

MAHATMA GANDHI MISSION'S DENTAL COLLEGE & HOSPITAL

(Accredited by NAAC with "A++" Grade)

Plot No. 1 & 2, Sector – 01 (Old 18 & 19), Kamothe, Navi Mumbai- 410 209

E-Mail: mgmdch@mgmmumbai.ac.in
Website: www.mgmdchnavimumbai.edu.in

Tel: 022- 27436604 Tel: 022- 27433185 Mob. 8369165763

NEET MDS 2025

<u>DETAILS OF FEES FOR – P. G. MDS DEGREE COURSE A. Y. 2025-2026</u> <u>Revised as on 29/07/2025</u>

Demand Draft No. 1 in the name of DEAN, MGM DENTAL COLLEGE & HOSPITAL, NAVI MUMBAI

S.N.	Particulars	State Quota	Management Quota	Non Resident Indian	Against Non Resident Indian	
Α	Compulsory Fees - for A. Y. 2025-26	Rs.	Rs.	Rs.	Rs.	
1	Tution Fees finalized by Fees Regulating Authority, MS for the A. Y. 2025-26	2,60,869/-	10,43,476/-	13,04,345/-	13,04,345/-	
2	Development Fees finalized by Fees Regulating Authority, MS for the A. Y. 2025-26	39,131/-	1,56,524/-	1,95,655/-	1,95,655/-	
Total	of Tution Fees and Development Fees	3,00,000/-	12,00,000/-	15,00,000/-	15,00,000/-	

	mand Draft No. 2 in the name of AN, MGM DENTAL COLLEGE & I		NAVI MUI	MBAI	
В	Only one time for the University				
1	MUHS Eligibility Fees	64,450/-	64,450/-	64,450/-	64,450/-
2	MUHS Sports Fee and Student Welfare Fund	318/-	318/-	318/-	318/-
3	MUHS – University Development Fund	100/-	100/-	100/-	100/-
7	Total	64,868/-	64,868/-	64,868/-	64,868/-

- o Please make separate two Demand Drafts as mentioned above.
- o Fees in cash or cheque will not be accepted

Note: In subject of Oral Pathology and Microbiology only State Quota Fee will be applicable for Management and NRI Quota also.

Date: 29/07/2025

S-SN'Vally
Dean



MAHATMA GANDHI MISSION'S DENTAL COLLEGE & HOSPITAL

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At Junction of NH-4 and Sion Panvel Expressway, Sector-1, Kamothe, Navi Mumbai- 410 209

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> Tel: 022- 27436604 Tel: 022- 27433185 Mobile No. 8369165763

नीट-एमडीएस २०२५

प्रथम वर्ष पदव्युत्तर पदवी दंत अभ्यासक्रम शै.व.२०२५—२६ करीता महाविद्यालयाचे शुल्क २९/०७/२०२५ रोजी सुधारित

अ. क	तपशील	राज्य कोटा	व्यवस्थापन कोटा	अनिवासी भारतीय	अनिवासी भारतीय व्यातिरिक्त
अ	अनिवार्य शुल्क — शै.व.२०२५—२६ करीता	栖.	₹.	₹.	₹.
१	प्रवेश शुल्क (शुल्क नियामक प्राधिकरण, म.रा. यांनी शै.व.२०२५—२६ करीता निर्धारीत केलेले.)	२,६०,८६९/—	१०,४३,४७६/—	१३,०४,३४५/—	१३,०४,३४५/—
२	विकास शुल्क (शुल्क नियामक प्राधिकरण, म.रा. यांनी शै.व.२०२५—२६ करीता निर्धारीत केलेले.)	₹९,१३१/—	१,५६,५२४/—	१,९५,६५५/—	१,९५,६५५/—
	एकुण	₹,00,000/—	१२,००,०००/—	१५,००,०००/—	१५,००,०००/-

