



Dr. Vithalrao Vikhe Patil Foundation's
MEDICAL COLLEGE AND HOSPITAL
AHILYANAGAR (Maharashtra) 414111

Opposite Government Milk Dairy,
 Post : MIDC, Vadgaon Gupta, Ahilyanagar : 414 111



Tel.: 0241 - 2777059, 2779757 Fax.: 0241 - 2779782

FEE CHART FOR I YEAR MBBS ADMISSION FOR THE A.Y. 2025-26

CATEGORY/ QUOTA	FOR REPORTING OF ADMISSION		ON SUBMISSION OF STATUS RETENTION				
	DEMAND DRAFT NO. 1		DEMAND DRAFT NO. 2				
	TUITION & DEVELOPMENT FEE (MALE STUDENT)	TUITION & DEVELOPMENT FEE (FEMALE STUDENT)	BOYS HOSTEL FEE EXCLUDING MESS	GIRLS HOSTEL FEES INCLUDING MESS	SECURITY DEPOSIT FOR COLLEGE, HOSTEL & LIBRARY	REGISTRATION & ELIGIBILITY FEE (MUHS, NASHIK & ARA, MUMBAI)	SWF, UDF, Diaster MGMT, NSS & INSURANCE
	PER YEAR	PER YEAR	PER YEAR	PER YEAR	ONE TIME REFUNDABLE AFTER COURSE COMPLETION	ONE TIME	ONE TIME
OPEN	13,00,000/-	13,00,000/-	1,00,000/-	1,25,000/-	50,000/-	20,000/-	5,000/-
EBC/EWS (OPEN)	7,32,315/-	1,64,629/-	1,00,000/-	1,25,000/-	50,000/-	20,000/-	5,000/-
OBC/SEBC	7,32,315/-	1,64,629/-	1,00,000/-	1,25,000/-	50,000/-	20,000/-	5,000/-
VJ/NT/SBC	1,64,629/-	1,64,629/-	1,00,000/-	1,25,000/-	50,000/-	20,000/-	5,000/-
SC	0/-	0/-	1,00,000/-	1,25,000/-	50,000/-	20,000/-	5,000/-
ST	0/-	0/-	1,00,000/-	1,25,000/-	50,000/-	20,000/-	5,000/-
15% NRI	65,00,000/-	65,00,000/-	1,00,000/-	1,25,000/-	50,000/-	1,00,000/-	5,000/-
INSTITUTE QUOTA	39,00,000/-	39,00,000/-	1,00,000/-	1,25,000/-	50,000/-	1,00,000/-	5,000/-

NOTE :

Tuition Fees is subject to change.

- 1) Other than Maharashtra State Student admitted in Open Category has to pay Rs. 55000/- as Registration & eligibility fees (if Any)
- 2) All admission process is carried out as per Rules and Regulations laid down by Competent Authorities, State CET Cell, ARA, DMER, Mumbai, MUHS, Nashik & NMC, New Delhi.
- 3) All EBC/Category students have to submit requisite documents & applicable fees at the time of admission to claim Scholarship/Freeship from DMER, Mumbai, Social Welfare Office (As applicable)
- 4) Nationalised Bank Demand Draft to be prepared separately as follows in favor of **THE PRINCIPAL PDVVPFs MEDICAL COLLEGE** payable at **AHILYANAGAR**
 - a) Demand Draft No.1 : Tuition Fees (As Applicable)
 - b) Demand Draft No. 2 : Hostel Fess and Security Deposit, Registration & Eligibility, SWF, UDF & Insurance Fess
- 5) For submission of Staus Retention of Admission , Student has to deposit all other fees mandatory.
- 6) It is mandatory to submit Scan copy of each Original document neat and clearely in separate pdf format as per check list (Size 150 kb)



