

Mahatma Gandhi Mission's Dental College & Hospital, Kamothe, Navi Mumbai.

NEET MDS 2023

DETAILS OF FEES FOR – P. G. MDS DEGREE COURSE (A. Y. 2023-2024)

Demand Draft No. 1 in the name of DEAN, MGM DENTAL COLLEGE & HOSPITAL, NAVI MUMBAI				
S.N.	Particulars	50% State Quota Seats	35% Management Quota Seats	15% NRI Quota Seats
A	Compulsory Fees	Rs.	Rs.	Rs.
1	Tution Fees finalized by Fees Regulating Authority, MS for the A. Y. 2023-24	2,60,869/-	10,43,476/-	10,43,476/-
2	Development Fees finalized by Fees Regulating Authority, MS for the A. Y. 2023-24	39,131/-	1,56,524/-	1,56,524/-
Total of Tution Fees and Development Fees		3,00,000/-	12,00,000/-	12,00,000/-

Demand Draft No. 2 in the name of DEAN, MGM DENTAL COLLEGE & HOSPITAL, NAVI MUMBAI				
B	Only one time for the University			
1	MUHS Eligibility Fees	58,550/-	58,550/-	58,550/-
2	MUHS Sports Fee and Student Welfare Fund	300/-	300/-	300/-
3	MUHS – University Development Fund	100/-	100/-	100/-
4	MUHS Disaster Management Fund	10/-	10/-	10/-
	Total	58,960/-	58,960/-	58,960/-

- Please make separate two Demand Drafts as mentioned above.
- Fees in cash or cheque will not be accepted

Note: In subject of Oral Pathology and Microbiology only State Quota Fee will be applicable for Management and NRI Quota also.

Date : 14/08/2023



S. Srinivas
Dean

Hostel & Mess Fees – Optional

Optional Fees		Rs.
1	Mess Fees	90,000/-
2	Hostel Fees	90,000/-
3	Hostel Deposit (Refundable)	20,000/-
4	Mess Deposit (Refundable)	20,000/-
Total Amount for Demand Draft		2,20,000/-

Note :

Payment of the above fees be made through Demand Draft in favor of:
DEAN, MGM DENTAL COLLEGE & HOSPITAL, NAVI MUMBAI.

Fees in cash or cheque will not be accepted.

Date: 14/08/2023



S. S. Vally
Dean

**MAHATMA GANDHI MISSION'S DENTAL COLLEGE & HOSPITAL
KAMOTHE, NAVI MUMBAI.**

P. G. MDS Admission 2023-2024

**Candidates are required to submit original certificates
With two self attested photocopies separately
as per the order given below.**

No.	Documents
1	Allotment letter of State CET Cell with copy of receipt of online fee payment of Rs. 3000/-
2	Online downloaded Application form for State NEET MDS 2023.
3	Copy of downloaded NEET – MDS 2023 Admit Card.
4	Copy of downloaded NEET-MDS-20223Result.
5	Nationality Certificate / Valid Indian Passport.
6	Domicile Certificate from the state of Maharashtra.
7	S.S.C. Passing Certificate
8	BDS Mark sheets (All I, II, III & IV)
9	BDS Attempt Certificate
10	BDS Degree / Passing Certificate.
11	Internship Completion Certificate from University / Head of Institution. Internship Completion should not be later than 30/06/2023
12	Permanent Valid Registration Certificate from the Council
13	Leaving / Transfer Certificate
14	Cast Certificate (If Applicable)
15	Cast Validity Certificate (If Applicable)
16	Non Creamy layer Certificate (Valid till 31/03/2024) (If Applicable)
17	Certificate from Head of Institute showing that the Dental College/Institute from which the candidate passed BDS examination is recognized by Dental Council of India
18	EWS Candidates should produce Eligibility Certificate in prescribed format issued by appropriate authority, for A. Y. 2023-24.(If Applicable)
19	Medical Fitness Certificate. (as per the format given in NEET-MDS 2023 Information Broacher i.e. Annexure – M)
20	Migration Certificate (If Applicable)
21	Self Educational Gap certificate (If Applicable)
22	Heamogram Blood Test Report
23	Hepatitis – B Vaccination certificate
24	Undertaking (From Student & Parent about Anti-Ragging.)
25	Attested Copy of Aadhar Card
26	Attested Copy of Voting Card
27	5 Passport Size Photographs

Annexure – V (Self Educational Gap)

Annexure - G

(बाधा शायन निर्णय क्र. सीईटी १५/१३/प्र.क्र. १२०/१३/विभाग-२ दिनांक ०९/०३/२०१९)

Self-Declaration

Applicant's Photo

To,
The Registrar,
Maharashtra University of Health Sciences,
Dindori Road, Mhasrul,
Nashik – 422004

I Son / Daughter of
..... aged occupation
resident of
..... with UID No.
hereby declare that, I have passed course from
..... College during
the year and I hereby state that, I have not taken
admission during the period of gap from to
period, hence, the gap arises in my education.

