

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

DETAILS OF FEES FOR – MUHS Fellowship Courses (A. Y. 2025-2026)

As per MUHS Circular No. 14 / 2025, MUHS/FC-CC/346/2025, Dated 18/11/2025

S.N.	Particulars	Fees in Rs.
1	Course Fee to the University (as fixed by MUHS)	25,000/-
To the University through online payment link only - https://muhs.unisuite.in/ (Online Payment: www.muhs.ac.in – Dashboard online payment – Fellowship (UDS) Department – Process – University Dept Cell (Fellowship/Certificate Dept. Fees – Proceed & Pay)		
NOTE: Kindly submit the online payment receipt at the time of admission.		

S.N.	Particulars	Fees in Rs.
1	Course Fee for the College (as fixed by MUHS)	75,000/-
2	Security Deposit (Refundable after completion of Course)	5,000/-
Total (DD in favor of Dean, MGM Dental College & Hospital, Kamothe, Navi Mumbai)		80,000/-

Fees in cash or cheque will not be accepted

Date: 22/11/2025

Dean

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

DETAILS OF FEES FOR – MUHS Certificate Course (A. Y. 2025-2026)

As per MUHS Circular No. 14 / 2025, MUHS/FC-CC/346/2025, Dated 18/11/2025

S.N.	Particulars	Fees in Rs.
1	Course Fee to the University (as fixed by MUHS)	12,500/-
To the University through online payment link only - https://muhs.unisuite.in/ (Online Payment: www.muhs.ac.in – Dashboard online payment – Fellowship (UDS) Department – Process – University Dept Cell (Fellowship/Certificate Dept. Fees – Proceed & Pay)		
NOTE: Kindly submit the online payment receipt at the time of admission.		

S.N.	Particulars	Fees in Rs.
1	Course Fee for the College (as fixed by MUHS)	37,500/-
2	Security Deposit (Refundable after completion of Course)	5,000/-
Total (DD in favor of Dean, MGM Dental College & Hospital, Kamothe, Navi Mumbai)		42,500/-

Fees in cash or cheque will not be accepted

Date: 22/11/2025

Dean

MAHATMA GANDHI MISSION'S DENTAL COLLEGE & HOSPITAL

MUHS Fellowship / Certificate Courses Admission 2025-26

Candidates are required to submit original certificates
with two self-attested photocopies separately
as per the order given below

Sr. No.	Certificates
1	Copy of Online Application Form submitted at MUHS
2	Nationality Certificate / Valid India Passport / Birth Certificate
3	Domicile Certificate of Maharashtra as applicable
4	HSC 12 th Standard mark list
5	BDS mark lists (All I, II, III & IV)
6	PG Degree mark list (as per the prescribed eligibility of the concerned course)
7	Passing Degree Certificate UG, PG Degree (as per the prescribed eligibility of the concerned course)
8	Internship Completion Certificate.
9	NOC from current employer in case of in-service candidate
10	Valid Registration Certificate from the Respective Council
11	College Leaving / Transfer Certificate
12	Attempt Certificate of UG, PG Degree.
13	Gazette for change in name (if applicable)
14	Migration Certificate issued by the respective University (If Applicable)
15	Self Educational Gap certificate (If Applicable)
16	Medical Fitness Certificate. (as per the format made available by the University)
17	Self-declaration form for self-attestation (as per format available by the University)
18	Attested Copy of Aadhar Card
19	5 Passport Size Photographs

GAP Certificate

Annexure - A

Self-Declaration

Applicant's Photo

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 :

CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted clinical examination of
Dr./Mr./Kum..... who is desirous of
admission to Fellowship/OR Certificate Course he/she has not given any personal history of any disease in
capacitating him/her to undergo the professional course. Also, on clinical examination it has been found that
he/she is medically fit to **undergo said course**.

- a) Absence of any incapacitating and /or progressive systemic disease / disorder / condition,
- b) Absence of any disability of upper limb/s,
- c) Absence of any major visual/auditory disability,
- d) Absence of psychosis/neurosis/mental retardation,
- e) Ability to maintain erect posture,
- f) Reasonable manual dexterity.

Date:

Signature:

1. Name:

2. Registration No:

3. Address of the Registered Medical Practitioner:

Seal of Registered Medical Practitioner

Note:

A candidate must be medically fit to undergo **Fellowship/Certificate Course** applied for. The medical fitness must be certified by a **Registered Medical Practitioner** in the prescribed Performa, as given above on a **Letter head**.

Self- Declaration Form For Self Attestation

Paste here
Recently
Passport
Size Photo

ISon /Daughter of

Shri.....agedyears

Occupation.....resident of

.....with

UID No. (Aadhar No.) hereby declare that the

copies attested by me are true copies of original documents. I am well aware of the fact that if the copies are found to be false, I shall be liable for prosecution and punishment under Indian Penal Code and /or any other law applicable there to.

Place :

Applicant's Signature:

Date :

Applicant's Name: