





शासकीय वैद्यकीय महाविद्यालय,अलिबाग,जि.रायगड.

जिल्हा सामान्य रुग्णालय परिसर, बीच रोड,िलमये वाडी, अलिबाग.जि.रायगड -४०२ २०१

GOVERNMENT MEDICAL COLLEGE, ALIBAG -RAIGAD

DISTRICT CIVIL HOSPITAL AREA, ALIBAG BEACH ROAD, LIMYEWADI, ALIBAG DIST.RAIGAD – 402 201

Email- deangmcalibag@gmail.com Phone No. 02141-299214 www.gmchalibag.in/gmch Out No. GMCA/ CCMP / /२०२५ दिनांक: /2025

Name of the Student -Date:-/ 2025

Course Name - C.C.M.P 2025 - 2026

Sr.N	Essential Documents Required		Original	2
0.			Yes/No	Copies Yes/No
1	Selection Letter			
2	Nationality Certificate or Valid Indian Passport, Domicile Certificate , Birth Certificated			
	endorsed with Nationality mention "Indian" on it (Required any one)			
3	Passing Certificate Degree Certificate issued by concern University for qualifying examination			
4	MCH Registration certificate with Renewal Receipt (Updated)			
5	Caste Certificate (If applicable)			
6	Cast Validity (If applicable)			
7	Caste Validity format attached Below if candidate is from outside Maharashtra			
	(Annexure E)			
8	Non-Creamy layer Certificate valid (NCL) (If applicable)			
9	Original Medical Fitness Certificate / Physically Handicap Document proof (Person			
	with Disability) (If applicable)			
10	Leaving Certificate /Transfer Certificated / Migration Certificate (If applicable)			
11	NOC from Maharashtra Council of Homoeopathy (Photocopy)			
12	Change of Name (If Applicable) required following documents			
	:-	Marriage Certificate		
		Gazette		
		Original Affidavit.		
13	Gap Certificate (If Applicable)			
	EWS Certificate (If Applicable)			
14				
1.5	Undertaking Cedrtificate duly signed by the student Original Copy			
15	(Format Attached as per Annexure D)			

Note :- All Original Documents & Two set's of Black & White Self Attested Xerox Copies as per list Below. & All Original Scanned Copies should be filled in a Pendrive with a separate name and submitted to us.