GOVERNMENT OF MAHARASHTRA

GOVERNMENT MEDICAL COLLEGE RATNAGIRI

HODEKARROAD, UDYAMNAGAR, PATWARDHANWADI

RATNAGIRI, 415612

MAHARASHTRA

ADMISSION MBBS
2026-2027

Contact Number

02352-295315

8411869854

Office Time 10.00 AM To 6.00 PM

Guidelines for Students

All candidates allotted a seat at Government Medical College, Ratnagiri through All India quota/State quota through NEET-UG 2026 must adhere to the following guidelines and come prepared with all necessary things to complete their admission process

All admissions strictly follow the rules set by the Medical Counselling Committee (MCC) and the State CET Cell. Students are strongly advised to read the information brochure, FAQs, and latest notifications on the official MCC and State CET Cell websites before proceeding.

The candidate should report personally to the College, for the physical Document Verification. proxies are not permitted.

Documents and Photo -

- Print the 1) Application Form, 2) Student Information Form, and 3) Parent Information Form on **A4-size paper**. (Please check the file below for all formats)
- Do not edit or modify any of the provided forms.
- Fill out all forms manually in **clear, legible handwriting**. You may refer to the attached sample-filled forms underneath for guidance
- Gather all original documents listed in **Annexure 'A'** and arrange them strictly in the exact sequence specified.
- Prepare **two complete sets of self-attested photocopies** of these original documents, arranged in the same chronological order.
- Secure your paperwork into **two transparent button folders**. Place all your original documents into the first folder, and place both sets of photocopies into the second folder.

- Scan all original documents, Demand Draft (DD) and your passport-size photograph using a standard computer scanner. **Do not use mobile scanning apps.** Save all documents as individual **PDF** files. Save your passport photograph in **JPEG** format. Ensure the size of **each individual file** does not exceed **500 KB**.

- Every document must be named appropriately according to the guidelines provided in **Annexure 'B'**.
- Create a single folder on a pen drive and name it with the **student's full name**. Place all your scanned documents, Demand Draft (DD) and your photograph inside this folder.
- This pen drive will be collected permanently at the time of admission. Do **not** store any other personal files, folders, or unrelated data on it.
- Bring 6 passport size colour photographs.
- Maharashtra state issues a separate **Caste Validity Certificate** alongside the Caste Certificate, some states do not have this provision. Therefore, reserve category students from other states admitted through the All India Quota (AIQ) must submit a declaration. This certificate must be issued by a Tahsildar, Magistrate, or competent authority, stating that their home state does not issue separate Caste Validity Certificates **(Please see Annexure B).**
- Bring Medical Fitness in the prescribed format ONLY. (ANNEXURE-H)
- If a candidate satisfied with the allotted college and do not want to participate in subsequent rounds of counselling must submit a Status-Retention Form in the given format. (Annexure-J)

Fee payments ad Demand Draft (DD) :

- **Payment in** Demand Drafts (DD) mode only will be accepted. (Payment by Cheque is allowed on **Bank Holidays** to be replaced by DD on next working day. If the candidate fails to submit the DD on next working day, the
- admission may be cancelled)
- Please check the **Fee Details** file below for category-wise fee amounts, the number of DDs required.
- DD Should be drawn in favor of-

ADMINISTRATIVE OFFICER GOVT MED COLLEGE N HOSPITAL RATNAGIRI

- **DD Payable at- Ratnagiri Only**
- Students are advised to ensure that Demand Drafts (DD) for fee payment contain no spelling errors or structural mistakes in the payee name field. Drafts with discrepancies will be strictly rejected.
- Cash/Cheque will NOT be accepted.
- Candidates should write their Name and phone number on the back side of DD.
- Demand Drafts (DD) will only be accepted if issued by **Nationalised or major commercial banks** (including SBI, Canara Bank, BOB, BOI, Axis, HDFC, and ICICI).

DD from co-operative society banks or multi-state scheduled co-operative banks **shall not be accepted**.

- In the event that a candidate is allotted to other institution in subsequent rounds of counselling, their submitted Demand Draft (DD) will be returned. Consequently, all such candidates will be required to pay an admission fees of **Rs. 1,500/- in cash** to the Accounts Department.
- Furthermore, the institution will clear and deposit the demand draft only after the completion of complete admission process.

