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 STRUCTRE : POST GRADUATE (MD/MS) COURSE : AY 2025-26

PARTICULARS	STATE QUOTA (PER YEAR)	INSTITUTE QUOTA (PER YEAR)	15% NRI / AGAI. NRI QUOTA (PER YEAR)	MODE OF PAYMENT/ REMARKS
A. FOR REPORTING OF ADMISSION				
TUITION FEES				
MD-GEN. MEDICINE MD-DVL MD-PAEDIATRICS MD-RADIO DIAGNOSIS MS-GEN. SURGERY MS-ORTHOPAEDICS MS-OPHTHALMOLOGY MS-OB & GY	₹ 9,00,000	₹ 36,00,000	₹ 45,00,000	To be paid by Demand Draft/Per Year Quota-wise Tuition Fee is applicable as per Seat Matrix approved by STATE CET CELL/DMER, Mumbai
MD-ANAESTHESIOLOGY	₹ 9,00,000	₹ 36,00,000	₹ 36,00,000	
MD-PATHOLOGY	₹ 9,00,000	₹ 27,00,000	₹ 27,00,000	
If any seat Allotted Against 15 NRI% Quota, Tuition Fee were applicable as per Fee Regulating Authority, Mumbai Notice under reference, Notice/1058/2025, dated 31/07/2025 (PG Courses)				
B. OTHER FEES AT THE TIME OF RETENTION				
1. HOSTEL FEES PER YEAR (Excluding Mess charges)	₹ 1,10,000	₹ 1,10,000	₹ 1,10,000	Consolidated Demand Draft of ₹ 2,65,000/- (For First year) (B.2, B.3, B.4 to be paid ONE TIME) (B.1 to be paid per year)
2. SECURITY DEPOSIT (Refundable after Course completion)	₹ 50,000	₹ 50,000	₹ 50,000	
3. REGISTRATION & ELIGIBILITY (MUHS, Nashik, ARA, MUMBAI)	₹ 1,00,000	₹ 1,00,000	₹ 1,00,000	
4. STUDENT WELFARE & UNI. DEVELOPMENT FEE (MUHS, Nashik), NSS, DISASTER MANAGEMENT & INSURANCE FEE (Amartya Shiksha Yojana)	₹ 5,000	₹ 5,000	₹ 5,000	

IMPORTANT NOTES :

1) Tuition Fee is approved by Fee Regulating Authority, Mumbai for AY 2025-26.
2) Stipend shall be paid as per norms and policy.
3) Hostel Fees may change/vary as per avaibility of Hostels.
4) Demand Draft to be prepared in favor of "THE PRINCIPAL PDVVPF's MEDICAL COLLEGE" payable at AHILYANAGAR from Nationalised Bank Only.
5) Scan Copy of each Original document in separate pdf format as per check list to be submitted. (Size-150kb per document)
6) On submission of STATUS RETENTION, candidate has to deposit all other fees as mentioned in (B).

डॉ. विठ्ठलराव विखे पाटील फौंडेशनचे

वैद्यकीय महाविद्यालय व रुग्णालय, अहिल्यानगर

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

अहिल्यानगर - ४१४१११, दूरध्वनी : ०२४१ - २७७५७१७

शैक्षणिक शुल्क तक्ता : पदव्युत्तर पदवी अभ्यासक्रम : २०२५-२६

पदव्युत्तर पदवी विषय	राज्यस्तरीय प्रवर्ग (५०%)	व्यवस्थापन / संस्थात्मक प्रवर्ग (३५%)	अनिवासी भारतीय प्रवर्ग (१५%)	शुल्क अदा कसे करावे / शेरा
	प्रति वर्ष	प्रति वर्ष	प्रति वर्ष	
अ. प्रवेश नोंद करणेसाठी भरावयाचे शुल्क :				
शैक्षणिक शुल्क				
एम डी - औषधवैद्यकशास्त्र एम डी - त्वचा व गुप्तरोगशास्त्र एम डी - बालरोग चिकित्साशास्त्र एम डी - क्ष-किरणशास्त्र एम एस - शल्यचिकीत्साशास्त्र एम एस - अस्थिव्यंगोपचारशास्त्र एम एस - नेत्रशल्यचिकीत्साशास्त्र एम एस - स्त्रीरोग व प्रसूति शास्त्र	रु. १,००,०००	रु. ३६,००,०००	रु. ४५,००,०००	**धनाकर्ष / प्रती वर्ष** मा. राज्य सामायिक परीक्षा कक्ष / संचालनालय, वैद्यकीय शिक्षण व संशोधन यांचे मार्फत मंजूर जागांचे वर्गीकरनानुसार प्रवर्गनिहाय शैक्षणिक शिक्षण शुल्क लागू असेल.
एम डी - बधिरीकरणशास्त्र	रु. १,००,०००	रु. ३६,००,०००	रु. ३६,००,०००	
एम डी - शरिरविकृतीशास्त्र	रु. १,००,०००	रु. २७,००,०००	रु. २७,००,०००	
रिक्त राहिलेल्या अनिवासी भारतीय प्रवर्ग (१५%) जांगावर मा. शुल्क नियामक प्राधिकरण, मुंबई यांचे संकेत स्थळावर प्रदर्शित पत्रानुसार, सुचना/१०५८/२०२५, दि. ३१/०७/२०२५ नुसार शैक्षणिक शुल्क लागु असेल. (पदव्युत्तर पदवी अभ्यासक्रम)				
ब. प्रवेश निच्छित करणेसाठी भरावयाचे शुल्क :				
१. वस्तीगृह शुल्क (जेवण वगळून)	रु. १,१०,०००	रु. १,१०,०००	रु. १,१०,०००	एकत्रित धनाकर्ष रक्कम २,६५,०००/- (प्रथम वर्षाकरिता) (ब. २,३,४ प्रवेश निच्छित करतेवेळी पुर्ण अदा करावे लागेल) {ब.१ - वस्तीगृह शुल्क (जेवण वगळून) प्रतीवर्षासाठी लागू राहील}
२. अनामत रक्कम (अभ्यासक्रम पूर्ण झालेनंतर परतावा)	रु. ५०,०००	रु. ५०,०००	रु. ५०,०००	
३. नोंदणी व पात्रता शुल्क (म.आ.वि.वि., प्र.नि.प्रा. मुंबई)	रु. १,००,०००	रु. १,००,०००	रु. १,००,०००	
४. विद्यार्थी कल्याण निधी, विद्यापीठ विकास शुल्क, राष्ट्रीय सेवा योजना शुल्क, आपत्कालीन निधी व विमा संरक्षण अभ्यासक्रम पूर्ण होईपर्यंत - (पालंकासाठी)	रु. ५,०००	रु. ५,०००	रु. ५,०००	

