

L.T.M. MEDICAL COLLEGE, SION, MUMBAI - 400 022.

DATE : _____

NAME :- _____

Name in Marathi / Hindi :- _____

Adm. Category : _____

Course :- _____

Neet Mark : _____

Neet Rank : _____

DOB: _____

NEET Roll No. _____

Email ID - _____

Contact Mobile No: _____

MBBS Registration Council Name & State: _____

To,
Asstt. Director General (M & E) / Director (DMER)
Respected Sir / Madam,

Following set of Original documents received at college office at a time of
Superspeciality (DM / M.Ch) 2025-26

Documents Acknowledgement Receipts.

Set of Original contents:-

Write in Word YES / NO

Sr.No.	Particulars of Documents	YES	NO
1.	a. Nationality Certificate issued by District Magistrate / Additional District Magistrate / Chief Metropolitan Magistrate OR Domicile Certificate OR f. Birth Certificate endorsed with Nationality as "Indian" on it.		
2.	Entrance Examination Mark-sheet 3 (Copies) & Selection Letter (3 Copies)		
3.	MBBS Passing / Degree Certificate of qualifying examination.		
4.	PG / DNB Passing / Degree Certificate of qualifying examination.		
5.	Valid Registration Certificate from the Central / State Council (Provisional Registration Certificate will not be considered)		
6.	Additional Qualification Certificate from the Central / State Council (Provisional Registration Certificate will not be considered)		
7.	PG College Leaving Certificate (LC / TC)		
8.	PG Attempt Certificate duly signed by Head of the Institute.		
9.	MCI Recognized Certificate duly signed by Head of the PG College		
10.	Copy of Gazette for change in name (if applicable)		
11.	Migration Certificate issued by the respective university (Applicable to Non-MUHS students only)		
12.	Affidavit Gap Certificate made by the student duly certified by Executive Magistrate) (if applicable)		
13.	Medical Fitness Certificate (as per the format prescribed in the information Brochure by respective competent authority)		
14.	Disability Certificate (if applicable)		
15.	Aadhar Card (3 Xerox Copy only)		

All above mentioned documents are compulsory at the time of admission failing which Rs 50/- per week penalty from cutoff date of admission will be applicable as per instructions from MUHS, (University)

Please Submit original set of documents as per above order along with 02 Set of Xerox copies

All Students are hereby strictly directed to submit all above scanned each document in PDF format less than 500 kb in pen drive individually as per Sr. No Mentioned here.

Student signature
Willing for II / III Round Yes No



Administrative Officer,
L.T.M. Medical College
Sion, Mumbai - 400022
[Signature]

ANNEXURE - "M"

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CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted clinical examination of Dr. who is desirous of admission to Medical Postgraduate 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 postgraduate course (NEET-PG-2025).

- (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.
	Seal of Registered Medical Practitioner
Date	

x.....

Note:

A candidate must be medically fit to undergo the Medical Postgraduate Courses (NEET-PG-2025) applied for. The medical fitness must be certified by a Registered Medical Practitioner in the prescribed Proforma, as given above on a Letterhead.