted clinical examination of Dr. .... who is desirous of admission to Medical Postgraduate 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 medical postgraduate course (NEET-PG 2024).

- (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
Date	

✂.....

### Note:

A candidate must be medically fit to undergo the Medical Postgraduate Courses (NEET-PG 2024) applied for. The medical fitness must be certified by a Registered Medical Practitioner in the prescribed Proforma, as given above on a **Letterhead**.

# B. J. Government Medical College, Pune

Phone No:02026128000/02026102388

List of documents to be submitted in Original along with the Attested Xerox Copies for  
POST GRADUATE COURSES

Sr.No	Particulars
1	Nationality Certificate / Xerox copy of Valid Passport attested by the Dean. (Compulsory)
2	Domicile Certificate
3	Caste Certificate (if applicable)
4	Caste Validity Certificate (if applicable)
5	Non Creamy-layer Certificate (issued on or after 01/04/2013 for VJ, NT-1, NT-2, NT-3, OBC & SBC candidates)
6	MBBS passing
7	Attempt Certificate
8	Internship completion Certificate from College or University
9	Degree Certificate
10	Valid Medical Council Registration Certificate
11	Transfer Certificate
12	Migration Certificate issued by respective Univ. (if applicable)
13	If selected through All-India enclosed mark-list & selection letter
14	If selected through State quota enclosed mark-list & selection letter
15	Medical Fitness Certificate in prescribed pro forma
16	Physically Handicapped Certificate
17	Educational Gap Certificate after Completion of Internship till joining for postgraduate course in this institution.
18	Undertaking for not having taken admission to PG course last year
19	Admit Card
20	MBBS Mark Sheet (I to IV Year)
21	Birth Certificate
22	Adhar Card
23	Soft Copy of All Original Document in JPEG and PDF Format Size - 500 KB
	Name :-
	Courses (Subject name):-
	Mobile No:-

24) Income Cert.

25) 12<sup>th</sup> marksheet

26) College MCI Rec. Cert.

27) Bond Release Cert. (if applicable)

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बै.जी.शा.वैद्यकीय महाविद्यालय व ससून सर्वोपचार रुग्णालय, पुणे

B J Govt. Medical College and Sassoon General Hospital, Pune.

Jayprakash Narayan Road, Sassoon Hospital Campus

E-mail, pgsection-bjmc@hotmail.com

Phone No-020-26128000/388/294, Fax No-26126868

## FORM OF BOND

Name of Student	:-
Course	:-
Department of	:-

PGM-CET-STATE MERIT LIST NO	:-
50% AIEE RANK NO	:-
IN-SERVICE PGM-CET-STATE-MERIT LIST NO	:-
ADMISSION CATEGORY	:-
ADMISSION YEAR	:- 2 <sup>nd</sup> MAY, 20_

Form of the bond to be executed for completing the compulsory service Under the Government of Maharashtra after completion of POST- GRADUATE (MD/MS/DIPLOMA) course.

I, the undersigned, Dr, \_\_\_\_\_  
Aeg \_\_\_\_\_ Years, do hereby state on solemn affirmation as under:-

- 1) That I Shall diligently prosecute and complete the Post-Graduate course Course at the Government Medical in the state of Maharashtra and strictly comply with the rules of Government Medical College in the state of Maharashtra and shall be of good conduct and character and attend the college regularly and thereafter duly pass the prescribed University Exam.
- 2) That I shall on passing the said examination at such institution within a period of 30 days, give notice in writing to the Director of Medical Education and Research, Bombay, Maharashtra stats ( hereinafter referred to as DMER) by registered post intimating about the completion of the period of my post - graduation.
- 3) That , if I am called upon by the Government of the Director of Health services (hereinafter to as DHS) at any time such notice by DMER, I shall serve the Government / zilla parishad/ Local Authority for continuous one years in such grade as may be prescribed therefore or on-such remuneration as may be prescribed in such scale of payment not below that of a class II officer in Government Medical Service.
- 4) If my services are required by the armed Forces or Bond, I shall serve in the Armed Force, the tenure of such compulsory service shall not be less than one year.