डॉ. विठ्ठलराव विखे पाटील फाउंडेशनचे

वैद्यकीय महाविद्यालय व रुग्णालय, अहिल्यानगर

शासकीय दुध डेअरीजवळ, पोस्ट - एम आय डी सी, वडगाव - गुप्ता, विठ्ठल घाट,



अहिल्यानगर - ४१४१११, दूरध्वनी : ०२४१ - २७७५७९७

शैक्षणिक शुल्क तक्ता - प्रथम वर्ष एम बी बी एस : २०२५-२६

जात व प्रवर्ग	प्रवेश नोंद करणेसाठी		महाविद्यालयात प्रवेश निश्चित करणेसाठी भरावयाचे शुल्क				
	धनाकर्ष क्रं. ०१		धनाकर्ष क्रं. ०२				
	शैक्षणिक शुल्क व विकास शुल्क (रुपये) मुलांसाठी	शैक्षणिक शुल्क व विकास शुल्क (रुपये) मुलींसाठी	वसतिगृह शुल्क (जेवण वगळून) (रुपये) मुलांसाठी	वसतिगृह शुल्क (जेवणा सहित) (रुपये) मुलींसाठी	अनामत रक्कम (महाविद्यालय, वसतिगृह व ग्रंथालय) अभ्यासक्रम व अंतरवासियता पूर्ण झाल्यानंतर परतावा (रुपये)	नोंदणी व पात्रता शुल्क (विद्यापीठ व प्रनिप्रा शुल्क) (रुपये)	विद्यार्थी कल्याण निधी, विद्यापीठ विकास शुल्क राष्ट्रीय सेवा योजना शुल्क, आपत्कालीन निधी व विमा संरक्षण अभ्यासक्रम पूर्ण होईपर्यंत (विमा पालकासाठी)
	प्रती वर्ष	प्रती वर्ष	प्रती वर्ष	प्रती वर्ष	प्रथम वर्षासाठी फक्त	प्रथम वर्षासाठी फक्त	प्रथम वर्षासाठी फक्त
खुला	१३,००,०००/-	१३,००,०००/-	१,००,०००/-	१,२५,०००/-	५०,०००/-	२०,०००/-	५,०००/-
आर्थिक दृष्ट्या मागास/इबीसी	७,३२,३१५/-	१,६४,६२९/-	१,००,०००/-	१,२५,०००/-	५०,०००/-	२०,०००/-	५,०००/-
इतर मागास / सामाजिक व शैक्षणिक दृष्ट्या मागास	७,३२,३१५/-	१,६४,६२९/-	१,००,०००/-	१,२५,०००/-	५०,०००/-	२०,०००/-	५,०००/-
विमुक्त जाती/ भटक्या जमाती/ विशेष मागास	१,६४,६२९/-	१,६४,६२९/-	१,००,०००/-	१,२५,०००/-	५०,०००/-	२०,०००/-	५,०००/-
अनुसूचित जाती	०/-	०/-	१,००,०००/-	१,२५,०००/-	५०,०००/-	२०,०००/-	५,०००/-
अनुसूचित जमाती	०/-	०/-	१,००,०००/-	१,२५,०००/-	५०,०००/-	२०,०००/-	५,०००/-
१५% अनिवासी भारतीय	६५,००,०००/-	६५,००,०००/-	१,००,०००/-	१,२५,०००/-	५०,०००/-	१,००,०००/-	५,०००/-
व्यवस्थापन/ संस्थात्मक	३९,००,०००/-	३९,००,०००/-	१,००,०००/-	१,२५,०००/-	५०,०००/-	१,००,०००/-	५,०००/-

टीप :

शैक्षणिक शुल्कामध्ये बदल होऊ शकतो.

