#### महाराष्ट्र शांसन

#### OFFICE OF THE DEAN, GOVT. AYURVED COLLEGE, VAZIRABAD, NANDED

जा.क्र. शाआमनां/विवि/डे-३/ 2959 /२०२३

# IMPORTANT NOTICE FOR STUDENTS BAMS ADMISSION PROCESS 2023-24

(All India Quota/GOI/NRI)

All India Quota Students who are selected in this college, and willing to admit in this college, read the following instructions carefully:

- 1) Submit all original documents alongwith three self attested xerox copies of original documents.
- 2)Keep the colour copies (hard copy & soft copy) of all your original documents alongwith you for your record purpose. (Students will not be given original documents until admission is cancelled or he/she leaves the college)
- 3)Submit all the original documents at the time of admission as per given by All India Quota admission authrity.
- 4) Submit All India Quota Admission letter (selection letter) issued by competent authority.
- 5)Submit three different D.D. (Demand Draft) as follows: (Cash/cheque is not allowed)
  - \* Only D.D. are accepted which are drawn by any Nationalised Bank.
  - d) Rs.797/- in favor of "National Insurance Co.Ltd." payble at Kolhapur (Maharashtra) for Amartya Shiksha Yojana.
  - e) Rs.47,500/- (Tution Fees) in favour of "Dean, Government Ayurved College, Nanded" Payable Nanded (Maharashtra)
  - f) Rs.9100/- (Other Essential fees (as per govt. guideline) in favour of "Dean, Government Ayurved College, Nanded" Payable Nanded (Maharashtra)
- 6) Eligbility fees should be given after admission as per given instructions given by, Maharashtra University of Health Sciences, Nashik.
- 7) Documents list is attached seperately.
- 8) Neet UG Broucher-2023 (16.2): Penalty for Lapse of seat at Government /Government Aided/Private unaided College (Ayush Course) Any candidate who resigns a seat after cut off date from Government/Government Aided/Private unaided College (Ayush Course) will have to pay Rs. 3,00,000/- (Rs. Three lakhs only) as penalty.

Dean

Government Ayurved College, Nanded.

## GOVT.AYURVED COLLEGE, VAZIRABAD, NANDED BAMS ADMISSION PROCESS 2023-24

### FEE DETAILS (ALL INDIA QUOTA/GOI/NRI)

Sr.No.	Details	Fees (in Rs.)	
01	Tution Fee (per Year)	47500/-	Non-Refundable
02	Development Fee (per Year)	3000/-	Non-Refundable
03	Admission Fee (Once at the time of admission)	1500/-	Non-Refundable
04	Gymkhana Fee (per Year)	500/-	Non-Refundable
05	Library Fee (per Year)	1000/-	Non-Refundable
06	Library Fee- Deposit Once at the time of admission	2000/-	Refundable
07	University Developent Fund (Once at the time of admission)	100/-	Non-Refundable
80	Sports Festival Fee, Sports Fee, Student Welfare fund (Once at the time of admission)	500/-	Non-Refundable
09	Internal Assesment Fee	500/-	Non-Refundable
Total		56600/-	

Dean
Government Ayurved College,
Nanded.

### महाराष्ट्र शासन

### अधिष्ठाता यांचे कार्यालय,शासकीय आयुर्वेद महाविद्यालय,नांदेड

### OFFICE OF THE DEAN, GOVT. AYURVED COLLEGE, VAZIRABAD, NANDED

जा.क. शाआमनां/विवि/डे-३/ 2959 /२०२३

G.05/09/2023

### र्बी.ए.एम.एस. प्रथम वर्ष सन २०२३-२४ प्रवेशाबाबत सुचना

या महाविद्यालयात बी.ए.एम.एस. प्रथम वर्ष सन २०२३-२४ मध्ये प्रवेश घेणाऱ्या विद्यार्थ्यांनी खालील सुचनांचे पालन करावे.

१) महाविद्यालयाचे प्रवेश अर्ज स्वहस्ताक्षरात खाडा-खोड न कराता पुर्णपणे भरावा व पासपोर्ट फोटो चालु काळातील चिटकवावा. अर्जासोबत यादीनुसार मुळ प्रमाणपत्रे दिलेल्या क्रमानुसार एका फाईलमध्ये लावावी, त्याखाली तीन स्वसाक्षांकित झेरॉक्स प्रति लावाव्यात.

