Government of Maharashtra
Directorate of Medical Education & Research, Mumbai

Brochure for Transfer (after 1st MBBS) of Medical Students in the State of Maharashtra
(2014 - 2015) - Regular & Supplementary Batch

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<th>Pg. No</th>
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1. Migration of students from one medical college to another medical college in India shall be granted only in exceptional cases to the most deserving among the applicants for good and sufficient reasons and not on routine grounds. The number of students migrating to/from any one medical college shall be kept to the minimum which shall in any case not exceed the limit of 5% of its sanctioned intake in one academic year. There shall be no migration on any ground from one medical college to another located in the same city.

2. Migration of students from one college to another is permissible only if both the colleges are recognised by the Central Government under section 11(2) of the Indian Medical Council Act, 1956 and further subject to the condition that it shall not result in increase in the sanctioned intake capacity for the capacity for the academic year concerned in respect of the receiving medical college.

3. The applicant candidate shall be eligible to apply for migration only after qualifying in the first professional MBBS examination. Migration during clinical course of study shall not be allowed on any ground.

4. For the purpose of migration, an applicant candidate shall first obtain 'No Objection Certificates' from the college where he is studying for the present, the University to which it is affiliated to, the college to which migration is sought and the University to which that college is affiliated to. He shall submit his application for migration within a period of one month of passing (declaration of results) of the first professional MBBS examination along with the said 'No Objection Certificates' to the Director, Medical Education of the State where the College/Institutions including Deemed Universities to which migration is sought is situated or to the Head of the Institution in case migration is sought to a Central Government Institutions. The Director, Medical Education of the State concerned or the Head of the Central Government Institutions, as the case may be, shall take a final decision in the matter as to whether or not to allow migration in accordance with the provisions of these Regulations and communicate the same to the applicant student with a period of one month from the date receipt of the request for migration.
5. A student who has joined another college on migration shall be eligible to appear in the IIInd professional MBBS examination only after attaining the minimum attendance in that college in the subjects, lecturers, seminars etc., required for appearing in the examination prescribed under Regulation 12(1)

Note - 1: The State Governments/ University / Institution may frame appropriate guidelines for grant of No Objection Certificate or migration, as the case may be, to the student subject to provisions of these regulation.

Note - 2: Any request for migration not covered under the provisions of these Regulations shall be referred to Medical Council of India for consideration on individual merits by the Director (Medical Education) of the State or the Head of Central Government Institution concerned. The decision taken by the Council on such requests shall be final.

Note - 3: The College / Institutions shall send intimation to the Medical Council of India about the number of students admitted by them on migration within one month of their joining. It shall be open to the council to undertake verification of the compliance of the provision of the regulations governing migration by the Colleges at any point of time.
Annexure – A (i j f k v & v)

Guidelines for transfer of student(s) of faculty of Medicine from one recognized medical college to another recognized medical college, within the State of Maharashtra after passing first MBBS.

1. The transfer of successful candidate from one recognized Medical College to another recognized Medical College affiliated to the Maharashtra University of Health Sciences, Nashik, shall be possible, i.e., after declaration of result of 1st M.B.B.S. of Regular Batch & Supplementary Batch, university professional examination.

2. Transfer can not be claimed as a matter of right by a student. The student desirous to get transfer after passing the first professional examination should apply in the 'prescribed proforma' to the Director, Medical Education and Research, Mumbai within 30 days from the date of declaration of the result of the Supplementary Batch of the first professional examination of medical faculty conducted by the Maharashtra University of Health Sciences, Nashik. Migration/transfer would be restricted to 5% of the sanctioned intake or clear vacancy of the college during the year. The limit of 5% of sanctioned intake of medical college in one year stipulated in the Regulations of Medical Council of India on Migration / Transfer of Students read with notification dated 20th October 2008 applies only to the receiving college to which the students are being transferred.

3. The notification seeking application for transfer shall be issued by the office of Director, Medical Education and Research, Mumbai.

4. The applicant student shall obtain 'No Objection Certificate' (N.O.C.) from the 'relieving' college and No Objection Certificate (N.O.C.) from receiving/admitting college. He/She shall also submit No Objection
Certificate (N.O.C.) from Maharashtra University of Health Sciences, Nashik/Deemed University situated in Maharashtra.