Reporting time-

- Candidates must report as per schedule notified by Medical Counselling Committee (MCC) and the State CET Cell.
- Admission process is subject to thorough verification and approval. Consequently, requests for the immediate or urgent issuance of joining letters will not be entertained. To complete all admission formalities within the same day, candidates must report to the campus between **10:00 AM and 02:00 PM**

Sd/-
Dr. Jaiprakash Ramanand
Dean
Government Medical College,
Ratnagiri

Application Form

Name : ……..

Address : ……..

Date : ……

To,
The Dean
Government Medical College,
Ratnagiri.

PHOTO

Sub : Admission to MBBS course for the year 2026-2027

Respected Sir,

I, the undersigned Shri/Kum. (Full Name in Capital) ……..

…… have been selected for MBBS course during the year 2026-2027 as per the selection letter of All India/State list Round No. ……..

Dated / /2026 at Government Medical College, Ratnagiri under ……. category. I am submitting here with all required original documents & two sets of attested Xerox copies.

Kindly get me joined as 1st MBBS student for the academic Year 2026-2027.

Thanking you.

Yours faithfully,

(Name & Signature of candidate)

Student Information Form

GOVRNMENT MEDICAL COLLEGE, RATNAGIRI

1	Name of the Student (Full) **(As per XII Mark Sheet)**		
2	Name of the Student in Marathi or Hindi (Full) **(As per XII Mark Sheet)**		
3	Father's Name (Full)		
4	Mother's Name (Full)		
5	Date of Birth & Place		
6	Permanent Address		
7	Students Mobile No:-	E mail:-	
8	Aadhar Card No. :-	Blood Group:-	
9	Voter ID No. :- (If not available submit Annexure 'C' available at college office)		
10	Nationality:-	Domicile:-	
11	Religion :-	Caste :-	Category :-
12	Quota (All India / State / GOI):-	Allotted Category of Admission:-	
13	Constitutional Category of Admission:-	Special Reservation :- (Defense / PWD / Hilly / MKB / Other)	
14	12th Marks (out of) Month & Year :- Passing	Name of 12th Board :- Total Marks :- Percentage :- Physics:- Chemistry:- Biology:- English:- Total(PCB) :- PCB Percentage:-	
15	NEET Roll No:- Month & Year :- Passing	Total:- / 720 Total Percentile :- Physics (Percentile) :- Chemistry (Percentile):- Biology(Percentile):-	
16	State Merit List No. :-	All India Rank (AIR) :-	
17	Date of Admission (Today's Date) :-	DD No:- 1) Amount:- 2) Amount:- Bank Name:- Date:-	
18	School / College last attended (12th College)		
21	Willingness for Organ Donation :-	YES / NO	
22	Retention	YES / NO Date :-	
Student's Signature			

Details of Parents

Details of Father	
Name of father	
Name in Marathi	
Mobile No. (Whatsapp No.)	
Aadhar No.	
E-mail ID	
Occupation	
Annual Income	
Details of Mother	
Name of mother	
Name in Marathi	
Mobile No. (Whatsapp No.)	
Aadhar No.	
E-mail ID	
Occupation	
Annual Income	
Permanent Address of Parents	
Address for Correspondence	

Signature of Parents

महाराष्ट्र शासन

शासकीय वैद्यकीय महाविद्यालय, रत्नागिरी

Government Medical College, Ratnagiri

होडेकर रोड, उद्यमनगर, पटवर्धन वाडी, रत्नागिरी - ४१५६१२

दुरध्वनी क्र. ०२३५२-२४४३५५ ईमेल: deangmcratnagiri@gmail.com

दिनांक: / / २०२६

Fee Structure

Sr. No.	Particulars	Fee Amount	Total
1	Tuition Fees (Per Annum)	1,67,300/-	1,67,300/-
2	Library Deposit (Refundable)	2,000/-	14,000/-
3	Library Fee (Per Annum)	1,000/-	
4	Admission Fees (One Time)	1,500/	
5	Development Fee (Per Annum)	5,000/-	
6	Gymkhana fees (Per Annum)	500/-	
7	Hostel Rent (Per Annum)	4,000/-	
		Total	**1,81,300/-**