- महाराष्ट्राबाहेरील खुल्या प्रवर्गातील विद्यार्थ्यांना नोंदणी व पात्रता शुल्क रुपये ५५,०००/- असेल. (विद्यापीठाच्या पत्रानुसार)
- महाविद्यालयाची प्रवेश प्रक्रिया मा. सक्षम प्राधिकारी, राज्य सामायिक प्रवेश परीक्षा कक्ष, संचालनालय, वैद्यकीय शिक्षण व संशोधन, प्रवेश नियामक प्राधिकरण, मुंबई, महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक, भारतीय आयुर्विज्ञान आयोग, नवी दिल्ली यांचे प्रचलित नियमानुसार होईल.
- शासनाची शिष्यवृत्तीचा लाभ घेणाऱ्या विद्यार्थ्यांना प्रवेश घेतेवेळी शासनाच्या नियमानुसार विहित मुदतीत सर्व मूळ प्रमाणपत्रे महाविद्यालयाकडे जमा करावे लागतील.
- राष्ट्रीयकृत बँकेचा धनाकर्ष "THE PRINCIPAL PDVVPF's MEDICAL COLLEGE" PAYABLE AT "AHILYANAGAR" या नावाने प्रवेशावेळी महाविद्यालयात संपूर्ण करावा.
- अ - राष्ट्रीयकृत बँकेचा धनाकर्ष क्रं. ०१ - शैक्षणिक शुल्क (लागू असलेले)
- ब - राष्ट्रीयकृत बँकेचा धनाकर्ष क्रं. ०२ - वसतिगृह शुल्क व अनामत रक्कम, नोंदणी व पात्रता शुल्क, विद्यार्थी कल्याण निधी, विद्यापीठ विकास शुल्क, राष्ट्रीय सेवा योजना शुल्क, आपत्कालीन निधी व विमा संरक्षण शुल्क
- महाविद्यालयात अभ्यासक्रम प्रवेश निश्चित करणेसाठी शैक्षणिक शुल्काव्यतिरिक्त वरीलप्रमाणे इतर शुल्क अदा करावे लागेल. (प्रथम वर्षाकरिता)
- सर्व मूळ प्रमाणपत्र व्यवस्थित सुस्पष्ट दिसतील असे स्कॅन करून (साइज 150 केबी) यादीप्रमाणे पेनड्राइव मध्ये प्रवेश नोंद/निश्चित करतेवेळी महाविद्यालयात जमा करणे बंधनकारक असेल.

IMPORTANT INSTRUCTIONS:

1. All EBC/Reservation Category students have to submit requisite documents at the time of admission to claim EBC/scholarship/free-ship from DMER, Mumbai, Social Welfare Office, ISTDP, Office (Ekatmik Adivasi Vikas Prkalp for Scheduled Tribe) as per Maharashtra Govt. Resolution (as applicable).
2. Only Girls Students who are allotted seat under the EBC, EWS, SEBC and OBC /SBC category will be Eligible to reimbursing a Scholarship for Tuition & Examination Fees from the State Govt. of Maharashtra as per G.R. No. शासन निर्णय क्र. शिष्यवृ-२०२४/ प्र. क्र. १०५/ताशि-४, दिनांक:- ०८ जुलै, २०२४ आणि शासन निर्णय क्र. शिष्यवृ-२०७/ताशि-४, दिनांक:- १९ जुलै, २०२४ subject to approval from Remitter Authorities.
3. Students who are allotted seat under the SEBC will be Eligible to beneficiary a Scholarship for Tuition Fees from the State Govt. of Maharashtra as per G.R. No. शासन निर्णय क्र. मअसे २०२४/ प्र. क्र. १९/१६-क, दिनांक:- २५ जानेवारी, २०२४ आणि शासन निर्णय क्र.संकीर्ण-२०२४/प्र. क्र. ७५/आरक्षण-५ , दिनांक:- २२ जुलै, २०२४ subject to approval from Remitter Authorities.
4. Govt. Resolution for Regarding completion of Social responsibility service by the students who pass out from Govt. Aided and Non-aided Medical Colleges in the State शासन निर्णय क्र. एमईडी १०१६/ प्र. क्र. ३४५/१६/शिक्षण-२, दिनांक:- ०५ जानेवारी, २०१८ (Annexure-Q)of NEET UG-2025 Information Brochure.

DR. VITHALRAO VIKHE PATIL FOUNDATION'S MEDICAL COLLEGE & HOSPITAL, AHMEDNAGAR

CHECK LIST FOR ORIGINAL DOCUMENTS TO BE SUBMIT AT THE TIME OF ADMISSION

(I YEAR MBBS COURSE AY 2025-26 ONLY)

Scan Copy of Each Original Document in PDF & JPG Format in pen drive (Size 150kb)