5. The No Objection Certificate from the relieving college under the signature of its Dean/Principal shall indicate. (Annexure - C)
   a) The date of his/her birth as mentioned in the record of relieving college.
   b) The aggregate marks scored by the candidate along with percentage at 1st M.B.B.S. professional examination (Regular/Supplementary Batch as applicable) and seat number.
   c) Number of attempt subjectwise in MBBS Examination.

6. The No Objection Certificate from the receiving/admitting college under the signature of its Dean/Principal, shall indicate availability of 'clear vacancy' against which the transfer is to be effected. (Annexure - D)
   While calculating clear vacancy, number of students admitted to the 1st MBBS in 2013, should only be considered. From this group number of students failed together in May-June 2014 (Regular Batch) and September-October 2014 (Supplementary Batch) in 1st MBBS University Examination should only be considered as 'Clear Vacancy'. If more than 5% candidates of the total intake capacity are failed then the vacancy will remain maximum upto 5% only. If the result of the institution is 100% then the Clear Vacancy will remain 'Zero'.

7. Vacancy will be determined as per the clarification received from Medical Council of India vide its letter No. MCI-31(1) (Gen)/2009-Med/6568, dated 5.5.2009 i.e. "vacancy in any batch, in any medical college for the purpose of migration is that number which when filled after migration shall not result in increase in the sanctioned intake capacity for the academic year concerned in respect of that medical college".
   In no case the college should exceed total intake capacity.
8. There shall be no transfer on any ground from one recognized Medical College to another recognized Medical College within same City.

9. The transfer application fee shall be 10,000/- Payable to Director of Medical Education & Research, Mumbai. Application accompanied with the demand draft in favour of 'Director of Medical Education & Research, Mumbai', payable at Mumbai from any Scheduled Commercial Bank shall be received by the Director, Medical Education and Research, Mumbai on or before the cut-off date as notified. This fee shall be non-refundable.

10. The application is to be submitted in person on working day within notified time limit, at the CET CELL of DMER. The application sent by post/courier will not be entertained. Application should be submitted in CET CELL of DMER only. Application submitted in the Inward Section of DMER office will be treated as INVALID.

11. The applications for transfer shall thereafter be placed before a transfer committee constituted as per Government Resolution No. MED-1009/CR-96/Shikshan-2, dated 4th April, 2009 for this purpose.

12. The fee structure and service bond conditions of the receiving colleges shall be applicable to the transferred student.

13. (a) Death of Father/Mother will be considered as genuine ground. However to be eligible under this ground the death of Father/Mother should have been occurred after taking admission to the 1st MBBS course. The candidate should attach Death Certificate with his/her application form. (b) The transfer shall be considered on the genuine ground. Candidate applying for transfer on Health/Medical Ground should note that the Health/Medical Ground of the candidate will only be considered, if found correct as genuine reason for transfer. The illness of any other family member will not be accepted as a ground for transfer.
Procedure for Obtaining Medical Certificate:

i. The candidate seeking transfer after 1st year MBBS from Government Medical College situated in Maharashtra as on Medical/Health ground should submit illness/medical certificate issued by Medical Board of relieving college.

ii. The candidate seeking transfer after 1st year from Unaided/Private/Deemed University medical college situated in Maharashtra on Medical/Health ground should submit illness/medical certificate by Medical Board of nearest Government Medical College attached Hospital situated in Maharashtra.

iii. Candidates should approach to the Dean/Chairman of the Medical Board well in advance preferably within 5 days from the date of declaration of 1st MBBS supplementary batch result. Applications without medical certificates will not be accepted. Late issue of medical certificate by the medical board will not be accepted as a reason for extension of last date.

(c) Candidate who have passed 1st MBBS University examination before May June 2014, should not apply alongwith this 2014 batch, as they are not eligible as per Medical Council of India guidelines for the transfer.

(d) The seats reserved for candidate belonging to the reserved category shall be 50% of admissible seats.

(e) The manner of filling the seats reserved for Scheduled Castes, Scheduled Tribes, De-notified Tribes (Vimukta Jatis), Nomadic Tribes and Other Backward Classes shall be filled in as per procedure laid down vide Government Order No. MED 2006/1196/CR-204/06/ Edu-1.- 24th June 2006. The candidate belonging to Maharashtra State (Domicile) will only
be considered under Reserve Category. Reserve Category candidate from Outside Maharashtra will only be considered as a Open Category candidate for transfer.