Details of DD to been drawn as follows

Category of Students	No of DD	DD Amount	
		1st DD	2nd DD
a) Open candidates from Maharashtra (**Except** female candidates whose parents income less than 8 lakh) b) All India Candidates (both Open & Reserve category)	2	1,67,300/-	14,000/-
a) OBC, SC, ST & NT candidates from Maharashtra b) Female candidates from Maharashtra state of following category- EWS/EBC/SEBC & OPEN category whose parents income less than 8 lakh	1	---	14,000/-
a) Male Candidates from Maharashtra of EBC, EWS & SEBC category	2	83,650/-	14,000/-

Sd/-

Dr. Jaiprakash Ramanand

Dean

Government Medical College, Ratnagiri

Annexure 'A'

Arrange all original documents and 2 Xerox set in following order and also bring scan copy of document with correct label as given below in pen drive.

Sr. No.	Name of Documents	File Names to be given
1	College Allotment Letter Issued by DMER / AIPMT.	Allotment_Amit
2	NEET - 2026 admit card.	Admitcard_name
3	NEET - 2026 Mark Sheet.	Marksheet_name
4	Nationality Certificate / Passport.	Nationality_name
5	School/College leaving Certificate / Transfer Certificate.	Leaving_name
6	Domicile Certificate	Domicile_name
7	XII Standard (HSC) Mark Sheet.	Hscmarksheet_name
8	XII Standard (HSC) Certificate.	Hsccertificate_name
9	S.S.C. Mark Sheet.	Sscmarksheet_name
10	S.S.C. Passing Certificate.	Ssccertificate_name
11	Physical Fitness Certificate (On Letter Head of MBBS / MD / MS Doctor) as per Annexure - H	Fitness_name
12	Caste Certificate. (If Applicable)	Caste_name
13	Caste Validity Certificate. (If Applicable) (All India category candidate will submit Annexure – A)	Castevali_name
14	Non Creamy Layer Certificate Valid Up to 31/03/2027. (for NT-1,NT-2,NT-3, VJ & OBC).	Noncreamy_name
15	Eligibility Certificate for EWS (Issued after 31/03/2027)	EWS_name
16	Defense Category Certificate. (If Applicable)	Defcatecer_name
17	Person with disability Certificate (PWD) candidates – Medical Fitness Certificate of Authorized Medical Board. (If Applicable)	Pwdmedi_name
18	MKB Claim Certificate. (If Applicable)	Mkb_name
19	Hilly Area Certificate. (If Applicable)	Hillyarea_name
20	Parents Domicile for Hilly Area Students	Parentdomi_name
21	Parents Annual Income Certificate issued by Executive Magistrate (for the year 2026-27 less than Rs. Eight lakhs) for EBC Student	Parentanuual_name
22	Migration Certificate. (If Applicable)	Migration_name
23	Gap Certificate. (If Applicable)	Gap_name
24	AADHAR CARD	Aadhar_name
25	NEET Online Application form Print.	Neetform_name
26	Copy of Online Application Form (Latest) filled on MCC/ CET cell	Application _name
27	1. Tuition Fee Demand Draft 2. Other Fee Demand Draft	DD 1_name DD 2_name
28	Passport Size Photo in less than 20 KB (jpeg format)	Photo_name
29	Student Signature in less than 20 KB (jpeg format)	Sign_name

FOR ALL INDIA QUOTA CATEGORY STUDENTS GIVEN RETNTION AT GOVERNMENT MEDICAL COLLEGE, RATNAGIRI

ANNEXURE 'B'

Office of the……

……

Outward No. :- **Date :-**

TO WHOME IT MAY CONCERN

CERTIFICATE

This is to certify that, the Cast 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 Cast Validity Certificate in ……. State.

Signature of Tahsildar / Magistrate / Issuing Authority

Office seal / Stamp

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 letter head or on this format with original seal and signature.

CERTIFICATE OF MEDICAL FITNESS

This is to Certify that I have conducted clinical examination of Mr./ Mrs./Miss. …… …… 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 clinical examination it has been found that he/she is medically fit to undergo the professional course.

