M M Patel Public Charitable Trust's

ASHWINI RURAL MEDICAL COLLEGE, HOSPITAL & RESEARCH CENTRE,

Kumbhari, Solapur.

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DOCUMENTS SCRUTINY FORM

Name of the Candidate: _____

Category: _____ Category Quota: _____ Subject: _____

PG NEET AIR Rank: _____ NEET PG Marks: _____

Admission Quota: State/Management/NRI

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

Sr. No.	Name of the document	Attested Copies	Original
1	Nationality Certificate		
2	Domicile Certificate		
3	P.G. NEET 2026 Mark Sheet		
4	Aadhar Card & PAN Card (Xerox Copy)		
5	M.B.B.S. Degree / Passing Certificate		
6	University/College Internship Completion Certificate reflecting internship completion on or before 30/09/2026		
7	Permanent Registration of MMC/MCI/Receipt of Application		
8	Caste Certificate (if applicable)		
9	Caste Validity Certificate (if applicable)		
10	Non Creamy Layer Certificate (VJ/NT-1/NT-2/NT-3/OBC/ SBC/SEBC) valid upto 31/03/2027.		
11	EWS candidates should produce eligibility certificate in prescribed format issued by appropriate authority, for academic year 2026 - 27. (if applicable)		
12	College Leaving / Transfer Certificate		
13	Migration Certificate (Applicable to Non MUHS students only)		
14	Self-Educational Gap Affidavit by Students Certified by Executive Magistrate / Notary (Required only if there is a gap of more than six months after completion of the internship.)		
15	Medical Fitness Certificate. (As per Annexure – M)		
16	Certificate by the Dean of college stating that the student was admitted for UG degree under 15% AIPMT Quota (if applicable)		
17	Gazette copy for Name Change (if applicable)		
18	P.G. NEET 2026 Admit Card		
19	MCI / NMC Recognition Certificate from Dean/Principal of previous college		
20	Print out of Online application form of State Cet Cell for PG 2026		
21	Allotment Letter of State Cet Cell		
22	Xerox Copy of AAPAR ID Student		
23	Scanned copies of all above **original** documents Compulsory in **Pen Drive only** with appropriate name to the file describing the certificate.		
24	Soft Copy Photo & signature in **(JPG format only)**		
25	Recent Passport Sized Color Photographs - **(10)**		

Date:

Signature of Candidate

Scrutiny Committee

Admission Cell I/C

M.M.Patel Public Charitable Trust's
ASHWINI RURAL MEDICAL COLLEGE, HOSPITAL & RESEARCH CENTRE,
Kumbhari, Solapur.
Phone : 9767999222/9552999222. E-mail: mmpateltrust@gmail.com

2026 - 27 PG ADMISSION FORM

All entries in this form must be in **CAPITAL** letters only.

NEET - PG - 2026 All India Rank: NEET - PG - 2026 Marks:

1. Name of the candidate in FULL: (as given in your MBBS mark statement)

_____

Name of Candidate in Devnagari (Marathi) _____

2. Subject allotted: MD /MS: _____ Date of Admission_____

3. Religious Community: Hindu/Christian/Muslim/Buddhist/Zorastrian (Parsi)/Jain/Sikh/Others

4. Date of Birth: Gender: Male / Female /Transgender Student Pan Card No:

_____ _____ _____

5. Students Aadhar No: APAR ID: Category Type Quota: State/IQ/NRI.

_____ _____ _____ _____

6. Permanent Registration Number(MMC/NMC) & Date Valid Upto:_____

7. Internship completion date (before 30/09/2026): _____ Birth Place_____

8. Name of Parents & Contact no:

Father (English): -_____ Mother (English): - _____

Father (Marathi): -_____ Mother (Marathi): - _____

Education: -_____ Education: - _____

Occupation _____ Occupation: -_____

Mobile: -_____ Mobile: -_____

Email: - _____ Landline No _____

Pan Card No: -_____ Pan Card No: -_____

Name	Student	Father	Mother
Mobile No			
E-Mail ID			

9. Permanent Address:

Pin Code: _____

10. Address for correspondence: (tick if same as above) ☐

Pin Code: _____

11. Marks in the qualifying examination:

Examinations passed	Name of College & University Name	Passing Month & Year	Marks obtained
MBBS			

Undertaking for pending fees/ documents

I_____resident of _____do solemnly affirm & state as I have not submitted following documents/Fees which are required documents /fees for admission for the academic year 2026 -2027. I, hereby undertake to submit these documents / fees to ARMCHRC college office on or before / /202 failing which my admission is liable to be cancelled.

Solemnly affirm at ARMCHRC, Solapur.

- **List of documents not submitted**

1. 4.
2. 5.
3. 6.

- **Details of pending fees**

Sr.	Fees	Paid	Remaining
1	Tution Fees		
2	Development Fees		
3	Hostel Fees		
4	Mess Fees		
5	Other		
6			
7			
8			

This _____day of _____ 202

Name of Parent: _____ Name of Student: _____

Signature: Signature:

ANNEXURE – "M"

✂.....

CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted clinical examination of Dr. ..... who is desirous of admission to Medical Post-graduate 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 medical post-graduate course (NEET-PG 2026).

(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.
Date	Seal of Registered Medical Practitioner

✂.....

Note:

A candidate must be medically fit to undergo the Medical Post-graduate Courses (NEET-PG 2026) applied for. The medical fitness must be certified by a Registered Medical Practitioner in the prescribed Proforma, as given above on a **Letterhead.**