२) अर्जासोबत यादीमध्ये नमुद केलेली शैक्षणिक मुळ कागदपत्रे, डि.डी., रंगीत स्कॅन करुन (प्रती कागदपत्रे जास्तीत जास्त ३०० KB पर्यंत) सुस्पष्ट दिसतील अशा पध्दतीने सॉफटकॉपीच्या स्वरुपात पेनड्राईव्हमध्ये कार्यालयास सादर करावेत

३) जे विद्यार्थी संवैधानिक आरक्षणाच्या प्रवर्गातुन निवड झाले आहेत, अशा सर्व विद्यार्थ्यांकडे जात प्रमाणपत्र व जात वैधता प्रमाणपत्र आणि आवश्यक असल्यास नॉन क्रिमी लेअर प्रमाणपत्र (SC/ST सोडुन सर्व उमेदवारांकडे) उपलब्ध असणे आवश्यक आहे. EWS प्रवर्गाच्या विद्यार्थ्यांकडे नीट युजी २०२३ माहिती पुस्तिकेतील नमुन्यानुसारच प्रमाणपत्र असणे बंधनकारक आहे.

४) महाविद्यालय सोडल्याचा दाखला व आवश्यकतेनुसार/गॅप/मायग्रेशन प्रमाणपत्र सोबत जोडावीत.

- ५) आपला प्रवेश या महाविद्यालयात निश्चित झाल्यास आपल्या मुळ कागदपत्रांची छायांकित प्रती काढुन ठेवाव्यात (रंगीत) त्यानंतर सदर कागदपत्राची एकही प्रत या कार्यालयातुन पुरविल्या जाणार नाही याची नोंद घ्यावी.
- ६) अमर्त्य शिक्षा योजना बाबत "National Insurance Co.Ltd.," Payable at Kolhapur यांचे नांवाचा रु. 797/- चा डि.डि. राष्ट्रीयकृत बॅकेचा सादर करावा.
- ७) प्रवेश शुल्क खुल्या संवर्गासाठी शुल्क रु.४७,५००/- (सत्र शुल्क) व रु.९१००/- (इतर शुल्क) चे डि.डि. द्वारे रोखपालकडे भरणा करावा.
- ८) प्रवेश शुल्क EWS संवर्गासाठी शुल्क रु.२३,७५० /-(सत्र शुल्क) व रु.९१००/- (इतर शुल्क) शुल्क डी.डी. रोखपालकडे भरणा करावा.
- ९)प्रवेश शुल्क राखीव संवर्गासाठी शुल्क रु.९१००/- (इतर शुल्क) डि.डि.द्वारे रोखपालकडे भरणा करावा.
- १०) सदर डि.डि. मराठी मध्ये अधिष्ठाता, शासकीय आयुर्वेद महाविद्यालय, नांदेड किंवा In English DEAN,GOVT.AYURVED COLLEGE,NANDED, PAYABLE AT NANDED या नावे (राष्ट्रीयकृत बॅकेचा) काढलेला असावा.

११)विद्यापीठाची पात्रता शुल्क वेगळे राहील. त्याबाबतची सुचना नंतर काढण्यात येईल.

12) Neet UG Broucher-2023 (16.2):- Penalty for Lapse of seat at Government /Government Aided/Private unaided College (Ayush Course) Any candidate who resigns a seat after cut off date from Government/Government Aided/Private unaided College (Ayush Course) will have to pay Rs. 3,00,000/- (Rs. Three lakhs only) as penalty.

अधिष्ठाता,

शासकीय आयुर्वेद महाविद्यालय,नांदेड

प्रति, सुचना फलक, शासकीय आयुर्वेद महाविद्यालय,नांदेड Admission UG & PG (Ayurved)