धनाका	र्व क.२ च्या नावे. DEAN, MGM DENTAL COLL	EGE & HOSPITAL,	NAVI MUMBAI		
ब	प्रवेशावेळी एकदाच भरावयाचे शुल्क	* -			
8	म.आ.वि.वि. विद्यापीठ पात्रता शुल्क	६४,४५०/—	६४,४५०/—	E8,840/-	६४,४५०/—
२	म.आ.वि.वि. विद्यापीठ क्रिडा शुल्क आणि विद्यार्थी कल्याण निधी	₹8८/—	₹१८/—	38८/—	३१८/—
ą	म.आ.वि.वि. विद्यापीठ विकास निधी	१००/—	१००/—	१००/—	१००/—
10	एकुण	६४,८६८/—	६४,८६८/—	६४,८६८/—	६४,८६८/—

- कृपया वरील शुल्कांचे दोन वेगळे धनाकर्ष तयार करावेत
- शुल्क हे धनादेश अथवा रोख रक्कमेच्या स्वरुपात स्विकारण्यात येणार नाही.

 ऑरल पॅथोलॉजी ॲण्ड मायक्रोबायॉलोजी या विषयाच्या व्यवस्थापन, अनिवासी भारतीय तसेच अनिवासी भारतीय व्यातिरिक्त कोटयाकरिता राज्य कोटयाचे शुल्क लागु राहील.

Colle

Kamothe

Navi Mumba

दिनांक: २९/०७/२०२५

C-SNVally अधिष्ठात्री

Hostel & Mess Fees - Optional

	Optional Fees	Rs.
1	Hostel Fees	90,000/-
2	Mess Fees	90,000/-
3	Hostel Deposit (Refundable)	20,000/-
4	Mess Deposit (Refundable)	20,000/-
	Total Amount for Demand Draft	2,20,000/-

Note:

Payment of the above fees be made through Demand Draft in favor of: DEAN, MGM DENTAL COLLEGE & HOSPITAL, NAVI MUMBAI.

Fees in cash or cheque will not be accepted.

Date: 02/07/2025

Kamothe To Navi Mumbal To 410209.

S-Sn'Vally,

MAHATMA GANDHI MISSION'S DENTAL COLLEGE & HOSPITAL KAMOTHE, NAVI MUMBAI. P. G. MDS Admission 2025-2026 NEET MDS 2025

Candidates are required to submit original certificates

With two self attested photocopies separately
as per the order given below.

No.	Documents
1	Allotment letter of State CET Cell
2	Online downloaded Application form for State NEET MDS 2025 with copy of receipt of online fee payment of Rs. 3000/-
3	Copy of downloaded NEET – MDS 2025 Admit Card.
4	Copy of downloaded NEET-MDS-2025 Result.
5	Nationality Certificate / Valid Indian Passport.
6	Domicile Certificate from the state of Maharashtra.
7	S.S.C. Passing Certificate
8	H.S.C. Mark sheet
9	BDS Mark sheets (All I, II, III & IV)
10	BDS Attempt Certificate
11	BDS Degree / Passing Certificate.
12	Internship Completion Certificate from University / Head of Institution. Internship Completion should not be later than 30/06/2025
13	Permanent Valid Registration Certificate from the Council
14	Leaving / Transfer Certificate
15	Cast Certificate (If Applicable)
16	Cast Validity Certificate (If Applicable)
17	Non Creamy layer Certificate (Valid till 31/03/2026) (If Applicable)
18	Certificate from Head of Institute showing that the Dental College/Institute from which the candidate passed BDS examination is recognized by Dental Council of India
19	EWS Candidates should produce Eligibility Certificate in prescribed format issued by appropriate authority, for A. Y. 2025-26.(If Applicable)
20	Medical Fitness Certificate. (as per the format given in NEET-MDS 2025 Information Broacher i.e. Annexure – M)
21	Migration Certificate (If Applicable)
22	Self Educational Gap certificate (If Applicable)
23	Heamogram Blood Test Report
24	Hepatitis – B Vaccination certificate
25	Affidavit From Student & Parent about Anti-Ragging on plain paper
26	Attested Copy of Aadhar Card
27	Attested Copy of Voting Card
28	5 Passport Size Photographs

Annexure - A

Self-Declaration

1 .		
Ann	licant's	Photo
h Ah	incarit 2	1 11010

I Son / Daughter of
agedoccupationresident
of
with UID No
Hereby declare that, I have passedcourse from
and I hereby state that, I have not taken admission during the
period of gap from to period, hence, the gap arises in
my education.
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 :

Format-Gap Certificate, an 100/- stomp paper- Notery.