It is Hereby Agreed As Follows:-

- a) In the event of my committing a breach of any of the above terms and conditions the whole of the said sum or Rs: 50,00000/- (Rupees FIFTY LAKHS Only) shall become forthwith Payable by me and/ or by my Guardian and either of the sureties Jointly and severally, and the Government, recover the same from Myself and/or from other sureties jointly and severally at the Government as arrears of land revenue.
- b) If my self before or after entering into Government service become ineligible for initial appointment or continuation in Government service by my own behaviour contradictory to Rules, Acts and Laws in force of the Government I shall render myself liable to pay to Government in addition to the said bond amount penalty for breach of agreement as may be decided by the concerned Government officer and such amount will be recovered from myself/ Guardian/ either of sureties at the absolute discretion of the Government.
- c) It shall not be necessary for the Government to sue the undersigned before suing the guardian or either of the sureties for recovering the amount due hereunder.
- d) The liability of the sureties hereunder or either of them shall not be impaired or discharged by reason of time being granted or any forbearance act or admission on the part of the Government or any person authorized by him of any indulgence being shown to the undersigned or the guardian or of the happening of any event of circumstances which in law would discharge a surety.

e) The undersigned if after passing postgraduate, examination is desirous of joining Armed forces Medical services in any of the three Defence services in Army, Navy or Air Forces anywhere in India or abroad shall make an application in writing to DMER for exemption myself from the condition of the bond to serve the Government of zilla parishad or local Authority for a period of one year After Considering the application .DMER may exempt myself form serving Government/ zilla parishad/Local Authority for a period of one years in terms of this Bond . If the undersigned has joined the Armed Forces Medical services I shall bound to serve there for one year.

IN WITNESS WHEREOF the above named/student/ Guardian for and no behaf of the undersigned has hereto set his/her hand the sureties abovementioned here to set their respective hands day and year first hereinabove written

PASSPORT  
SIZE  
PHOTO

Signed and Delivered By  
Date

Dr.Shri/Smt/Kum.	:-
Permanent Address	:-
MOBILE NUMBER	:-
The above named Student	:-

And with two sureties herein under.

1	Name	:-	Signature	Passport Size PHOTO
	Address & Mobile No	:- :- :- :-		

2	Name	:-	Signature	Passport Size PHOTO
	Address & Mobile No	:- :- :- :-		

Accepted for and on behalf of the Governor Maharashtra by:-

Dy,Dean  
B.J.Govt. Medical College,Pune

(Here insert the name and designation of the officer authorized in pursuance of article,299(1) of the constitution of India to execute and/or accept the Bond for and on behalf of the Governor of Maharashtra.)

बै.जी.वैद्यकीय महाविद्यालय व ससून सर्वोपचार रुग्णालय, पुणे

B.J. Medical College & Sassoon General Hospitals, Pune

E-mail, pgsection\_bjme@hotmail.com,

Phone No.020-26126010, 26128000/301,388,299. Fax No. 26126868 .

( AFFIDAVIT FROM NOTARY)

Educational Gap Certificate

I, Dr./Mr./Mrs/Miss \_\_\_\_\_ age \_\_\_\_\_ yrs

occupation - student, qualification- MBBS, residing \_\_\_\_\_

\_\_\_\_\_ do hereby declare  
and state on solemnly affirmation as under :-

That I have passed MBBS from \_\_\_\_\_ Medical  
College \_\_\_\_\_ in the year \_\_\_\_\_ and completion in  
internship programme from \_\_\_\_\_ to \_\_\_\_\_ since then, I  
did not attend any college / institute / university anywhere. So there was a  
\_\_\_\_\_ year gap between \_\_\_\_\_ to \_\_\_\_\_ for  
preparation of P.G. Entrance Examination.

I make this affidavit in order to confirm the above facts and  
produce this gap period affidavit to the concerned authorities.

I say that I am making this affidavit for purpose of seeking  
admission for P.G. course in subject \_\_\_\_\_ for M.S./  
M.D. /Diploma at B.J. Medical College, Pune, for academic year  
\_\_\_\_\_

Whatever is stated above is true and correct to the best of my  
knowledge and belief.

Solemnly affirmed at \_\_\_\_\_ on \_\_\_\_\_

Signature of Affiant \_\_\_\_\_

Date :

Place :

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