### शासकीय आयुर्वेद महाविद्यालय, नांदेड

## शैक्षणिक वर्ष २०२३-२४ बी.ए.एम.एस.प्रथम वर्ष करिता शुल्क संरचनो

अ.क्र.	तपशिल	खुला संवर्ग शुल्क रक्कम	ई.डब्लु.एस. संवर्ग शुल्क	राखीव संवर्ग शुल्क रक्कम
			रक्क्म	
	2 0			
٤)	शैक्षणिक शुल्क	रु ४७,५०० /-	रु २३,७५० (प्रति वर्ष)	निरंक
		(प्रति वर्ष)		
२)	विकास निधी	रु ३०००/- (प्रति वर्ष)	रु ३०००/- (प्रति वर्ष)	रु ३०००/- (प्रति वर्ष)
₹)	प्रवेश शुल्क	रु १५००/- (प्रवेशावेळी एक	रु १५००/- (प्रवेशावेळी	रु १५००/- (प्रवेशावेळी
		वेळ)	एक वेळ)	एक वेळ)
8)	जिमखाना शुल्क	रु ५००/- (प्रति वर्ष)	रु ५००/- (प्रति वर्ष)	रु ५००/- (प्रति वर्ष)
4)	ग्रंथालय अनामत	रु २०००/- (एक वेळ)	रु २०००/- (एक वेळ)	रु २०००/- (एक वेळ)
٤)	ग्रंथालय शुल्क	रु १०००/- (प्रति वर्ष)	रु १०००/- (प्रति वर्ष)	रु १०००/- (प्रति वर्ष)
9)	विद्यापीठ विकास	रु १००/- (एक वेळ)	रु १००/- (एक वेळ)	रु १००/- (एक वेळ)
	निधी (एक वेळ)			
۷)	क्रिडा महोत्सव	रु ५००/- (एक वेळ)	रु ५००/- (एक वेळ)	रु ५००/- (एक वेळ)
	शुल्क,क्रिडा शुल्क व			
	विद्यार्थी कल्याण			
	निधी (एकूण शुल्क)			
	(एक वेळ)			
9)	अंतर्गत मुल्यांकन	रु ५००/- (एक वेळ)	रु ५००/- (एक वेळ)	रु ५००/- (एक वेळ)
	शुल्क			
	एकूण	रु ५६,६००/-	रु ३२,८५० /-	रु ९१००/-

अधिष्ठाता, शासकीय आयुर्वेद महाविद्यालय,नांदेड

## GOVT. AYURVED COLLEGE VZIRABAD, NANDED NEET-2023, ADMISSION FOR B.A.M.S.- Ist YEAR FOR 2023-24

Name of Student :-	1
Cast:QUOTAQUOTA	

Sr. No	Have been selected for this college and he/she has been submitted followingdocuments	YES/NO			
1	D.D.NO. (1)				
2	Selection Letter				
3	Online Application form downloaded from mahacet				
4	NEET Admit Card				
5	NEET Marksheet				
6	Nationality Certificate				
7	Domicile Certificate				
8	SSC Certificate				
9	HSC Certificate				
10	SSC Marksheet				
11	HSC Marksheet				
12	College Leaving Certificate (LC/TC)				
13	Caste Certificate				
14	Caste Validity Certificate				
15	Non- Creamy Layer Certificate (If applicable) Valid Upto 31-03-2023				
16	EWS Certificate (if applicable)				
17	Physical Fitness certificate as per NEET UG 2023 Information Boucher (Original)				
18	Migration Certificate (if applicable) (Orignal)				
19	Gap affidavit (if applicable) (Original)				
20	Physically handicapped certificate (Annex.D)				
21	DEF-1/2/3 certificate (if applicable) as per NEET UG 2023 Information Boucher (if applicable)				
22	Border Area Certificate for MKB students (if applicable)				
23	Marathi Mother Tongue Language Certificate (MKB)				
24	Hilly Area Reservation (Parents Domicile)				
25	Addhar card (ID Proof) colour zerox				
26	Voter ID colour zerox				

GOVT. AYURVED COLLEGE VAZIRABAD, NANDED APPLICATION FOR ADMISSION TO B.A.M.S. 1st YEAR 2023-24 Application regarding the applicant) (पूर्ण माहिती भरणे आवश्यक आहे)

Passport siz Photo

Special Reservation: D1/D2/D3/PH/HILLY/MKB/ORPHAN/EWS H.S.C. Warks: Physics...... Chemistry......Biology...... English...... Total (PCBE) .....

Middle Name Last Name First Name Student full Name देवनागरी लिपी (मराठीत नांव) **Father full Name** Mother full Name 3 H.S.C.College Name & Board/UniversityName 5 **Address for Correspondance** Mobile No. Email -----**Parmanent Address** In Words -----Date of Birth DMY:-/ / -----Tq-.----Stae------Plase of Birth 8 9 **Nationality** Married/Unmarried Whether SC/ST/NT/DNT/OBC/SBC/D-1:------Cast 11 **Father/Guardins Occupation Guardins Yearly Income** -----15. Voter Id No.-----16. Aadhar No.-----**Student Blood Group Particulars Regarding College Education** 17 % of For Total Obtained No. Of Exam **Board & University** Year of Class Marks Marks Off.Use Marks Name Name **Passing** Attempt S.S.C.

