

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

Website: www.mgmdchnavimumbai.edu.in E-Mail: mgmdch@mgmmumbai.ac.in Contact: Mob. 8369165763, 022-27433185/27437807

**Details of Fees for I BDS Admission for the A. Y. 2026-27
For CAP Round Students Only.**

S.N	Particulars	85% Merit Quota							15% Quota	
		Open	SC/ST	VJNT/ SBC	OBC/ SEBC BOYS	OBC/ SEBC GIRLS	EBC/ EWS BOYS	EBC/ EWS GIRLS	Institutional/ Management/ Against NRI	NRI
		Rs.	Rs.	Rs.	Rs.	Rs.	Rs.	Rs.	Rs.	Rs.
A	Compulsory Fees – Interim for A. Y. 2026-27 (Demand Draft No. 1 - In the name of DEAN, MGM DENTAL COLLEGE & HOSPITAL, NAVI MUMBAI.)									
1	Tution Fees finalized by Fees Regulating Authority, MS for the A. Y. 2025-26	3,63,478/-	0/-	0/-	1,81,739/-	0/-	1,81,739/-	0/-	10,90,434/-	18,17,390/-
2	Development Fees finalized by Fees Regulating Authority, MS for the A. Y. 2025-26	54,522/-	0/-	54,522/-	54,522/-	54,522/-	54,522/-	54,522/-	1,63,566/-	2,72,610/-
	Total	4,18,000/-	0/-	54,522/-	2,36,261/-	54,522/-	2,36,261/-	54,522/-	12,54,000/-	20,90,000/-
B	Only one time for the University & Insurance (Demand Draft No. 2 - In the name of DEAN, MGM DENTAL COLLEGE & HOSPITAL, NAVI MUMBAI.)									
3	MUHS Eligibility Fees	12,000/-	4,000/-	4,000/-	4,000/-	4,000/-	12,000/-	12,000/-	60,000/-	60,000/-
4	MUHS Sports Fee and Student Welfare Fund	530/-	530/-	530/-	530/-	530/-	530/-	530/-	530/-	530/-
5	MUHS – University Development Fund	100/-	100/-	100/-	100/-	100/-	100/-	100/-	100/-	100/-
6	MUHS – Disaster Management Fund	30/-	30/-	30/-	30/-	30/-	30/-	30/-	30/-	30/-
7	Amartya Siksha Yojana Insurance Policy Fees	2,125/-	2,125/-	2,125/-	2,125/-	2,125/-	2,125/-	2,125/-	2,125/-	2,125/-
	Total	14,785/-	6,785/-	6,785/-	6,785/-	6,785/-	14,785/-	14,785/-	62,785/-	62,785/-

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

Applicants from SC/ST/OBC/SBC/VJNT/SEBC/EBC/EWS who have secured and confirmed their final admission can avail the benefit under State Government various Scholarship / Freeship schemes etc. by applying online through State Government <https://mahadbt2.maharashtra.gov.in/portal>

Candidates who are eligible for the Economically Backward Class (EBC) are hereby instructed to submit their Parents Annual Income Certificate in original issued by Tehasildar Office at the time of Admission, failing which they have to pay the full Tution Fees of the Open Category.
Annual family income limit is Rs. 8,00,000/- for EBC for State Govt. MAHADBT schemes

For availing the prescribed benefit of Scholarship / Freeship schemes etc. the candidate must fulfill the scheme eligibility and submit online application through MahaDBT portal within one month from the date of securing final admission in the college / institution.

Date : 07/08/2026



S. S. Vally
Dean

महात्मा गांधी मिशनचे दंत महाविद्यालय आणि रुग्णालय, कामोटे, नवी मुंबई - ४१०२०९.

website: www.mgmdchnavimumbai.edu.in E-Mail: mgmdch@mgmmumbai.ac.in Contat: Mob. 8369165763, 022-27437807

प्रथम वर्ष पदवी दंत अभ्यासक्रम शै.व.२०२६-२७ करिता महाविद्यालयाचे शुल्क
केवळ राज्य सामाईक प्रवेश गुणवत्ता यादीतून प्रवेशीत होणाऱ्या उमेदवारांकरिता

