# Mahatma Gandhi Mission's Dental College & Hospital, Kamothe, Navi Mumbai. Details of Fees for I BDS Admission for the A. Y. 2023-24 For CAP Round Students Only.

	Particulars	85% Merit Quota				15%			
S.N		Open	OBC	VJNT & SBC	SC & ST	EWS/EBC	Institutional Quota	Demand Draft No. 1	
		Rs.	Rs.	Rs.	Rs.	Rs.	Rs.	In the name of	
Α	Compulsory Fees							DEAN HOM BENTAL	
1	Tution Fees finalized by Fees Regulating Authority, MS for the A. Y. 2023-24	3,56,521/-	1,78,261/-	0/-	0/-	1,78,261/-	7,13,042/-	DEAN, MGM DENTAL COLLEGE & HOSPITAL,	
2	Development Fees finalized by Fees Regulating Authority, MS for the A. Y. 2023-24	53,479/-	53,479/-	53,479/-	0/-	26,740/-	53,479/-	NAVI MUMBAI.	
	Total	4,10,000/-	2,31,740/-	53,479/-	0/-	2,05,001/-	7,66,521/-		
В	Only one time for the University & Insu	irance					L		
3	MUHS Eligibility Fees	8,850/-	2,900/-	2,900/-	2,900/-	8,850/-	49,550/-		
4	MUHS Sports Fee and Student Welfare Fund	500/-	500/-	500/-	500/-	500/-	500/-	Demand Draft No. 2	
5	MUHS - University Development Fund	100/-	100/-	100/-	100/-	100/-	100/-	In the name of	
6	MUHS Disaster Management Fund	10/-	10/-	10/-	10/-	10/-	10/-	DEAN MONDENTAL	
7	Amartya Siksha Yojana Insurance Policy Fees	2,125/-	2,125/-	2,125/-	2125/-	2,125/-	2,125/-	DEAN, MGM DENTAL	
	Total	11,585/-	5,635/-	5,635/-	5,635/-	11,585/-	52,285/-	COLLEGE & HOSPITAL  J. NAVI MUMBAI.	

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

Date: 04/08/2023

Kamothe Navi Mumbal 410209.

S. 8m Vally.

### महात्मा गांधी मिशनचे दंत महाविद्यालय आणि रुग्णालय, कामोठे, नवी मुंबई — ४१०२०९. प्रथम वर्ष पदवी दंत अभ्यासकम शै.व.२०२३—२४ करीता महाविद्यालयाचे शुल्क केवळ राज्य सामाईक प्रवेश गुणवत्ता यादीतुन प्रवेशीत होणाऱ्या उमेदवारांकरीता

	तपशील	८५% गुणवत्ता यादी कोटया करीता						
अ. क		खुला	इ.मा.व	वि.जा., भ.ज वि.मा.व.	. अ.जा., अ.ज.	आर्थिकदृष्टया दुर्बल घटक / आर्थिक मागास वर्ग	१५% अनिवासी भारतीय	
-0.3		₹.	죵.	柩.	죵.	枣.	죵.	धनाकर्ष क.१ च्या नावे.
अ	अनिवार्य शुल्क शै.व.२०२३–२४ करी	ोता						
१	प्रवेश शुल्क (शुल्क नियामक प्राधिकरण, म.रा. यांनी शै.व.२०२३—२४ करीता निर्धारीत केलेले.)	३,५६,५२१/—	१,७८,२६१/—	0/-	0/-	१,७८,२६१/—	७,१३,०४२/—	MUMBAI
7	विकास शुल्क (शुल्क नियामक प्राधिकरण, म.रा. यांनी शै.व. २०२३—२४ करीता निर्धारीत केलेले.)	<b>4</b> ₹,४७९/—	<b>५३,४७९/</b> —	43,869/-	0/-	२६,७४०/—	43,869/-	
	एकुण	8,80,000/-	7,38,980/-	43,869/-	0/-	२,०५,००१/-	७,६६,५२१/–	
ब	विद्यापीठ आणि विमा शुल्क (प्रवेशावेळी	एकदाच भरावयाचे श्	ा्ल्क)			10 10 10	-3331137	
3	विद्यापीठ पात्रता शुल्क	८,८५०/-		2,900/-	2,900/-	6,640/-	V0 11 - 1	
8	विद्यापीठ क्रीडा महोत्सव शुल्क आणि विद्यार्थी कल्याण निधी	400/-	400/-	400/-	400/-	400/-	४९,५५०/— ५००/—	धनाकर्ष क.२ च्या नावे.
1	विद्यापीठ विकास निधी	200/-	200/-	१००/-	१००/-	200/-	0 - 1	DEAN, MGM DENTAL
	विद्यापीठ आपत्कालीन निधी	१०/-	80/-	80/-	80/-	₹00/-	१००/-	COLLEGE &
	अमार्त्या शिक्षा योजना विमा शुल्क	२,१२५/—	२,१२५/-		2,874/-	7,874/-	१०/— २,१२५/—	HOSPITAL, NAVI
	एकुण	११,५८५/-		California (California)	,,६३५/—	88,464/-	47,764/-	MUMBAI

- कृपया वरील शुल्कांचे दोन वेगळे धनाकर्ष तयार करावेत
- शुल्क हे धनादेश अथवा रोख रक्कमेच्या स्वरुपात स्विकारण्यात येणार नाही.



