

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	
<b>NOTE: Kindly submit the BANK RTGS Acknowledgement with UTR Number and Date at the time of admission.</b>		

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/-
<b>Total (DD in favor of Dean, MGM Dental College &amp; Hospital, Kamothe, Navi Mumbai)</b>		<b>80,000/-</b>

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	
<b>NOTE: Kindly submit the BANK RTGS Acknowledgement with UTR Number and Date at the time of admission.</b>		

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 <sup>th</sup> 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

पत्रा संख्या दिनांक १५/०५/२०२० दिनांक १५/०५/२०२०

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.**

**Self- Declaration Form For Self Attestation**

Paste here  
Recently  
Passport  
Size Photo

I .....Son /Daughter of

Shri.....aged .....years

Occupation.....resident of .....

.....with

UID No. (Aadhar No.) .....hereby declare that the copies attested by me are true copies of original documents. I am well aware of the fact that if the copies are found to be false, I shall be liable for prosecution and punishment under Indian Penal Code and /or any other law applicable there to.

**Place :**

**Applicant's Signature:**

**Date :**

**Applicant's Name:**