अ. क	तपशील	८५% गुणवत्ता यादी कोटया करिता						१५% कोटा		
		खुला	अ.जा., अ.ज.	वि.जा., भ.ज. वि.मा.व.	इ.मा.व / सामाजिक व आर्थिकदृष्ट्या दुर्बल घटक मुले	इ.मा.व / सामाजिक व आर्थिकदृष्ट्या दुर्बल घटक मुली	आर्थिकदृष्ट्या दुर्बल घटक / आर्थिक मागास वर्ग मुले	आर्थिकदृष्ट्या दुर्बल घटक / आर्थिक मागास वर्ग मुली	संस्थात्मक	अनिवासी भारतीय (NRI)
		रु.	रु.	रु.	रु.	रु.	रु.	रु.	रु.	रु.
अ	अनिवार्य शुल्क शै.व.२०२६-२७ करिता धनाकर्ष क्र.१ च्या नावे. DEAN, MGM DENTAL COLLEGE & HOSPITAL, NAVI MUMBAI									
१	प्रवेश शुल्क (शुल्क नियामक प्राधिकरण, म.रा. यांनी शै.व.२०२५-२६ करिता निर्धारित केलेले.)	३,६३,४७८/-	०/-	०/-	१,८१,७३९/-	०/-	१,८१,७३९/-	०/-	१०,९०,४३४/-	१८,१७,३९०/-
२	विकास शुल्क (शुल्क नियामक प्राधिकरण, म.रा. यांनी शै.व.२०२५-२६ करिता निर्धारित केलेले.)	५४,५२२/-	०/-	५४,५२२/-	५४,५२२/-	५४,५२२/-	५४,५२२/-	५४,५२२/-	१,६३,५६६/-	२,७२,६१०/-
एकुण		४,१८,०००/-	०/-	५४,५२२/-	२,३६,२६१/-	५४,५२२/-	२,३६,२६१/-	५४,५२२/-	१२,५४,०००/-	२०,९०,०००/-
ब	विद्यापीठ आणि विमा शुल्क (प्रवेशावेळी एकदाच भरावयाचे शुल्क) धनाकर्ष क्र.२ च्या नावे. DEAN, MGM DENTAL COLLEGE & HOSPITAL, NAVI MUMBAI									
३	विद्यापीठ पात्रता शुल्क	१२,०००/-	४,०००/-	४,०००/-	४,०००/-	४,०००/-	१२,०००/-	१२,०००/-	६०,०००/-	६०,०००/-
४	विद्यापीठ क्रीडा महोत्सव शुल्क आणि विद्यार्थी कल्याण निधी	५३०/-	५३०/-	५३०/-	५३०/-	५३०/-	५३०/-	५३०/-	५३०/-	५३०/-
५	विद्यापीठ विकास निधी	१००/-	१००/-	१००/-	१००/-	१००/-	१००/-	१००/-	१००/-	१००/-
६	विद्यापीठ आपत्ती व्यवस्थापन	३०/-	३०/-	३०/-	३०/-	३०/-	३०/-	३०/-	३०/-	३०/-
७	अमात्य शिक्षा योजना विमा शुल्क	२,१२५/-	२,१२५/-	२,१२५/-	२,१२५/-	२,१२५/-	२,१२५/-	२,१२५/-	२,१२५/-	२,१२५/-
एकुण		१४,७८५/-	६,७८५/-	६,७८५/-	६,७८५/-	६,७८५/-	१४,७८५/-	१४,७८५/-	६२,७८५/-	६२,७८५/-

- कृपया वर नमूद केल्याप्रमाणे स्वतंत्र दोन डिमांड ड्राफ्ट तयार करा. शुल्क रोख किंवा धनादेशाने स्वीकारले जाणार नाही
- SC/ST/OBC/SBC/VJNT/SEBC/EBC/EWS मधील अर्जदार ज्यांनी आपला अंतिम प्रवेश निश्चित केला आहे ते राज्य सरकारच्या <https://mahadbt2.maharashtra.gov.in/portal> द्वारे ऑनलाइन अर्ज करून राज्य सरकारच्या विविध शिष्यवृत्ती/प्रीशिप योजना इत्यादी अंतर्गत लाभ घेऊ शकतात.
- आर्थिकदृष्ट्या मागास प्रवर्गासाठी (EBC) पात्र असलेल्या उमेदवारांना प्रवेशाच्या वेळी तहसीलदार कार्यालयाने जारी केलेले त्यांच्या पालकांचे मूळ वार्षिक उत्पन्न प्रमाणपत्र सादर करण्याचे निर्देश देण्यात येत आहेत, अन्यथा त्यांना खुल्या प्रवर्गाचे संपूर्ण शिक्षण शुल्क भरावे लागेल. राज्य सरकारच्या महाडीबीटी EBC योजनेसाठी वार्षिक कौटुंबिक उत्पन्न मर्यादा रु. ८,००,०००/- आहे.
- शिष्यवृत्ती/प्रीशिप योजना इत्यादींचा विहित लाभ मिळवण्यासाठी उमेदवाराने योजनेची पात्रता पूर्ण करणे आवश्यक आहे आणि महाविद्यालय/संस्थेत अंतिम प्रवेश मिळाल्यापासून एक महिन्याच्या आत महाडीबीटी पोर्टलद्वारे ऑनलाइन अर्ज सादर करणे आवश्यक आहे.