Instuction to the Applicant

H.S.C.

NEET-2023

1-All the details in the application form should be properly filled

Student Sign.

2-Incomlete application will not be considered.

3-Certified true copies wihich is required, should be attached.

Sign.of Document Scrutiny Committee Admission UG & PG (Ayurved)

DEAN

Page No.2

### **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 OF MERICAL FITNESS			
CERTIFICATE OF MEDICAL FITNESS			
This is to certify that I have	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 clinic	cal examination it has been found that he/she		
is medically fit to undergo the professional cour	rse.		
Certified that he/she fulfills the following criteria			
<ol> <li>(1) Absence of any incapacitating and /or progressive systemic disease/disorder/condition,</li> <li>(2) Absence of any disability of upper limb/s.</li> <li>(3) Absence of any major visual/ auditory disability.</li> <li>(4) Absence of psychosis/neurosis/mental retardation,</li> <li>(5) Ability to maintain erect posture,</li> <li>(6) Reasonable manual dexterity.</li> <li>Though, following deviations have been revealed, in my opinion, these are not</li> </ol>			
impediments to pursue a career as a Medical	I / 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		
· rasilisiisi	Name		
	Registration No.		
Date :	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. :	Region Code :
Address:		
		Phone No
To The Competent A NEET UG 2023, N	uthority,	
Sir/Madam, I, Mr./Mis	S(Name of Candidate	wish to retain the seat allotted
to me at		
	(Nan	ne of the College)
for(Name of the cou	Course in Health Scienc	es for the academic year 2023-24.
	Declara	ation_
subsequent rounds		Retention Form that I will not be considered for any year 2023-24. I also declare that I will not ask for ess.
Date : Place :	Signature of Candida	te .
Signature of Parent/Gua		Signature of Dean /Principal (with seal)
(Cut here)	(To be retained by	
To The Competent A NEET UG 2023, M	uthority,	
Sir/Madam, Mr./Miss	(Name of Candidate)	(All IndiaNEET Rank) wish to retain the
seat allotted to me at		
		me of the College)
for(Name of the cou	irse)	es for the academic year 2023-24.
	after filling this <b>Status Retentio</b> process for the year 2023-24. I	aration  n Form that I will not be considered for any subsequent also declare that I will not ask for reconsideration of my
Date : Place :	Signature of Candid	date
Signature of Paren	t/Guardian	Signature of Dean /Principal (with seal)

### **PROFORMA** (For Def-1, Def-2 Candidates) CERTIFICATE

This is to certify that Shri. / Smt.					
	the Employee with Rank of the employee)				
is / has been a member of Defence Forces of India.	He / She has put in years o				
service in Indian Army / Indian Navy / Indian Air Force from					
				This certificate is issued for the purpose of	
s' ad	mission to First Year in Health Science Courses				
for the academic year 2023-2024.					
Date:					
Place:	(Signature)				
•	Name and Designation of the Authority				
	(who is authorized to issue such certificate) / District Sainik Welfare Officer				
Seal of the Office					
Note: This proforma is not valid for civilian staff working in the	he Indian Army, Navy & Air Force.				
PROFO	RMA				
(For Def-3 Ca	ndidates)				
(For son/daughter/spouse of Active defence service per					
CERTIFIC					
OZKIII K					
This is to certify that Shri. / Smt	is a member of				
(Full Name of the Empl	loyee with Rank of the employee)				
Defence Forces of India, and is currently working in Indian	Army / Indian Navy / Indian Air Force.				
Shri / Smt is	s transferred to				
	(Place of posting)				
in Maharashtra State vide transfer order No	Date				
He / She has joined duty in Maharashtra on	and is currently working in the same post.				
(Date of Jo	ining)				
This certificate is issued for the purpose of his / her son / da	aughter/spouse				
admis	sion to First Year in Health Science Courses for the				
academic year 2023-2024.					
Date:	(0)				
Place:	(Signature)  Name and Designation of the Authority				
Soci of the Office	(who is authorized to issue such certificate)				
Seal of the Office					

Note: This proforma is not valid for civilian staff working in the Indian Army, Navy & Air Force.