ANNEXURE - "M"

CERTIFICATE OF MI	EDICAL FITNESS
This is to certify that I had Dr. admission to Dental Postgraduate Courses. He/she has not given any personal him/her to undergo the professional course. Also that he/she is medically fit to undergo the dental (1) Absence of any incapacitating and /or condition, (2) Absence of any disability of upper limb/s, (3) Absence of any major visual/auditory disability of Absence of psychosis/neurosis/mental retains (5) Ability to maintain erect posture, (6) Reasonable manual dexterity.	onal history of any disease incapacitating o, on clinical examination it has been found postgraduate course (NEET-MDS 2025). progressive systematic disease/disorder ability,
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 Dental Postgraduate Courses (NEET-MDS 2025) applied for. The medical fitness must be certified by a Registered Medical Practitioner in the prescribed Proforma, as given above on a **Letterhead.**

ANNEXURE I AFFIDAVIT BY THE STUDENT

	s/o,	d/o,
Mr./Mrs./Ms	having	,
admitted to MGM Dental college & Hospital, Kamothe, Navi Mumbai, have received a copy Regulations on Curbing the Menace of Ragging in Higher Educational Institutions, 2009, (here		
the "Regulations") carefully read and fully understood the provisions contained in the said Reg	ulations.	
2) I have in particular, perused clause 3 of the Regulations and am aware as to that constitutes	s raggino	g.
3) I have also, in particular, perused clause 7 and clause 9.1 of the Regulations and am fully penal and administrative action that is liable to be taken against me in case I am found guilty ragging, actively or passively, or being part of a conspiracy to promote ragging.		
 I hereby solemnly aver and undertake that a) I will not indulge in any behavior or act that may be constituted as ragging under clause 3 Regulations. 		
b) I will not participate in or abet or propagate through any act of commission or omission th constituted as ragging under clause 3 of the Regulations.	at may b)e
5) I hereby affirm that, if found guilty of ragging, I am liable for punishment according to claused Regulations, without prejudice to any other criminal action that may be taken against me unally or any law for the time being in force.		
6) I hereby declare that I have not been explained or debarred from admission in any ins country on account of being found guilty of abetting or being part of a conspiracy to promote, further affirm that, in case the declaration is found to be untrue, I am aware that my admission cancelled.	ragging	j; and
Declared this day of month of year.		
Signature of Depor		
Name:		

ANNEXURE II AFFIDAVIT BY THE PARENT/GUARDIAN

Mr./Mrs./Ms(ful
ame of parent/guardian) father/mother/guardian of (ful
ame of student) having been admitted to MGM Dental college & Hospital, Kamothe, Navi Mumbai, have ceived a copy of the UGC Regulations on Curbing the Menace of Ragging in Higher Educationa stitutions, 2009, (hereinafter called the "Regulations") carefully read and fully understood the provisions ontained in the said Regulations.
I have in particular, perused clause 3 of the Regulations and am aware as to that constitutes ragging.
I have also, in particular, perused clause 7 and clause 9.1 of the Regulations and am fully aware of the enal and administrative action that is liable to be taken against me in case I am found guilty of or abetting gging, actively or passively, or being part of a conspiracy to promote ragging.
 I hereby solemnly aver and undertake that a) I will not indulge in any behavior or act that may be constituted as ragging under clause 3 of the Regulations. b) I will not participate in or abet or propagate through any act of commission or omission that may be constituted as ragging under clause 3 of the Regulations.
I hereby affirm that, if found guilty of ragging, I am liable for punishment according to clause 9.1 of the egulations, without prejudice to any other criminal action that may be taken against me under any penal w or any law for the time being in force.
I hereby declare that I have not been explained or debarred from admission in any institution in the untry on account of being found guilty of abetting or being part of a conspiracy to promote, ragging; and ther affirm that, in case the declaration is found to be untrue, I am aware that my admission is liable to be neelled.
eclared this day of month of year.
Signature of Deponent