14. If there are more eligible applicants for the transfer to a particular institution than the clear vacancies available, following shall be the criteria for the tie breaker.

   a) The candidate eligible as per rule 13 (a) will be given transfer on priority basis.

   b) The candidate having higher severity of illness shall be given preference.

   c) If the tie persist, the student with higher total marks in 1st MBBS examination excluding grace marks if any, shall be given preference (one percent of total marks obtained shall be deducted from the total for each attempt)

   d) If the tie persist, the student with higher total marks at the H.S.C. or equivalent examination shall be preferred, (one percent of marks shall be deducted from the total for each attempt)

   e) If the tie still persist, the older student shall be given preference.

15. Amongst the eligible applicants, two separate lists will be prepared, first List-A of candidates applying for transfer on the ground of death of one of the parent, then List-B of candidates applying for transfer on the ground of health/medical illness. In List-A, all eligible candidates will be arranged as per the merit. After exhausting List-A, if seats remain vacant the List-B will be operated. In List-B candidates will be arranged as per the severity of illness in descending order. If the severity of illness is equal then the selection will be on the merit basis.
16. If the migration is sought from one recognized Medical College to another recognized medical college located outside the state, the matter will be referred to Medical Council of India, New Delhi.

17. A student who has joined another college on transfer shall be eligible to appear in the 2nd professional MBBS examination only after attaining the minimum attendance in that college in the subjects, lectures, seminars etc. required for appearing in the examination prescribed under Regulation of Medical Council of India / Maharashtra University of Health Sciences, Nashik.

18. The College/Institution shall send intimation to the Medical Council of India about the number of students admitted by them on transfer within one month of their joining.

19. Any issue not dealt herein above will be dealt with, when arising, fully and finally by the Director, Medical Education and Research, Mumbai.

20. The seat position for transfer in receiving medical college (General / Category) will be made available on the DMER’s website within a week.

21. Applicants submitting the application for the transfer on the basis of Health / Medical ground should attach Medical Certificate in the format given in Annexure – E.

22. Applicant submitting the application for the transfer on the basis of genuine ground including health should submit an undertaking in the format given in Annexure – F.

23. Application should be submitted in CET CELL of DMER only. Application submitted in the Inward Section of DMER office will be treated as INVALID.
Annexure – B

DIRECTOR OF MEDICAL EDUCATION AND RESEARCH, MUMBAI

APPLICATION FORM FOR TRANSFER

Application for transfer after 1st year MBBS course of the Health Science from one recognized Medical College to another recognized Medical College affiliated to Maharashtra University of Health Science, Nashik/Deemed University situated in Maharashtra. (Please use capital letters to fill the form)

1. Name of the Application: ____________
   Surname       First Name     Middle Name

2. Address in full: ...........................................................................................................
   ...........................................................................................................
   ...........................................................................................................

3. Date of Birth (as entered in register of the College):
   
   D    D    M    M    Y    Y    Y    Y

4. Name of Parent/Guardian: ____________
   Surname       First Name     Middle Name

5. Address in full of parent / guardian: ........................................................................
   ...........................................................................................................
   ...........................................................................................................

6. Tel. No. with STD Code: (……….) Tel ………… Mobile: …………
   Email Address: ...........................................................................................................

7. Name and Address of Recognized relieving college: ...........................................................

8. Name and Address of Recognised receiving College to which Transfer is requested.

<table>
<thead>
<tr>
<th>Sr. No.</th>
<th>Name and address of the Recognised Medical College where transfer is requested</th>
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<tbody>
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<td>4.</td>
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<td>5.</td>
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</table>

9. Ground on which transfer after 1st MBBS Transfer is requested:

   A. Health Ground or other Genuine Ground (Pls. Specify the ground):
      ...........................................................................................................

   B. Justification for Genuineness - ............................................................
      ...........................................................................................................

   C. Date/Month in which the illness started (DD/MM/YYYY) - ..........................
10. Give the following information:

<table>
<thead>
<tr>
<th>Sr.No</th>
<th>Name of Exam.</th>
<th>Date &amp; Year of passing</th>
<th>Marks obtained / out of</th>
<th>No of attempts</th>
<th>Corrected Marks</th>
</tr>
</thead>
<tbody>
<tr>
<td>1)</td>
<td>H.S.C. or its equivalent</td>
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<td></td>
</tr>
<tr>
<td>2)</td>
<td>1st Professional Exam (1st MBBS)</td>
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</table>

For corrected marks deduct 1% marks for each attempt from aggregate marks at First Professional Examination/HSC or its equivalent examination.