S.N.	Particulars of Documents
01	Selection Letter (NEET-UG 2025)
02	NEET UG-2025 Mark-Sheet Color Print
03	Domicile Certificate, Nationality / Valid Passport
04	Xth Passing Certificate
05	XIIth Mark sheet
06	XIIth Passing Certificate
07	Caste Certificate (If applicable)
08	Caste Validity Certificate (If applicable)
09	Non-Creamy Layer Certificate Valid up to 31.03.2024 (If applicable)
10	EWS Certificate in State Govt. Format only (If applicable)
11	College Leaving / Transfer Certificate (LC/TC)
12	Hilly Area Certificate with Parent Domicile Certificate / Defence Certificate (If applicable) As per Maharashtra State CET Cell, Mumbai.
13	Medical Fitness Certificate (as per Annexure-H)
14	Migration Certificate (CBSC & ICSC Boards Only)
15	Gap Affidavit Certificate (on Rs.500/-Stamp Paper)
16	Undertaking For Payment Of Fees (on Rs.500/-Stamp Paper)
17	Undertaking for Anti-Ragging (on Rs.500/-Stamp Paper)
18	For NRI Quota Allotment: As Per State CET-Cell Notice No. 02, No.MED1025/ C.R.No.58/ NEET UG 2025/Registration/CAP/NRI/2432 Date :23/07/2025
19	Ten Passport Size Photograph
20	AADHAR Card, Voter ID (Color Print)/Annexure C
21	a) Online downloaded Registration form for NEET Exam. b) NEET Exam Hall-Ticket of student (Admit Card) c) Copy of Online Registration Filled on www.mahacet.org d) Income Certificate & FORM No.16/IT Return :2024-25 (Xerox copy)

NOTE: 03 SET OF ATTESTED XEROX COPIES AS PER LIST COMPULSORY.

(TO BE PRINTED ON Rs. 500 STAMP PAPER ON STUDENTS NAME)

ANNEXURE-A

GAP AFFIDAVIT

I, _____ S/D/of _____,
Age- _____ Years an Indian Inhabitant Residing _____
_____ do

hereby state on solemn affirmation as under:

That I have passed HSC Science Successfully from _____
_____. But after completing the said course I have not enrolled my
name in other educational Institution for further education.

Hence I have made this Affidavit saying that the period of _____ is my
_____ Years Gap in my academic career. Now I wish to enroll my name for further
education in the year 20____-____ & I have made this Affidavit to state and confirm
that I have taken Gap of _____ Year in my education.

All the above contents is true and correct and nothing any concealed therein.
If it is found to be false, I am liable to punished as per section 119 and 200 of Indian
Penal Code.

Solemnly affirm within the named _____.

Date: / /2025

Deponent

Place:

UNDERTAKING FOR PAYMENT OF FEES

(To be submitted by the student and parent/guardian on a ₹500 non-judicial stamp paper duly notarized)

To,
The Dean,
Dr Vithalrao Vikhe Patil Foundation's
Medical College & Hospital, Ahilyanagar-414111
Maharashtra.

Subject: Undertaking for Payment of Institutional Fees as per Approved Schedule

I, the undersigned,

- Full Name of Student: _____
- Date of Birth: _____
- Mobile Number: _____
- Email ID: _____
- Permanent Address: _____

and

I, the undersigned (Father / Mother / Legal Guardian of the student),

- Full Name: _____
- Relationship with Student: _____
- Mobile Number: _____
- PAN No. (if applicable): _____

1. That the above-named student has been admitted to the MBBS course/MD-MS Course at Dr Vithalrao Vikhe Patil Foundation's Medical College, Ahilyanagar a private unaided institution affiliated with Maharashtra University of Health Sciences, Nashik under _____ quota (e.g., Open / Institutional / NRI / Management) for the academic year _____.
2. That we fully understand that the fees Structure for Private Unaided Medical Colleges in Maharashtra is approved by the Fees Regulating Authority (FRA), Maharashtra and, we, agree to pay the same as applicable from time to time, including but not limited to:
 - Tuition Fees
 - Development Fees
 - Hostel Fees (if applicable)
 - Examination / University Fees
 - Any other applicable charges (as Notified)