दिनांक: ०७/०८/२०२६



S. S. Vally
अधिष्ठात्री

Mahatma Gandhi Mission's Dental College & Hospital, Kamothe, Navi Mumbai.
Details of Fees for I BDS Admission for the A. Y. 2026-27

Hostel & Mess Fees – Optional

Optional Fees		Rs.
1	Hostel Fees	1,00,000/-
2	Mess Fees	1,00,000/-
3	Hostel Deposit (Refundable)	22,000/-
4	Mess Deposit (Refundable)	22,000/-
Total Amount for Demand Draft		2,44,000/-

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 : 07/08/2026



S. S. Nivally
Dean

MAHATMA GANDHI MISSION'S DENTAL COLLEGE & HOSPITAL**NOTICE BOARD & WEBSITE****BDS Admission 2026-27****Candidates are required to submit original certificates****With self attested photocopies separately****as per the order given below.**

Sr. No.	Certificates	To be submitted	
1	Allotment letter of CAP Admission - State CET Cell	Original	2 self attested copies
2	Indian Nationality Certificate / Copy of Valid Indian Passport/ Birth Certificate endorsed with Nationality as 'Indian' on it.	Original	2 self attested copies
3	Domicile Certificate	Original	2 self attested copies
4	SSC / Equivalent Passing Certificate.	Original	2 self attested copies
5	HSC / Equivalent Examination Mark sheet	Original	2 self attested copies
6	NEET – UG 2026 Mark Sheet	Original	2 self attested copies
7	Caste Certificate.	Original	2 self attested copies
8	Caste Validity Certificate.	Original	2 self attested copies
9	Non-Creamy Layer Certificate valid up to 31/03/2027. (For VJ/NT, OBC, SBC, SEBC) Not for SC and ST	Original	2 self attested copies
10	School Leaving Certificate / Transfer Certificate of HSC/12 th Std.	Original	2 self attested copies
11	Medical Fitness Certificate (Annexure – H)	Original	2 self attested copies
12	Gap Certificate (If Applicable)	Original	2 self attested copies
13	Migration Certificate (If Applicable)	Original	2 self attested copies
14	Heamogram Blood Test Report	Original	2 self attested copies
15	Admit Card of NEET UG 2026	Original	2 self attested copies
16	Copy of Online Application form (latest) filled on www.mahacet.org . with copy of receipt of online application fee payment.	Original	2 self attested copies
17	Recent Eligibility Certificate for EWS Category issued by Appropriate Authority for the Year 2026-27 as per State Govt. Format of GR Dt. 31.05.21 (Annexure-T)	Original	2 self attested copies
18	Affidavit about anti ragging on plain paper	Original	--
19	Hepatitis – B Vaccination certificate from Doctor on prescription.	Original	--
20	Copy of Aadhar Card	--	3 self attested copies
21	Copy of Voting Card	--	3 self attested copies
22	Copy of Students Bank Account Pass Book or Cancel Cheque	--	3 self attested copies
23	Income Certificate issued from Tehasildar for financial year 2025-26. (For EBC Students)	--	3 self attested copies
24	5 Passport size photographs	--	--

**Candidate's Original certificates / documents to be brought for verification for additional Claim under category:
D1/D2/D3, MKB, HA and Minority**

Sr. No.	Certificates
1	D1/D2/D3: Ex-servicemen Certificate /actual service certificate
2	D1/D2: Domicile of Maharashtra Certificate of Defence person
3	D3: Transfer certificate and Domicile of other than Maharashtra certificate of parents.
4	MKB: Disputed area certificate, Mother tongue certificate, SSC/HSC from MKB area
5	HA: Parent Domicile certificate, SSC/HSC of candidate from hilly area
6	For Minority Candidates – Refer rule 5.11, 5.12 & 5.13 NEET UG 2026 State CET Cell Information Brochure.

