GOVERNMENT AYURVED COLLEGE, JALGAON
APPLICATION FOR ADMISSION
B.A.M.S 1 ST YEAR 2025-2026

Photo

Name **Middle Name** **Last Name**

Student full Name (English) :- ----------

देवनागरी लिपी (मराठीत नांव) :- ----------

Father full Name :- ----------

Mother full Name :- ----------

S.S.C School Name & Board Name :- ----------

H.S.C College Name & Board Name :- ----------

Address for Correspondence :- ----------

----------Mobile No :- ----------

Permanent Address :- ----------

---------- Email id_____

Date of Birth :- DMY :- ----------In Words: ----------

Place of Birth :- ----------TQ:----------Dist:----------State: ----------

Nationality :- ---------- APAAR ID No……

Married/Unmarried :- ----------

Category :- ----------Cast:- ----------

Father/Guardians Occupation :- ----------

Guardians Yearly Income 31.03.26 :- ----------

Student Blood Group :- --------.Voter ID no :- ----------.Aadhar No :----------

Particulars Regarding College Education –

Exam Name	Board & University Name	Year of passing	Class	No. of Attempt	Total marks	Obtained Marks	% of Marks	Obtained Marks for PCB
10TH								NA
12TH								
NEET UG								

Instruction to the Applicant

1-All the details in the application form should be properly filled
2-Incomplete application will not be considered.
3-Certified true copies which is required. Should be attached.

Student sign

Dean
Government Ayurved College,
Jalgaon

GOVT, AYURVED COLLEGE, JALGAON
NEET UG 2025 -2026, B.A.M.S.-1ST
Application Form

Name of Student: (**12th certificate**) _____ Caste _____

Category: - _____ AIR No. _____Quota_____ NEET Mark _____Percentage_____

12TH Marks – Physics __ _ Chemistry_____Biology _____ English_____ Biotechnology _____

(Total PCB _____) E-Mail Id _____

Mob.No…_____.Mob.No Parent _____E-Mail id (Parent) _____

Sr. No	List of Photocopies of relevant Documents to be attached with Application Form	Scrutiny Committee Use Only YES/NO
1	Selection Letter of Competent Authority (NEET COPY) (FOR AIQ)	
2	NEET -2025-26 Admit Card	
3	Mark sheet of NEET UG -2025-26 Examination	
4	NEET-CET/AACCC Online Downloaded application Form (Student Profile)	
5	Domicile Certificate	
6	Nationality	
7	12th Passing Certificate	
8	12th Statements of Marks	
8	10th Passing Certificate	
10	10th Statements of Marks	
11	Medical fitness Certificate (BAMS Course Mention) as per Brochure format	
12	T.C./Leaving Certificate	
13	Gap Certificate (If Applicable)	
14	Caste Certificate (If Applicable)	
15	Caste Validity Certificate (CVC) (If Applicable)	
16	Non-Creamy Layer Certificate (for VJ, NT-1, NT-2,NT-3, & OBC/SBC) Obtained / Valid up to 31.03.2026	
17	EWS Certificate For current Year (2025-26)	
18	Other Necessary Certificate (For Defense/PH/Hilly area/MKB, Other)	
19	Migration Certificate for CBSE & Other University Admission	
20	Physically handicapped certificate (Authorized Medical Board)	
21	Color Aadhar Card Necessary	
22	Voter Id Card Xerox Copy and Recent Passport size color photographs 8 (Eight) copies (Write name, NEET rank & Mobile number on backside of each photograph	
23	Gazette notification (In case of change of name)	
24	Demand Draft –in favour of " **Dean, Government Ayurved College, Jalgaon** & National Insurance Company Ltd, Kolhapur	
25	Are the academic certificate documents scanned in pen drive and submitted to the college?	
He/She has not submitted necessary Certificate i.e.		
1)	**2)**	**3)**

Sign of Documents Scrutiny Committee Admission UG (Ayurved)

Scrutiny Committee Member-1	Scrutiny Committee Member-2	Scrutiny Committee Member-3	Dean
*Name:	Name:	Name:	Government Ayurved College, Jalgaon