Contd. On Page. 2

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3. That we agree to pay the above-mentioned fees on or before the due dates notified by the institution from time to time and understand that delay in payment may result in late fees, penalties or any other suitable administrative action.
4. That we understand and accept that fees once paid are non-refundable, except in accordance with the rules of the competent authority or as per the college's refund policy duly notified in advance.
5. I am fully aware that the aforesaid fees Paid by me is interim Tuition fees and are subject to revision at any time. In event of the fees being increased by the Fee Regulating Authority, Mumbai or Judicial Pronouncement, I hereby undertake to pay the difference amount of the fees within a period of 7 days from being notified.
6. That we further undertake not to seek cancellation of admission. However, in the event that cancellation becomes necessary after the cut-off date –
 - a. Due to non-eligibility declared by the competent authorities, owing to submission of incorrect documents or any other specified reason, or
 - b. Due to suspension or debarment of the candidate for wrong practices / malpractices in the college, as proved by the Investigating Committee or recommended by the affiliating university, or
 - c. Due to any personal reason/Health reason of the candidate,we shall be fully liable to pay the entire course fee as applicable, in accordance with the rules and guidelines published in the Admission Brochure / Prospectus and as per the directives of the competent authorities.
7. That in case of any default or non-compliance with the terms of this undertaking, the college shall be entitled to take appropriate action, including recovery of dues through legal means.

Date: / /20

Place: _____

Signature of Student

Name: _____

Signature of Parent / Guardian

Name: _____

Witnesses:

1. Name: _____ Signature: _____ Contact: _____

2. Name: _____ Signature: _____ Contact: _____

[Seal & Signature of Notary Public]
(With name, registration number, and date)

To be Notarized OR Affidavit from Tahsildar
(On Rs. 500.00 Stamp Paper in the name of student)
UNDERTAKING FOR ANTIRAGGING

I, -----, D/o. Mr.----- Age----- yrs,
R/o- -----

Have carefully read and fully understood the law prohibiting ragging and the directions of the Hon. Supreme Court and the Central/State Government in this regard. As per Maharashtra Prohibition of ragging act No. XXXIII of 1999, ragging within or outside of education institute is strictly prohibited.

DEFINITION OF RAGGING:

Ragging includes display of noisy, disorderly conduct, teasing, rough or rude treatment indulging in rowdy indiscipline an obscene activities which cause all or likely to cause annoyance under hardship, physical or psychological harm or mental trauma or raise apprehension or fear in a fresher or other students or forcing the students to do any act which such or danger to his or her lives or limb or indulging in eve teasing.

PROHIBITION OF RAGGING: Ragging within or outside the educational institute is strictly prohibited.

PENALTY FOR RAGGING: Whoever directly commits participates in abets or instigates ragging within or outside any educational institute shall be suspended expelled or rusticated from the institution shall also be liable to fine which may extend to Rs. 25000.00

THE PUNISHMENT ALSO INCLUDES: Cancellation of admission, suspension of attending classes, withholding/ withdrawing fellowship/scholarship and other financial benefits.

I have read the above and understand the meaning of ragging, consequences of ragging and punishment for it.

I promise that I shall not get involved directly or indirectly in any sort of ragging till such time, I am a bonafide- student of the previous college.

Signature of the Student

Signature of the Parent

Witness:

Date: / /2025

Place:

Annexure 'C'

पदवी, पदव्युत्तर पदवी प्रथम वर्ष अभ्यासक्रमास प्रवेश घेणाऱ्या सर्व मुला/मुलीकडून प्रवेशाच्या वेळी मतदार यादीमध्ये नाव नोंदणी करण्याच्या अनुषंगाने घ्यावयाचे प्रमाणपत्र/हमीपत्र.

मी _____,

अभ्यासक्रम: _____ महाविद्यालयाचे नाव: डॉ. विठ्ठलराव विखे

पाटील फाऊंडेशनचे वैद्यकीय महाविद्यालय, विळद घाट, अहिल्यानगर या महाविद्यालयात प्रथम

वर्षात प्रवेश घेतला असून मी दि.०१/०१/ _____ रोजी १८ वर्षाचा/वर्षाची झालो/झाले

आहे किंवा होणार. १८ वर्ष पूर्ण झाल्याबरोबर मी माझे नाव मतदार यादीत नोंदवुन घेणार आहे अशी मी प्रतिज्ञा करतो/करते.

स्वाक्षरी: _____

नाव: _____