

Mahatma Gandhi Mission's Dental College & Hospital, Kamothe, Navi Mumbai.

DETAILS OF FEES FOR – MUHS Fellowship Courses (A. Y. 2021-2022)

**As per MUHS Admission Notification No. 39 / 2021
O. No. MUHS/UDC/FC-CC/816/2021, Dated 08/12/2021**

S.N.	Particulars	Fees in Rs.
1	Course Fee to the University (as fixed by MUHS)	25,000/-
To the University through RTGS only as per details mentioned below:		
Name :	Registrar MUHS Nashik General Fund	
Saving A/c No.	00641450000649	
Name of Bank :	HDFC Bank, Vastushri No. 3, Thatte Nagar, Gangapur College Link Road, Nashik-422005, Maharashtra	
IFSC Code :	HDFC0000064	
MICR No. :	422240002	
NOTE: Kindly submit the BANK RTGS Acknowledgement with UTR Number and Date at the time of admission.		

S.N.	Particulars	Fees in Rs.
1	Course Fee for the College (as fixed by MUHS)	75,000/-
2	Security Deposit (Refundable after completion of Course)	5,000/-
Total (DD in favor of Dean, MGM Dental College & Hospital, Kamothe, Navi Mumbai)		80,000/-

Fees in cash or cheque will not be accepted

Date: 14/02/2022



S. S. Vally
Dean

Mahatma Gandhi Mission's Dental College & Hospital, Kamothe, Navi Mumbai.

DETAILS OF FEES FOR – MUHS Certificate Course (A. Y. 2021-2022)

**As per MUHS Admission Notification No. 39 / 2021
O. No. MUHS/UDC/FC-CC/816/2021, Dated 08/12/2021**

S.N.	Particulars	Fees in Rs.
1	Course Fee to the University (as fixed by MUHS)	12,500/-
To the University through RTGS only as per details mentioned below:		
Name :	Registrar MUHS Nashik General Fund	
Saving A/c No.	00641450000649	
Name of Bank :	HDFC Bank, Vastushri No. 3, Thatte Nagar, Gangapur College Link Road, Nashik-422005, Maharashtra	
IFSC Code :	HDFC0000064	
MICR No. :	422240002	
NOTE: Kindly submit the BANK RTGS Acknowledgement with UTR Number and Date at the time of admission.		

S.N.	Particulars	Fees in Rs.
1	Course Fee for the College (as fixed by MUHS)	37,500/-
2	Security Deposit (Refundable after completion of Course)	5,000/-
Total (DD in favor of Dean, MGM Dental College & Hospital, Kamothe, Navi Mumbai)		42,500/-

Fees in cash or cheque will not be accepted

Date: 14/02/2022



S. S. Vally
Dean

MAHATMA GANDHI MISSION'S DENTAL COLLEGE & HOSPITAL

MUHS Fellowship / Certificate Courses Admission 2021-22

Candidates are required to submit original certificates
with two self-attested photocopies separately
as per the order given below

Sr. No.	Certificates
1	Nationality Certificate / Valid India Passport / Birth Certificate
2	Domicile Certificate of Maharashtra if applicable
3	HSC 12 th Standard mark list
4	BDS mark lists (All I, II, III & IV)
5	PG Degree mark list (as per the prescribed eligibility of the concerned course)
6	Passing Degree Certificate UG,PG Degree (as per the prescribed eligibility of the concerned course)
7	University Internship Completion Certificate.
8	NOC from current employer in case of in-service candidate
9	Valid Registration Certificate from the Respective Council
10	College Leaving / Transfer Certificate
11	Attempt Certificate of UG, PG Degree.
12	Gazette for change in name (if applicable)
13	Migration Certificate issued by the respective University (If Applicable)
14	Self Educational Gap certificate (If Applicable)
15	Medical Fitness Certificate. (as per the format made available by the University)
16	Self-declaration form for self-attestation (as per format available by the University)
17	Attested Copy of Aadhar Card
18	5 Passport Size Photographs



S. S. Vally
Dean

GAP

पत्र संख्या: १५३४/२०२३/२०२३ दिनांक १५/०५/२०२३

Annexure - A

Self-Declaration



I, _____ Son / Daughter
of _____ aged _____ occupation
_____ resident of _____
_____ with UID No. _____
hereby declare that, there is a gap from _____ to _____ after
my last academic qualification and I have not taken admission to any course during the
said gap period.

The information provided above is true and correct to the best of my personal
knowledge, information and belief. I fully understand the consequences of giving false
information. If the information is found to be false, I shall be liable for prosecution and
punishment under Indian Penal Code and / or any other law applicable thereto.

Place: _____ Applicant's Signature _____

Date: _____ Applicant's Name: _____

CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted clinical examination of
Dr./Mr./Kum..... who is desirous of admission to Fellowship/OR Certificate Course 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 said course.**

- a) Absence of any incapacitating and /or progressive systemic disease / disorder / condition,
- b) Absence of any disability of upper limb/s,
- c) Absence of any major visual/auditory disability,
- d) Absence of psychosis/neurosis/mental retardation,
- e) Ability to maintain erect posture,
- f) Reasonable manual dexterity.

Date:

Signature:

1. Name:

2. Registration No:

3. Address of the Registered Medical Practitioner:

Seal of Registered Medical Practitioner

Note:

A candidate must be medically fit to undergo **Fellowship/Certificate Course** applied for. The medical fitness must be certified by a **Registered Medical Practitioner** in the prescribed Performa, as given above on a **Letter head.**