Certified that he/she fulfills the following criteria.

(1) Absence of any incapacitating and/ or progressive systemic 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.

Though following deviations have been revealed, in my opinion, these are not impediments to pursue a career as a Medical/Dental/Ayurved/Homeopathy/Unani/Occupational Therapy/Physiotherapy/Audiology & Speech, Language Pathology/ Prosthetics & Orthotics/BSc Nursing. **(Strike, which is not applicable) :**

1……
2……
3……..

Address of the Registered Medical Practitioner	Signature
	Name
Date :	Registration No.
	Seal of Registered Medical Practitioner

ANNEXURE - J
Status Retention Form
(To be sent to Competent Authority by the college)

Candidate's Name : ____________________

All India Neet Rank ________ Category : ____________ NEET UG Roll.No. : ____________________

Address: ____________________

____________________Pin Code:______________Phone No.______________________

To

The Competent Authority,
NEET UG 2026, Mumbai.

Sir/Madam,

I, Mr./Miss______________________________ wish to retain the seat allotted
(Name of Candidate)

to me at ____________________
(Name of the College)

for ____________________Course in Health Sciences for the academic year 2026-27.
(Name of the course)

Declaration

I am fully aware that after filling this **Status Retention Form** that I will not be considered for any subsequent rounds of selection process for the year 2026-27. I also declare that I will not ask for reconsideration of my name for further selection process.

Date :
Place : Signature of Candidate

Signature of Parent/Guardian Signature of Dean /Principal (with seal)

(Cut here) -

(To be retained by the College)

To

The Competent Authority,
NEET UG 2026, Mumbai.

Sir/Madam,

Mr./Miss______________________________(All India NEET Rank.___________) wish to retain the
(Name of Candidate)

seat allotted to me at ____________________
(Name of the College)

for ____________________Course in Health Sciences for the academic year 2026-27.
(Name of the course)

Declaration

I am fully aware that after filling this **Status Retention Form** that I will not be considered for any subsequent rounds of selection process for the year 2026-27. I also declare that I will not ask for reconsideration of my name for further selection process.

Date :
Place : Signature of Candidate

Signature of Parent/Guardian Signature of Dean /Principal (with seal)

UNDERTAKING

(For Maharashtra Category Student)

Date:- / /2026

I have got admission for 1st MBBS course in Government Medical College, Ratnagiri with reference to the State /All India round No. _____ Dated / /2026 from State / All India Quota. Hence, I am joining the MBBS course in your college from Date / / /2026.

As per rules and regulations of Maharashtra University of Health Sciences, Nashik it is mandatory to have minimum 80% attendance for practicals and minimum 75% attendance for lectures to be eligible for appearing the university examination.

If I want to continue getting the benefits of any education Free-ship / Scholarship then I will submit the required application in the prescribed format along with necessary documents within 15 days from the time of seeking admission. In case of any delay in submission of the application and the consequences thereof, I will be solely responsible for the same and will not complain thereafter.

I assure you that I will strictly abide by all the rules and regulations stipulated by college and University. I will immediately let you know the change in address and mobile number of my parents for contact.

Following information To be filled by Category Student only

Category of the Student	**Sub-Caste of Student**	**Admitted under Category (For Admission)**	**AIR / SML**
Caste certificate (Yes / No)	**Caste certificate is issued from which Sub Divisional Office**	**Caste certificate Number**	**Caste certificate Date of Issue**
Caste Validity Certificate (Yes / No)	**Validity Certificate Number (i.e. Sr. No.)**	**Validity Certificate Date of Issue**	**Validity Certificate is issued from which District**
Non Creamy layer Certificate (Yes/'No)	**Non Creamy layer Certificate (i.e. Sr. No.)**	**NCL Certificate date of issue**	**NCL Certificate date of Valid**

प्रमाणित करण्यात येते की, वर दर्शविलेली माहीती खोटी किंवा शासनाची दिशाभुल करणारी आढळल्यास त्यामुळे होणारी कार्यवाही ही बंधनकारक राहील याची मला जाणीव आहे.