11. Application Fee :- Rs.________________________/- D.D. No. ________________________________

Bank Name.......................................................................................................................... Date............

12. Category of the applicant:

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>a) CET / NRI / All India Quota</td>
<td></td>
</tr>
<tr>
<td>b) Constitutional Reservation (As per the admission status)</td>
<td>Yes</td>
</tr>
<tr>
<td>c) Name of the Category SC/ST/VJ/NT1/NT2/NT3/OBC</td>
<td></td>
</tr>
<tr>
<td>d) Caste Certificate</td>
<td>Yes</td>
</tr>
<tr>
<td>e) Caste Validity Certificate</td>
<td>Yes</td>
</tr>
<tr>
<td>f) Non Creamy Layer Certificate valid upto 31st March 2015 or issued after 01/04/2014 (if applicable)</td>
<td>Yes</td>
</tr>
</tbody>
</table>

I hereby declare that the facts stated above are true to the best of my knowledge.

Place : 
Date : 
Signature of Applicant

Enclosures alongwith application:

i) XII Std. Mark sheet & Passing Certificate (True Copy)
ii) First Professional Exam. Mark Sheet, Passing & Attempt Certificate (True copy)
iii) No Objection Certificate from Relieving College (Original) – Annexure - C
iv) No Objection Certificate from Admitting College (Original) – Annexure - D
v) No Objection Certificate from MUHS, Nashik (Original)
vi) Certificate from the Dean/Principal stating that the present college is Recognised by concerned Council (Original)

vii) Medical Certificate (Original) – Annexure - E
viii) Undertaking of Genuineness of the ground. (Original) – Annexure - F
ix) Admission letter issued by the Competent Authority /Dean/ Principal.

x) Attested photocopy of Caste Certificate
xi) Attested photocopy of Caste Validity Certificate
xii) Attested photocopy of Non-Creamy Layer Certificate
xiii) Demand Draft of Rs.10,000/- (in favour of 'Director of Medical Education & Research, Mumbai', payable at Mumbai from any Scheduled Commercial Bank shall be received by the Director, Medical Education and Research, Mumbai on or before the cut-off date as notified. This fee shall be non-refundable.)

Note : Attested Xerox copies of all above documents should be attached with this application form. Documents submitted after the submission of application will NOT be entertained. Applicant claiming transfer against reserved category without Caste Validity Certificate, Non-Creamy Layer Certificate will be treated as General candidate.
Annexure – C

PRESCRIBED FORM FOR NO OBJECTION CERTIFICATE

NAME OF THE RELIVING COLLEGE : ………………………………………………………

Reference: Issue of No Objection Certificate to : …………………………………………..

Reference : His /Her application date : ………………………………………………………

With reference to the above, I have to state that this college has No Objection for the transfer of Shri/Kum ………………………………………………………………………… from this medical college to any other and recognized medical college affiliated to M.U.H.S., Nashik/Deemed University situated in Maharashtra for 2nd MBBS course. This No Objection Certificate is issued on the basis of guidelines issued for the year 2014 by the Director of Medical Education & Research, Mumbai. He has passed 1st MBBS examination from this Medical college in the month of May-June, 2014 (Regular Batch) / September-October, 2014 (Supplementary Batch).

i) Reason for transfer : ………………………………………………………………………

ii) Date of Birth of the Applicant as per the College record: ……………………………

   (DD / MM / YY)

iii) Aggregate Marks in 1st MBBS Examination : ........ out of ........... Per. ........%

iv) MUHS 1st MBBS Exam. Seat No. .................

v) Subjectwise Attempts in 1st MBBS MUHS Exam :

   Anatomy : .............

   Physiology : .............

   Biochemistry : .............

   Signature : ………………………………………

   Name : ……………………………………….

Place :

Date : Seal of the College Dean/Principal/Director
NAME OF THE RECEIVING COLLEGE : .................................................................

Reference: Issue of No Objection Certificated to : .................................................................

Reference: His /Her application date : .................................................................

With reference to the above, I have to state that this college has No Objection for the transfer of Shri/Kum ........................................................................................................ to 2nd MBBS course in this medical college.

a. The intake capacity of the college is .................................................................

b. The number of the clear vacancies as per Annexure 'A', Rule No. 6 are : .................

c. No. of students admitted to 1st MBBS in August-September 2013 : ......................

d. No. of students studying at present in 2nd MBBS 1st term (taken together from August-2014 Regular Batch and November-2014 Supplementary Batch) : ......................