The information provided above is true and correct to the best of my personal knowledge, information and belief. I fully understand the consequences of giving false information. If the information is found to be false, I shall be liable for prosecution and punishment under Indian Penal Code and / or any other law applicable thereto.

Place

Applicant's Signature.....

Date :

Applicant's Name :

Formal - GAP CERTIFICATE, on stamp paper Rs. 100, NOTARY

ANNEXURE I
AFFIDAVIT BY THE STUDENT

I _____ s/o, d/o,
Mr./Mrs./Ms. _____ having been
admitted to MGM Dental college & Hospital, Kamothe, Navi Mumbai, have received a copy of the UGC
Regulations on Curbing the Menace of Ragging in Higher Educational Institutions, 2009, (hereinafter called
the "Regulations") carefully read and fully understood the provisions contained in the said Regulations.

2) I have in particular, perused clause 3 of the Regulations and am aware as to that constitutes ragging.

3) I have also, in particular, perused clause 7 and clause 9.1 of the Regulations and am fully aware of the
penal and administrative action that is liable to be taken against me in case I am found guilty of or abetting
ragging, actively or passively, or being part of a conspiracy to promote ragging.

4) I hereby solemnly aver and undertake that

a) I will not indulge in any behavior or act that may be constituted as ragging under clause 3 of the
Regulations.

b) I will not participate in or abet or propagate through any act of commission or omission that may be
constituted as ragging under clause 3 of the Regulations.

5) I hereby affirm that, if found guilty of ragging, I am liable for punishment according to clause 9.1 of the
Regulations, without prejudice to any other criminal action that may be taken against me under any penal
law or any law for the time being in force.

6) I hereby declare that I have not been explained or debarred from admission in any institution in the
country on account of being found guilty of abetting or being part of a conspiracy to promote, ragging; and
further affirm that, in case the declaration is found to be untrue, I am aware that my admission is liable to be
cancelled.

Declared this _____ day of _____ month of _____ year.

Signature of Deponent

Name: _____

ANNEXURE II
AFFIDAVIT BY THE PARENT/GUARDIAN

I Mr./Mrs./Ms. _____ (full
name of parent/guardian) father/mother/guardian of _____ (full
name of student) having been admitted to MGM Dental college & Hospital, Kamothe, Navi Mumbai, have
received a copy of the UGC Regulations on Curbing the Menace of Ragging in Higher Educational
Institutions, 2009, (hereinafter called the "Regulations") carefully read and fully understood the provisions
contained in the said Regulations.

2) I have in particular, perused clause 3 of the Regulations and am aware as to that constitutes ragging.

3) I have also, in particular, perused clause 7 and clause 9.1 of the Regulations and am fully aware of the
penal and administrative action that is liable to be taken against me in case I am found guilty of or abetting
ragging, actively or passively, or being part of a conspiracy to promote ragging.

4) I hereby solemnly aver and undertake that

a) I will not indulge in any behavior or act that may be constituted as ragging under clause 3 of the
Regulations.

b) I will not participate in or abet or propagate through any act of commission or omission that may be
constituted as ragging under clause 3 of the Regulations.

5) I hereby affirm that, if found guilty of ragging, I am liable for punishment according to clause 9.1 of the
Regulations, without prejudice to any other criminal action that may be taken against me under any penal
law or any law for the time being in force.

6) I hereby declare that I have not been explained or debarred from admission in any institution in the
country on account of being found guilty of abetting or being part of a conspiracy to promote, ragging; and
further affirm that, in case the declaration is found to be untrue, I am aware that my admission is liable to be
cancelled.

Declared this _____ day of _____ month of _____ year.

Signature of Deponent

Name: _____

ANNEXURE – “M”

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CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted clinical examination of Dr. who is desirous of admission to Dental 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 dental postgraduate course (NEET-MDS 2023).

- (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 Dental Postgraduate Courses (NEET-MDS 2023) applied for. The medical fitness must be certified by a Registered Medical Practitioner in the prescribed Proforma, as given above on a **Letterhead**.