GOVERNMENT OF MAHARASHTRA
COMMISSIONERATE, COMMON ENTRANCE TEST CELL, MUMBAI
NEET UG 2025-26 – To be filled at the time of admission

SCRUTINY FORM

PROVISIONAL
STATE MERIT NO.:_____

Scrutiny Center: _____

Candidate Name: _____NEET Roll No.:_____

NEET Merit No. : _____ NEET Marks Percentile: _____ Category: _____

HSC PCB& B: _____/____ HSC Eng. :_____/100

Mobile No.: _____ Ear – Marking Only of Reserved Candidates ☐Open ☐Reserved

Signature of Candidate

(Arrange a set of original certificates and one set of attested photocopies separately in the order given below for verification)

(For Scrutiny Committee Use Only)

Admit Card of NEET UG 2025-26	
Copy of NEET-CET Online Application Form /ACCC Application form (Latest)	
NEET-UG-2025 Mark Sheet	
Nationality Certificate/Valid Indian Passport	
Domicile Certificate	
H.S.C. (or equivalent) examination marksheet	
S.S.C.(or equivalent) passing certificate (for Date of Birth)	
Aadhar Card	
Medical Fitness certificate (Annexure-I)	
Person with disability Certificate (PWD)	
If applicable	
Caste Certificate	
Caste Validity Certificate	
Non Creamy layer Certificate Valid upto 31/03/2026 (VJ, NT-1, NT-2, NT-3. OBC Including SBC)	
Specified Reservation	
D1/D2/D3 : Ex-servicemen Certificate, Actual service certificate	
D3 : Transfer Certificate	
MKB : Dispute area cert. Mother tongue cert.	
EWS Eligibility Certificate 2025-2026	
Orphan Certificate	

Remarks :

Eligible : Yes / No

If not eligible, reason/s_____

_____

Any other remarks :_____

_____

_____

Sing. Scrutiny Committee Member-1	Sing. Scrutiny Committee Member-2	Sing. Scrutiny Committee Member-3
Name:	**Name:**	**Name:**
Date	**Date**	**Date**

Sign of Clerk
(Name:-
Date:

Dean
Government Ayurved College,
Jalgaon

ANNEXURE - J
Status Retention Form

(To be sent to Competent Authority by the college)

Candidate's Name : ____________________ All india Neet Rank ________

Category : __________ NEET UG Roll.No. : ____________ Region Code : ______________

Address: ____

______________________Pin Code:__________Phone No.______________

To
The Competent Authority,
NEET UG 2025, Mumbai.

Sir/Madam,

I, Mr./Miss__________________________ wish to retain the seat allotted
(Name of Candidate)

to me at ____
(Name of the College)

for ______________Course in Health Sciences for the academic year 2025-26.
(Name of the course)

Declaration

I am fully aware that after filling this **Status Retention Form** that I will not be considered for any subsequent rounds of selection process for the year 2025-26. I also declare that I will not ask for reconsideration of my name for further selection process.

Date :
Place : Signature of Candidate

Signature of Parent/Guardian Signature of Dean /Principal (with seal)

(Cut here) -

(To be retained by the College)

To
The Competent Authority,
NEET UG 2025, Mumbai.

Sir/Madam,

Mr./Miss______________________(All IndiaNEET Rank.__________) wish to retain the
(Name of Candidate)

seat allotted to me at ____
(Name of the College)

for ______________Course in Health Sciences for the academic year 2025-26.
(Name of the course)

Declaration

I am fully aware that after filling this **Status Retention Form** that I will not be considered for any subsequent rounds of selection process for the year 2025-26. I also declare that I will not ask for reconsideration of my name for further selection process.

Date :
Place : Signature of Candidate

Signature of Parent/Guardian Signature of Dean /Principal (with seal)

ANNEXURE- X
PROFORMA FOR CANCELLATION OF ADMISSION
(To be filled in duplicate)

To,
The Dean / Principal,
_____
_____

Subject: Cancellation of Admission.