वाचा: शासन निर्णय क्र. सीईटी ३५१७/प्र.क्र. १२०/१७/शिक्षण-२ दिनांक ०९/०३/२०१५)

Annexure - A

Self-Declaration

Applicant's Photo

I Son / Daughter of
..... aged occupation resident
of
..... with UID No.

Hereby declare that, I have passed course from
..... College during the year
..... 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, on 100/- stamp paper - Notary.

Annexure 'C'

पदवी, पदव्युत्तर पदवी प्रथम वर्ष अभ्यासक्रमास प्रवेश घेणाऱ्या सर्व मुला/मुलींकडून प्रवेशाच्या वेळीच मतदार यादीमध्ये नाव नोंदणी करण्याच्या अनुषंगाने घ्यावयाचे प्रमाणपत्र/हमीपत्र नमुना.

मी अभ्यासक्रम: प्रथम वर्ष दंत पदवी
महाविद्यालयाचे नाव: एम.जी.एम. दंत महाविद्यालय आणि रुग्णालय, कामोटे, नवी मुंबई या महाविद्यालयात प्रथम वर्षात प्रवेश घेतला असून मी दिनांक: ०१/०१/..... रोजी १८ वर्षाचा/वर्षाची झालो/झाले आहे किंवा होणार आहे. १८ वर्ष पूर्ण झाल्याबरोबर मी माझे नाव मतदार यादीत नोंदवुन घेणार आहे अशी मी प्रतिज्ञा करतो/करते.

स्वाक्षरी :

नाव :

ANNEXURE I
AFFIDAVIT BY THE STUDENT

I _____ s/o, d/o,
Mr./Mrs./Ms. _____ having been
admitted to MGM Dental college & Hospital, Kamothe, Navi Mumbai, have received a copy of the UGC
Regulations on Curbing the Menace of Ragging in Higher Educational Institutions, 2009, (hereinafter called
the "Regulations") carefully read and fully understood the provisions contained in the said Regulations.

2) I have in particular, perused clause 3 of the Regulations and am aware as to that constitutes ragging.

3) I have also, in particular, perused clause 7 and clause 9.1 of the Regulations and am fully aware of the
penal and administrative action that is liable to be taken against me in case I am found guilty of or abetting
ragging, actively or passively, or being part of a conspiracy to promote ragging.

4) 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.

5) I hereby affirm that, if found guilty of ragging, I am liable for punishment according to clause 9.1 of the
Regulations, without prejudice to any other criminal action that may be taken against me under any penal
law 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 institution in the
country on account of being found guilty of abetting or being part of a conspiracy to promote, ragging; and
further affirm that, in case the declaration is found to be untrue, I am aware that my admission is liable to be
cancelled.

Declared this _____ day of _____ month of _____ year.

Signature of Deponent

Name: _____

ANNEXURE II
AFFIDAVIT BY THE PARENT/GUARDIAN

I Mr./Mrs./Ms. _____ (full name of parent/guardian) father/mother/guardian of _____ (full name of student) having been admitted to MGM Dental college & Hospital, Kamothe, Navi Mumbai, have received a copy of the UGC Regulations on Curbing the Menace of Ragging in Higher Educational Institutions, 2009, (hereinafter called the "Regulations") carefully read and fully understood the provisions contained in the said Regulations.

2) I have in particular, perused clause 3 of the Regulations and am aware as to that constitutes ragging.

3) I have also, in particular, perused clause 7 and clause 9.1 of the Regulations and am fully aware of the penal and administrative action that is liable to be taken against me in case I am found guilty of or abetting ragging, actively or passively, or being part of a conspiracy to promote ragging.

4) 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.

5) I hereby affirm that, if found guilty of ragging, I am liable for punishment according to clause 9.1 of the Regulations, without prejudice to any other criminal action that may be taken against me under any penal law 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 institution in the country on account of being found guilty of abetting or being part of a conspiracy to promote, ragging; and further affirm that, in case the declaration is found to be untrue, I am aware that my admission is liable to be cancelled.

Declared this _____ day of _____ month of _____ year.

Signature of Deponent

Name: _____