

Document list for Admission to 15%
(All india Quota Basis)

Sr No.	Name of Document
1	Admit Cards Of Exam Issued by NTA
2	Result/ Rank letter issued by NTA.
3	Date of Birth Certificate (if High School Certificate does not bear the same)
4	Class 10th Certificate
5	Class 10+2 Certificate
6	Class 10+2 Marks Sheet
7	Eight (8) Passport size photograph same as affixed on the application form.
8	Provisional allotment letter generated on-line .
9	Proof of identity (Aadhar/ PAN/ Driving Licence/ Passport)
10	SC/ST Certificate (in the standard format as specified in the prospectus/information bulletin) it should be in English or Hindi language. Sub caste should be clearly mentioned in the certificate. Some of the States insist for English version of Caste Certificate. In case the certificate is in regional language the candidate should carry a Attested translated copy of the certificate in English/ Hindi.
12	OBC certificate issued by the competent authority. The subcaste should tally with the Central List of OBC. The OBC candidates should not belong to Creamy Layer to claim OBC reservation benefit. The OBC certificate must be in the standard format as mentioned in the prospectus/ Information Bulletin.
13	Disability Certificate issued from a duly constituted and authorized Medical Board for 21 Benchmark Disabilities as per the Rights of Persons with Disability Act 2016 (RPwD Act, 2016). No other PH certificate, issued by any other Authority/Hospital will be entertained.



(Signature)

PRINCIPAL

**Dr. Rajendra Gode Ayurved College
Hospital & Research Center, Amravati**

List of Additional Documents Required As per Affiliated University
M.U.H.S

1.	<u>Nationality Certificate</u> issued by District Magistrate/Addl. District Magistrate or Metropolitan Magistrate (Competent Authority for issue of such certificate)/ <u>valid Indian Passport</u> or <u>School Leaving Certificate of HSC/12th Std.</u> indicating the nationality of the candidate as 'Indian'.
2.	<u>Domicile Certificate</u> issued by District Magistrate/Metropolitan Magistrate/ Addl. District Magistrate or Competent Authority for issue of such certificate.
3.	Medical Fitness Certificate. Format is Attached
4.	Caste Validity Certificate (if Applicable)
5.	EWS certificate (if Applicable) .

Note:

1. All original documents with **4 xerox set** in above mentioned sequence is required at the time of admission
2. If required, candidates have to submit document other than the mentioned list As per Updated instructions given by AACCC.
3. Fees Should be **in form of DD of RS -1,50,000** from any nationalize bank and drawn in favor of **"DR RAJENDRA GODE AYURVED COLL HOSPITAL RES CENTER"** Payable at **Amravati Maharashtra.**

Contact

1. **Principal**- 8275727785/9561439584
2. **Admission cell**-9922797054/8275737054
3. **OS**-9421317045




PRINCIPAL
Dr. Rajendra Gode Ayurved College,
Hospital & Research Center, Amravati

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**:

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 / Unani / Occupational Therapy / Physiotherapy / Audiology & Speech, Language Pathology / Prosthetics & Orthotics / BSc Nursing. **(Strike, which is not applicable):**

1.
2.
3.

Address of the Registered Medical Practitioner

Signature

Name

Registration No.

Seal of Registered Medical Practitioner

Date :