तसेच अधिवास प्रमाणपत्र, जातीचे प्रमाणपत्र, जात वैधता प्रमाणपत्र, उन्नत गटात मोडत नसलेले नॉन क्रिमीलेअर प्रमाणपत्र हया प्रवेशाचे मुळ प्रमाणपत्रे वगळून चार प्रमाणपत्राच्या छायांकीत प्रत, प्रत्येकी दोन प्रतित वेगळा संच सादर करणे अनिवार्य आहे.

Place:- Ratnagiri.
Date:- / / 2026

Student's Signature :- _____

Student's Name :- _____

Parent's Signature :- _____

Parent's Name :- _____

Annexure 'C'

पदवी, पदव्युत्तर पदवी प्रथम वर्ष अभ्यासक्रमास प्रवेश घेणाऱ्या सर्व मुला मुलींकडून प्रवेशाच्या वेळीच मतदार यादीमध्ये नाव नोंदणी करण्याच्या अनुषंगाने घ्यावयाचे प्रमाणपत्र / हमीपत्र नमुना.

मी.....

अभ्यासक्रम: ..... महाविद्यालयाचे नाव .....या महाविद्यालयात प्रथम वर्षात प्रवेश घेतला असुन मी दिनांक: / / 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 :.....

MOST IMPORTANT:

- ✓ After retention of admission in this college, the students should be ready with the following information.

Sr. No.	Student's Job	Submission date
1	**MUHS, Nashik Registration and Eligibility (** Wait for Notice)	Students who retained in this college keep ready this requirement. Submission dates will be displayed on notice board in due course.
2	**MUHS, Nashik Pro-Rata & University Development Fee**	
2	Fill online undertaking regarding prevention of Ragging on https://antiragging.in And submit hard copy to college	
3	Scholarship online form on https://mahadbt2.maharashtra.gov.in/ (for details contact Scholarship Section)	

Application Form

Name : Sachin suresh Patil.

Address : Shivaji Nagar, Ratnagiri.

Date : 18/08/2026

To,
The Dean
Government Medical College,
Ratnagiri.

Sub : Admission to MBBS course for the year 2026-2027

Respected Sir,

I, the undersigned Shri/Kum. (Full Name in Capital) SACHIN SURESH PATIL. have been selected for MBBS course during the year 2026-2027 as per the selection letter of All India/State list Round No. 1st/2nd/3rd Dated 18/08/2026 at Government Medical College, Ratnagiri under OBC/SC/ST/NT EWS/Open. category. I am submitting here with all required original documents & two sets of attested Xerox copies.

Kindly get me joined as 1st MBBS student for the academic Year 2026-2027.

Thanking you.

Yours faithfully,

Sachin suresh Patil
(Name & Signature of candidate)

Note:- The information provided in the above sample is only for your reference.

Student Information Form

GOVRNMENT MEDICAL COLLEGE, RATNAGIRI

1	Name of the Student (Full) **(As per XII Mark Sheet)**	Sachin Suresh Patil.
2	Name of the Student in Marathi or Hindi (Full) **(As per XII Mark Sheet)**	सचिन सुरेश पाटील.
3	Father's Name (Full)	Suresh Ramesh Patil.
4	Mother's Name (Full)	Radha Suresh Patil.
5	Date of Birth & Place	18/08/2008
6	Permanent Address	Shivaji Nagar, Ratnagiri.
7	Students Mobile No:-	E mail:- sachin12@gmail.com.
8	Aadhar Card No. :- 1111 2222 4444	Blood Group:- A+
9	Voter ID No. :-	(If not available submit Annexure 'C' available at college office)
10	Nationality:- Indian	Domicile:- Maharashtra.
11	Religion :- Hindu / Caste :- Maratha	Category :- Open.
12	Quota (All India / State / GOI):- State	Allotted Category of Admission:- OBC/ST/SC Open
13	Constitutional Category of Admission:-	Special Reservation :- (Defense / PWD / Hilly / MKB / Other) –
14	12th Marks (out of) 600 Month & Year :- Passing July 2026	Name of 12th Board :- Kokan Board. Total Marks :- 570 Percentage :- 95%. Physics:- 80 Chemistry:- 70 Biology:- 80 English:- 90 Total(PCB) :- 230 PCB Percentage:- 76%.
15	NEET Roll No:- 1234567 Month & Year :- Passing July 2026	Total:- 650 / 720 Total Percentile :- 90%. Physics (Percentile) :- 95%. Chemistry (Percentile):- 85%. Biology(Percentile):- 90%.
16	State Merit List No. :- 65520	All India Rank (AIR) :- 126300
17	Date of Admission (Today's Date) :- 18/08/2026	DD No:- 1) 564321 Amount:- 1,67,300/- 2) 564321 Amount:- 14,000/- Bank Name:- BOI Date:- 18/08/2026
18	School / College last attended (12th College)	Vidya Mandir High School Ratnagiri
21	Willingness for Organ Donation :-	YES / ~~NO~~
22	Retention	~~YES~~ / NO Date :- 18/08/2026
Student's Signature	Sachin.	