Respected Sir,

I, Mr./Ms. ……..... SML No. …….. was admitted to ……. course, at ……..... college ……. on ……. (date) under ……. category.

Now I wish to cancel my admission since

1) I have secured admission through another Competent Authority for Engineering/ Architecture / Agriculture / Any other course ……..

2) I wish to cancel it for personal reason/s.

I hereby request you kindly return my original documents and the amount of fees that I am entitled for, as per rules.

Thanking you,

Yours faithfully,

(Signature of Candidate)

Name & Address of candidate …… …… …… Pin Code …….. Tel. No. ……

For Office use only: Amount Paid Rs. …… Amount deducted Rs. …… Amount refunded Rs. …… Cheque No. & date …… Bank particulars …..…….....

Enclosure : Photocopy of selection letter from another Competent Authority (if applicable)

ANNEXURE - H

MEDICAL FITNESS

A candidate must be medically fit to undergo the professional course applied for. The medical fitness must be certified by a Registered Medical Practitioner in the prescribed proforma, as given below on a **Letterhead**or on this format with original seal and signature.

CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted clinical examination of Mr./Ms ..... who is desirous of admission to Health Science 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 professional course.

Certified that he/she fulfills the following criteria.

(1) Absence of any incapacitating and /or progressive systemic 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.

Though, following deviations have been revealed, in my opinion, these are not impediments to pursue a career as a Medical / Dental / Ayurved / Homeopathy / Unani / Occupational Therapy / Physiotherapy / Audiology & Speech, Language Pathology / Prosthetics & Orthotics / Naturopathy and Yogic Sciences / BSc Nursing. **(Strike, which is not applicable):**

1. .....
2. .....
3. .....

Address of the Registered Medical Practitioner	Signature
	Name
	Registration No.
Date:	Seal of Registered Medical Practitioner

ANNEXURE - G

PROFORMA FOR

NON-CREAMY LAYER CERTIFICATE

परिशिष्ट – क

Form of Certificate to be produced by Other Backward Classes, Vimukta Jati (A), Nomadic Tribes (B, C, D) and Special Backward Category and its synonyms belonging to the State of Maharashtra along with Non Creamy Layer Status.

PART - A

Documents Verified:

1)

2)

3)

4)

This is to certify that Shri/Shrimati/Kumari ..... son/daughter of..... of Village ..... Taluka ....., District ..... of the State of Maharashtra belongs to the ..... Caste/Community/Tribe which is recognised as a Other Backward Class/ Vimukta Jati(A)/Nomadic Tribe (B,C, D) / Special Backward Category under the Government Resolution No. ..... dated ..... as amended from time to time.

2. Shri/Shrimati/Kumari ..... and/or his/her family ordinarily reside(s) in village ....., Taluka....., District ..... of the State of Maharashtra.

3. This is to certify that he/she does not belong to the persons/sections (Creamy Layer) mentioned in the Government of Maharashtra Gazette, Part-IV-B, dated 29th January 2004, Maharashtra State Public Service (Reservation for S.C./S..T./D.T. (V.J.), N.T., S.B.C. & O.B.C. Act, 2001 and instruction and guidelines laid down in the Government Resolution, Social Justice, Cultural Affairs and Sports & Special Assistance Department No. CBC.1094/CR-86/BCW-V, dated 16th June 1994 and Government Resolution No. CBC.10/2001/CR-111/BCW-V, dated 29th May 2003 as amended from time to time.

4. This Certificate is valid for the period upto 31/03/2026 from the date of issue.

Sr. No. .....

Place :. .....

Dated : .....

Signature : .....

Designation : .....

(with seal of office)

Please delete the words which are not applicable

Please quote the name of department and specific number and date of Resolution under which the caste/community/tribe has been recognised as O.B.C., V.J., N.T., of S.B.C. by the Government of Maharashtra.

Note:- The term "Ordinarily reside(s)" used here will have the same meaning as in Section 20 of the Representation of the Peoples Act, 1950