				Appendix-VIII-A
		CERTIFICATE OF DISAS	ILITY	
As per	Gazette Notification No. MCI-18	1)/2018-Med./187262 dated :	5th Feb 2019/13 <sup>th</sup> May	
•		Medical Courses in All India Qu		Recent Passport size Photograph of
	Americans of the State of States			the candidate
				(same as given in
				the online Application Form)
				duly attested by the
				issuing authority
	ate No.		ted	
	at 16 a tet me	6 a 47 kg 5 - 18 i	0140745	
	of the Designated Centre (as per A			
his is i	to certify that Dr. /Mr. /Ms			
lged_	Years Son/Daughter of	Mr		
t/o	- 1 - 2* - 3 1			
WEET	Application No.	NEET Rol	I No.	Rank No.
	, has the follow	wing Disability (Name of the	e Specified Disability)	in in
percer	itage) of		(in words)	fin
igures	L.			
	Please tick on the "Specified Disa			
Asses	Please tick on the "Specified Disa sment to be done in accordance w	ibility" ith the Gazette Notification No.	5.076 (E) dated 4 <sup>65</sup> Janu	ary 2018 of the Department
(Asses of Emp	Please tick on the "Specified Disa sment to be done in accordance w ower of Person with Disability (Dis	ibility" ith the Gazette Notification No. yangjan), Ministry of Social Ju	. 5.076 (E) dated 4 <sup>66</sup> Janu stice & Empowerment )	ary 2018 of the Department
Asses	Please tick on the "Specified Disa sment to be done in accordance w ower of Person with Disability (Dis Obability Type	ibility* ith the Gazette Notification No. ryangjan), Ministry of Social Jul Type of Disobility	5.076 (E) dated 4 <sup>65</sup> Janu stice & Empowerment ] : Specified Blashifts	
(Asses of Emp	Please tick on the "Specified Disa sment to be done in accordance w ower of Person with Disability (Dis	ith the Gazette Notification No.  yangjan), Ministry of Social Jul  Type of Disability  A. Locomotor Disability	5.076 (E) dated 4 <sup>65</sup> Januatice & Empowerment 1 Specified blashifty	h. Carebral Pulsy, c. Dwarfirm, d.
(Asses of Emp 5/840.	Please tick on the "Specified Disa sment to be done in accordance w ower of Person with Disability (Dis Obability Type	ibility" ith the Gazette Notification No. ryangjan), Ministry of Social Ju: Type of Disebility  A. Locomone Obsobility*  8. Visual topolyment* C. Hearing impairment*	S.076 (E) dated 4 <sup>85</sup> Januatice & Empowerment I : Specified Disability  a. Leprosy cared person, Muscular Dystrophy, such as Amountation,	h. Carebrai Pelsy, c. Dwarlism, d. e. Add attack Viction, f. other otherwellth
(Asses of Emp 5/840.	Please tick on the "Specified Disa sment to be done in accordance w ower of Person with Disability (Dis Obability Type	ibility" ith the Gazette Notification No. ryangian), Ministry of Social Ju Type of Disability  A. Locomotor Disability  8. Visual Impairment*	5.076 (E) dated 4 <sup>55</sup> Januatice & Empowerment ]:  Specified Dissbillity  a. Leprosp cured person, beneather Dystrophy, such as Ampotention, b.  Billeduess  Billeduess	b. Carebral Palsy, c. Dwarffam, d. e. Acid attack Victims, f. other sdomyelttis
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## ANNEXURE- X PROFORMA FOR CANCELLATION OF ADMISSION

(To be filled in duplicate)

To, The Dean / Principal,			
Subject: Cancellatio	on of Admission.		
Respected Sir,			
I, Mr./Ms	· · · · · · · · · · · · · · · · · · ·		
	admitted to		
course, at			
college	on		
(date) under			
	ny other course		
2) I wish to cancel it for persona	al reason/s.		
I hereby request you kindly return my original documents and the amount of fees that I am entitled for, as per rules.  Thanking you,			
maining you,	Yours faithfully,		
	(Signature of Candidate)		
Name & Address of candidate	For Office use only:		
	Amount Paid Rs.		
	Amount deducted Rs		
	Amount refunded Rs		
Pin Code	Cheque No. & date		
Tel. No	Bank particulars		

Enclosure: Photocopy of selection letter from another Competent Authority (if applicable)