

DOCUMENTS SCRUTINY FORM

STUDENT COPY

OFFICE COPY

Name of the Candidate: _____

Category: _____ Admission Quota: _____ Subject: _____

NEET Rank: _____ NEET-PG-2019 Marks: _____ State Merit List No. _____

Arrange the set of original certificates and two sets of attested photocopies separately in the order given below:-

SR. NO.	PARTICULARS OF DOCUMENTS	ORIGINAL DOCUMENTS (YES/NO)
1.	Nationality Certificate/ Valid Passport	
2.	Domicile Certificate	
3.	AIPMT Selection letter for AIPMT Candidate (If applicable)	
4.	S.S.C. Passing Certificate	
5.	NEET 2019 Admit Card	
6.	NEET 2019 Mark sheet	
7.	Selection Letter	
8.	M.B.B.S. Degree / Passing Certificate	
9.	Attempt Certificate of All MBBS Exam from the Head of the Institute	
10.	Internship Completion Certificate from MUHS with completion date on or before 31/03/2019	
11.	Permanent Registration of MMC/ MCI/Receipt of Application	
12.	Caste Certificate (If applicable)	
13.	Caste Validity Certificate (It is mandatory to the candidate belonging to reserved category to submit Caste Certificate & Caste Validity Certificate (if any), failing which proposal will not be accepted)	
14.	Non-Creamy Layer Certificate Valid up to 31/03/2019 (Applicable for DT- VJ(A), NT(B), NT(C), NT(D), OBC, SBC & SEBC)	
15.	Eligibility Certificate for economically weaker section (EWS) issued by a Competent Authority Government of Maharashtra	
16.	College Leaving/Transfer Certificate	
17.	Migration Certificate issued by the respective University (Applicable to Non-MUHS students only)	
18.	Educational Gap Certificate (If applicable)	
19.	Medical Fitness Certificate duly quoted with Registration number (As per the format prescribed in the Information Brochure by respective Competent Authority)	
20.	MCI Recognition Certificate from the Institute	
21.	Aadhaar Card (Photo Copy)	
22.	Bond Release Certificate from DMER, Mumbai or Proof of penalty amount paid to Dean (If applicable)	
23.	MBBS Marksheets (All Exams I,II,III (Part-I & II)	
24.	Marriage Certificate / Gazette copy for name change (If applicable)	
25.	Physically Handicapped Certificate (If applicable)	

* No. of original documents submitted : _____

* Two sets of attested photocopies submitted : Yes/ No

Date:- / /2019

Signature of Candidate

Signature of Scrutiny Officer

Signature of the Clerk