Note:- The information provided in the above sample is only for your reference.

Details of Parents

Details of Father	
Name of father	Suresh Ramesh Patil.
Name in Marathi	सुरेश रमेश पाटील.
Mobile No. (Whatsapp No.)	9788888000
Aadhar No.	1111 3333 7777
E-mail ID	suresh12@gmail.com.
Occupation	Farmer.
Annual Income	75,000/-
Details of Mother	
Name of mother	Radha Suresh Patil.
Name in Marathi	राधा सुरेश पाटील.
Mobile No. (Whatsapp No.)	8888333222
Aadhar No.	3333 2222 1111
E-mail ID	Radha@gmail.com.
Occupation	Farmer.
Annual Income	75,000/-
Permanent Address of Parents	Shivaji Nagar, Ratnagiri 415612
Address for Correspondence	-

Signature of Parents

ALL INDIA QUOTA STUDENTS IN CATEGORY RETENTION AT GOVERNMENT MEDICAL COLLEGE, RATNAGIRI

ANNEXURE 'B'

Office of the.....

.....

Outward No. :- 112432 **Date :-** 10/08/2026

TO WHOME IT MAY CONCERN

CERTIFICATE

This is to certify that, the Cast Certificate No. 10/2051/292 Dated 10/08/2026 issued to Mr. / Miss. Sachin Ramesh Patil. by the Tahsildar / Magistrate Rajasthan / Kerala / Gujrat etc. is valid

Further, it is stated that there is no provision of issuing separate Cast Validity Certificate in Rajasthan / Kerala / Gujrat etc. State.

Sign

Signature of Tahsildar / Magistrate / Issuing Authority

Office seal / Stamp

Note:- The information provided in the above sample is only for your reference. Therfore, do not copy the information exactly as given in the sample. Please Note that each individual's information will be diffrent.

D

ANNEXURE - J

Status Retention Form

(To be sent to Competent Authority by the college)

Candidate's Name : Sachin Ramesh patil.

All India Neet Rank 11122 Category : OBC NEET UG Roll.No. : 342342

Address: Shivaji Nagar, Ratnagiri

Pin Code: 415612 Phone No. 8888 222 334

To

The Competent Authority,
NEET UG 2026, Mumbai.

Sir/Madam,

I, Mr./Miss Sachin Ramesh patil. (Name of Candidate) wish to retain the seat allotted to me at Government medical college, Ratnagiri. (Name of the College) for MBBS. (Name of the course) Course in Health Sciences for the academic year 2026-27.

Declaration

I am fully aware that after filling this **Status Retention Form** that I will not be considered for any subsequent rounds of selection process for the year 2026-27. I also declare that I will not ask for reconsideration of my name for further selection process.

Date : 10/08/2026
Place : Ratnagiri

Signature of Candidate

Signature of Parent/Guardian

Signature of Dean /Principal (with seal)

(Cut here) -

(To be retained by the College)

To

The Competent Authority,
NEET UG 2026, Mumbai.

Sir/Madam,

Mr./Miss Sachin Ramesh patil. (Name of Candidate) (All India NEET Rank 11122) wish to retain the seat allotted to me at Government medical college, Ratnagiri. (Name of the College) for MBBS (Name of the course) Course in Health Sciences for the academic year 2026-27.