S, Sn'Volly

दिनांक: ०४/०८/२०२३

## Mahatma Gandhi Mission's Dental College & Hospital, Kamothe, Navi Mumbai. Details of Fees for I BDS Admission for the A. Y. 2023-24. – Revised

### 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/-
1)	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. Sn'Vally .

## MAHATMA GANDHI MISSION'S DENTAL COLLEGE & HOSPITAL NOTICE BOARD & WEBSITE

### **BDS Admission 2023-24**

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

Sr. No.	Certificates	Т	o be submitted
1	Indian Nationality Certificate / Copy of Valid Indian Passport/ Birth Certificate endorsed with Nationality as 'Indian' on it.	Original	2 self attested copies
2	Domicile Certificate	Original	2 self attested copies
3	SSC / Equivalent Passing Certificate.	Original	2 self attested copies
4	HSC / Equivalent Examination Mark sheet	Original	2 self attested copies
5	NEET – UG 2023 Mark Sheet	Original	2 self attested copies
6	Caste Certificate.	Original	2 self attested copies
7	Caste Validity Certificate.	Original	2 self attested copies
8	Non-Creamy Layer Certificate valid up to 31/03/2024. (For VJ/NT, OBC, SBC) Not for SC and ST	Original	2 self attested copies
9	School Leaving Certificate / Transfer Certificate of HSC/12 <sup>th</sup> Std.	Original	2 self attested copies
10	Medical Fitness Certificate (Annexure – H)	Original	2 self attested copies
11	Gap Certificate (If Applicable)	Original	2 self attested copies
12	Migration Certificate (If Applicable)	Original	2 self attested copies
13	Heamogram Blood Test Report	Original	2 self attested copies
14	Admit Card of NEET UG 2023	Original	2 self attested copies
15	Copy of Online Application form (latest) filled on www.mahacet.org.	Original	2 self attested copies
16	Recent Eligibility Certificate for EWS Category issued by Appropriate Authority for the Year 2023-24 as per State Govt. Format of GR Dt. 31.05.21 (Annexure-T)	Original	2 self attested copies
17	Affidavit about anti ragging on plain paper	Original	
18	Hepatitis – B Vaccination certificate from Doctor on prescription.	Original	
19	Copy of Aadhar Card	NAME OF THE REPORT OF THE REPO	2 self attested copies
20	Copy of Voting Card	(MM)	2 self attested copies
21	5 Passport size photographs	XENER	
		1	

Note: Once the candidate is admitted through counseling, as a policy the original documents are not returned for any other reason. Hence for your convenience don't forget to scan the original documents and preserve it.

# Candidate's Original certificates / documents to be bought for verification for additional Claim under category: D1/D2/D3, MKB, HA and Minority

Sr. No.	Certificates
1	D1/D2/D3: Ex-servicemen Certificate /actual service certificate
2	D1/D2: Domicile of Maharashtra Certificate of Defence person
3	D3: Transfer certificate and Domicile of other than Maharashtra certificate of parents.
4	MKB: Disputed area certificate, Mother tongue certificate, SSC/HSC from MKB area
5	HA: Parent Domicile certificate, SSC/HSC of candidate from hilly area
6	For Minority Candidates – Refer rule 5.11, 5.12 & 5.13 NEET UG 2023 State CET Cell Information Brochure.

### AFFIDAVIT (GAP CERTIFICATE) On Rs. 100/- Stamp paper Duly Notarized

I	, age	yrs. Residing at
Do hereby solemnly affir	med as under:-	yrs. Residing at
I state that I have a In the Exam held in		ISC from
So I have taken a g	gap from	till admitted to BDS course.
		of my HSC, I had not applied for any nadmission in any Institution.
I state that whatever my best knowledge & belonger		ve said paragraphs are true & correct as to
Solemnly affirmati	on	
Date:		DEPONENT
Before me,		

मतदार यादीमध्ये नाव नोंदणी करण्याच्या अनुषंगाने घ्यावयाचे प्र	<u>माणपत्र / हमीप</u> त्र  नमुना .
मी	अभ्यासकमः प्रथम वर्ष दंत पदवी
महाविद्यालयाचे नाव: एम.जी.एम. दंत महाविद्यालय आणि रूप	गालय, कामोठे, नवी मुंबई या महाविद्यालयात प्रथम
वर्षात प्रवेश घेतला असुन मी दिनांक: ०१/०१/	रोजी १८ वर्षाचा/वर्षाची झालो/झाले आहे किंवा
होणार आहे. १८ वर्ष पूर्ण झाल्याबरोबर मी माझे नाव	मतदार यादीत नोंदवुन घेणार आहे अशी मी
प्रतिज्ञा करतो/करते.	
	स्वाक्षरी :
	नाव :

पदवी, पदव्युत्तर पदवी प्रथम वर्ष अभ्यासकमास प्रवेश घेणाऱ्या सर्व मुला/मुलींकडुन प्रवेशाच्या वेळीच

## ANNEXURE I AFFIDAVIT BY THE STUDENT

	s/o,	d/o,
Mr./Mrs./Ms	having	been
admitted to MGM Dental college & Hospital, Kamothe, Navi Mumbai, have received a cop	y of the	UGC
Regulations on Curbing the Menace of Ragging in Higher Educational Institutions, 2009, (her	einafter (	called
the "Regulations") carefully read and fully understood the provisions contained in the said Reg	ulations.	00
2) I have in particular, perused clause 3 of the Regulations and am aware as to that constitute	s raggin	g.
3) I have also, in particular, perused clause 7 and clause 9.1 of the Regulations and am fully penal and administrative action that is liable to be taken against me in case I am found guilty 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 Regulations.	3 of the	
b) I will not participate in or abet or propagate through any act of commission or omission the constituted as ragging under clause 3 of the Regulations.	at may b	е
5) I hereby affirm that, if found guilty of ragging, I am liable for punishment according to cla Regulations, without prejudice to any other criminal action that may be taken against me un 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 inscountry on account of being found guilty of abetting or being part of a conspiracy to promote further affirm that, in case the declaration is found to be untrue, I am aware that my admission cancelled.	, ragging	g; and
Declared this day of month of year.		
Signature of Depo	nent	
Name:	50	

## ANNEXURE II AFFIDAVIT BY THE PARENT/GUARDIAN

Mr./Mrs./Ms			(ful.
name of parent/guardian) father/mother/			
name of student) having been admitted to	200	/\$/, 91/	
received a copy of the UGC Regulation Institutions, 2009, (hereinafter called the			
contained in the said Regulations.	rregulations / carefull	y read and fully unde	arstood tile provisions
2) I have in particular, perused clause 3 of	the Regulations and a	m aware as to that co	onstitutes ragging.
3) I have also, in particular, perused claus	se 7 and clause 9.1 of	the Regulations and	am fully aware of the
penal and administrative action that is liab	and the second second second		nd guilty of or abetting
ragging, actively or passively, or being par	t of a conspiracy to pro	omote ragging.	
4) I hereby solemnly aver and undertake the	nat		
a) I will not indulge in any behavior or ac	ct that may be constitut	ed as ragging under	clause 3 of the
Regulations.	1 1	v.	
<ul> <li>b) I will not participate in or abet or prop constituted as ragging under clause 3</li> </ul>		ot commission of omi	ssion that may be
5) I hereby affirm that, if found guilty of ra	agging. I am liable for	punishment according	g to clause 9.1 of the
Regulations, without prejudice to any other			
law or any law for the time being in force.			
6) I hereby declare that I have not been	evolained or deharre	d from admission in	any institution in the
country on account of being found guilty of			08
further affirm that, in case the declaration i			
cancelled.			
Declared this day of	month of	vear	849
day of	THORITON	your.	
		Signature o	of Deponent
		Name:	

#### ANNEXURE - H

#### **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 Letterheador on this format with original seal and signature.

CERTIFICATE OI	F MEDICAL FITNESS				
This is to certify that I ha	ve 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 c	linical examination it has been found that he/she				
is medically fit to undergo the professional of	ourse.				
Certified that he/she fulfills the following crite	eria.				
<ul> <li>(2) Absence of any disability of upper limb/s</li> <li>(3) Absence of any major visual/ auditory di</li> <li>(4) Absence of psychosis/neurosis/mental re</li> <li>(5) Ability to maintain erect posture,</li> <li>(6) Reasonable manual dexterity.</li> <li>Though, following deviations have be</li> <li>impediments to pursue a career as a Med</li> </ul>	sability. etardation,  een revealed, in my opinion, these are not ical / Dental / Ayurved / Homeopathy / Unani /				
Prosthetics & Orthotics / BSc Nursing, (Strik	Audiology & Speech, Language Pathology /				
1	(c, which is not applicable).				
Address of the Registered Medical Practitioner	Signature				
Praditione	Name				
	Registration No.				
Date :	Seal of Registered Medical Practitioner				