Signature ...........................................

Name .............................................

Place :

Date : Seal of the College Dean/Principal/Director

Seal
PRESCRIBED FORM FOR MEDICAL CERTIFICATE
(This certificate must be issued by the medical board of the
State Govt. Medical College & Hospital Only)

This is to certify that I have conducted clinical examination or Mr. / Miss. .................................,
Age : ..........................., Resi. Of ..........................................................
on (Date) .............................. and certify as follows :

1. He/She is suffering from ................................................................................
since ................................. (DD/MM/YYYY).

2. He/She is staying at (Place) ........................................................................... (Where
he/she completed 1st MBBS course) the said diseases is aggravated.

3. If his/her place of study is changed then his/her health is likely to be improved.

Herewith I recommend that the place of study of Mr. / Miss. .................................
........................................................................................................ needs to be changed on medical ground.

Name & Designation with Signature
(Member)

Name & Designation with Signature
(Member)

Name & Designation with Signature
(Chairman)

Date :

Place :

Seal of the Institute

SEAL
Annexure – F (ijfK/V&Q)
PRESCRIBED FORM FOR UNDERTAKING

I, Mr. / Miss. .............................................................., Age : .........,
Resi. Of .................................................................., has applied for transfer after 1st
MBBS from . ......................................................... medical college to
.................................................................................... medical college in
the year ................. . I am submitting this undertaking to state that my ground/s for
transfer is/are genuine.

1. Ground for transfer :
........................................................................................................
........................................................................................................
........................................................................................................

2. How the ground is genuine :
........................................................................................................
........................................................................................................
........................................................................................................

3. How transfer will help me :
........................................................................................................
........................................................................................................
........................................................................................................

4. Difficulties likely to be faced if transfer is not granted :
........................................................................................................
........................................................................................................
........................................................................................................

I hereby stat that I am suffering from ................................... (Name of the
Disease) since ...................... (DD/MM/YYYY). I hereby state that the information
submitted above to the best of my knowledge is true. If the said information is
proved to be false I know that action deemed fit will be initiated against me.

Place :
Date :

Signature of Applicant

(Name of the Applicant)
Annexure – G

Transfer of Medical Students in the State of Maharashtra
(2014 - 2015) - Regular & Supplementary Batch

SEAT DISTRIBUTION CHART

<table>
<thead>
<tr>
<th>Sr. No.</th>
<th>College Name</th>
<th>Total Intake</th>
<th>Total Clear Vacancy</th>
<th>SC</th>
<th>ST</th>
<th>VJ</th>
<th>NT-1</th>
<th>NT-2</th>
<th>NT-3</th>
<th>OBC</th>
<th>Total Reserve</th>
<th>Open</th>
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<td>GGMCC, Mumbai</td>
<td>200</td>
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DIRECTORATE OF MEDICAL EDUCATION & RESEARCH, MUMBAI - 400 001

RECEIPT

(For DMER Use only)

Transfer of Medical Students in the State of Maharashtra
(2014 - 2015) - Regular & Supplementary Batch

Received application bearing No ………………….. dated ……………………….. from Shri/Kum. ………………………………………………………………... for transfer to the IInd Year MBBS of Course in the Health Sciences with the copies of the following document.

i) XII Std. Mark sheet & Passing Certificate (True Copy)
ii) First Professional Exam. Mark Sheet, Passing & Attempt Certificate (True copy)
iii) No Objection Certificate from Relieving College (Original) – Annexure - C
iv) No Objection Certificate from Admitting College (Original) – Annexure - D
v) No Objection Certificate from MUHS, Nashik (Original)
vi) Certificate from the Dean/Principal stating that the present college is Recognised by concerned Council
vii) Medical Certificate (Original) – Annexure - E
viii) Undertaking of Genuineness of the ground. (Original) – Annexure - F
ix) Admission letter issued by the Competent Authority /Dean/ Principal.
x) Attested photocopy of Caste Certificate
xi) Attested photocopy of Caste Validity Certificate
xii) Attested photocopy of Non-Creamy Layer Certificate.
xiii) Demand Draft of Rs.10,000/- (in favour of 'Director of Medical Education & Research, Mumbai', payable at Mumbai from any Scheduled Commercial Bank)

Seal

Signature of Receiving Officer

Date ……………………………

DMER, Mumbai.

Note:
Application should be submitted in CET CELL of DMER only. Application submitted in the Inward Section of DMER office will be treated as INVALID.