Declaration

I am fully aware that after filling this **Status Retention Form** that I will not be considered for any subsequent rounds of selection process for the year 2026-27. I also declare that I will not ask for reconsideration of my name for further selection process.

Date :
Place :

Signature of Candidate

Signature of Parent/Guardian

Signature of Dean /Principal (with seal)

Note:- The information provided in the above sample is only for your reference.

UNDERTAKING

(For Maharashtra Category Student)

Date:- 19 / 8 /2026

I have got admission for 1st MBBS course in Government Medical College, Ratnagiri with reference to the State /All India round No. 1 Dated 18 / 8 /2026 from State / All India Quota. Hence, I am joining the MBBS course in your college from Date 8 /9 / /2026.

As per rules and regulations of Maharashtra University of Health Sciences, Nashik it is mandatory to have minimum 80% attendance for practicals and minimum 75% attendance for lectures to be eligible for appearing the university examination.

If I want to continue getting the benefits of any education Free-ship / Scholarship then I will submit the required application in the prescribed format along with necessary documents within 15 days from the time of seeking admission. In case of any delay in submission of the application and the consequences thereof, I will be solely responsible for the same and will not complain thereafter.

I assure you that I will strictly abide by all the rules and regulations stipulated by college and University. I will immediately let you know the change in address and mobile number of my parents for contact.

Following information To be filled by Category Student only

Category of the Student	Sub-Caste of Student	Admitted under Category (For Admission)	AIR / SML
OBC/SC/ST/NT	Maratha / Jain	OBC/SC/ST/NT	112112
Caste certificate (Yes / No)	**Caste certificate is issued from which Sub Divisional Office**	**Caste certificate Number**	**Caste certificate Date of Issue**
YES	Ratnagiri	112112	10/08/2026
Caste Validity Certificate (Yes / No)	**Validity Certificate Number (i.e. Sr. No.)**	**Validity Certificate Date of Issue**	**Validity Certificate is issued from which District**
YES	112112112	10/08/2026	Ratnagiri
Non Creamy layer Certificate (Yes/'No)	**Non Creamy layer Certificate (i.e. Sr. No.)**	**NCL Certificate date of issue**	**NCL Certificate date of Valid**
YES	342342	10/08/2026	31/03/2027

प्रमाणित करण्यात येते की, वर दर्शविलेली माहीती खोटी किंवा शासनाची दिशाभुल करणारी आढळल्यास त्यामुळे होणारी कार्यवाही ही बंधनकारक राहील याची मला जाणीव आहे.

तसेच अधिवास प्रमाणपत्र, जातीचे प्रमाणपत्र, जात वैधता प्रमाणपत्र, उन्नत गटात मोडत नसलेले नॉन क्रिमीलेअर प्रमाणपत्र हया प्रवेशाचे मुळ प्रमाणपत्रे वगळून चार प्रमाणपत्राच्या छायांकीत प्रत, प्रत्येकी दोन प्रतित वेगळा संच सादर करणे अनिवार्य आहे.

Place:- Ratnagiri.

Date:- 19 /08/ 2026

Student's Signature :- _____

Student's Name :- Sachin Suresh Patil.

Parent's Signature :- _____

Parent's Name :- Suresh Ramesh Patil.

Note:- The information provided in the above sample is only for your reference.

Annexure 'C'

पदवी, पदव्युत्तर पदवी प्रथम वर्ष अभ्यासक्रमास प्रवेश घेणाऱ्या सर्व मुला मुलींकडून प्रवेशाच्या वेळीच मतदार यादीमध्ये नाव नोंदणी करण्याच्या अनुषंगाने घ्यावयाचे प्रमाणपत्र / हमीपत्र नमुना.

मी सचिन रमेश पाटील.....

अभ्यासक्रम: MBBS..... महाविद्यालयाचे नाव शासकीय वैद्यकीय महाविद्यालय, रत्नागिरी. या महाविद्यालयात प्रथम वर्षात प्रवेश घेतला असुन मी दिनांक: 19/08/2026 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 : सचिन रमेश पाटील.

Note:- The information provided in the above sample is only for your reference.