महत्वाची सुचना :

१. पदव्युत्तर पदवी अभ्यासक्रमाचे शै. वर्ष २०२५-२६ साठी शैक्षणिक शुल्क मा. शुल्क नियामक प्राधिकरण, मुंबई यांचेकडून मंजूर आहे.

२. पदव्युत्तर पदवी अभ्यासक्रमासाठी विद्यावेतन संस्थेच्या नियमानुसार अदा करण्यात येईल.,

३. वस्तीगृह इमारत तसेच वस्तीगृह शुल्कामध्ये गरजेनुसार बदल होऊ शकतो.

४. राष्ट्रीयकृत बँकेचा धनाकर्ष **"THE PRINCIPAL PDVVPF's MEDICAL COLLEGE"** PAYABLE AT **"AHILYANAGAR"** या नावाने महाविद्यालयात सपूर्द करावा.

५. सर्व मूळ प्रमाणपत्र व्यवस्थित सुस्पष्ट दिसतील असे स्कॅन करून (साइज 150 केबी) यादीप्रमाणे पेनड्राइव मध्ये प्रवेश नोंद/निश्चित घेतेवेळी महाविद्यालयात जमा करणे बंधनकारक असेल.

६. महाविद्यालयात पदव्युत्तर पदवी अभ्यासक्रम प्रवेश निश्चित करणेसाठी शैक्षणिक शुल्काव्यतिरिक्त वरीलप्रमाणे इतर शुल्क अदा करावे लागेल. (प्रथम वर्षाकरिता, तक्त्यातील “ब” प्रमाणे)

DR. VITHALRAO VIKHE PATIL FOUNDATION's MEDICAL COLLEGE, AHMEDNAGAR

FIRST YEAR POST GRADUATE ADMISSION AY 2025-26

(Ist YEAR MD/MS COURSE ONLY) **ANNEXURE-1**

CHECK LIST FOR ORIGINAL DOCUMENTS TO BE SUBMITTED AT THE TIME OF ADMISSION Scan Copy of Each Original Document in PDF & JPG Format in pen drive (Size 150kb)

S.N.	Particulars of Documents	Original
01	Allotment Letter (PG NEET-2025)	Yes/No
02	PG NEET 2025 Mark-Sheet	Yes/No
03	Nationality/ Valid Passport, Domicile Certificate	Yes/No
04	Xth Passing Certificate	Yes/No
05	MBBS Degree Certificate/ Passing **(If Fresh)**	Yes/No
06	MBBS Mark sheet I, II, III (Part I & II)	Yes/No
07	Internship Completion Certificate	Yes/No
08	Permanent Registration Certificate from the Central / State Council	Yes/No
09	Caste Certificate (If applicable)	Yes/No
10	Caste Validity Certificate (If applicable)	Yes/No
11	Non-Creamy Layer Certificate Valid up to 31.03.2026 (If applicable)	Yes/No
12	OBC/SEBC Category Candidate does not possess Caste Validity Certificate (Undertaking to be submitted on 500/- Stamp paper as per Notice)	Yes/No
13	College Leaving / Transfer Certificate (LC/TC)	Yes/No
14	Attempt Certificate duly signed by Head of the parent Institute.	Yes/No
15	NMC Recognition Certificate	Yes/No
16	Medical Fitness Certificate	Yes/No
17	Migration Certificate (Non-MUHS Student only)	Yes/No
18	Gap Affidavit (if applicable on Rs. 100/- Stamp Paper)	Yes/No
19	Bond Release Letter **OR** as per NEET PG 2025 Info. Brochure 8.13 (Annexure-BB) in accordance of Annexure-P	Yes/No
20	Undertaking for Tuition Fee (on Rs.100/-stamp paper)	Yes/No
21	Undertaking for Anti-Ragging (on Rs.100/-stamp paper)	Yes/No
22	a. Online downloaded Application form for State NEET-PG 2025 b. NEET - PG 2025 Exam Admit-Card c. Application form for NEET–PG 2025 for Entrance Exam	Color Print
23	Photo ID Proof (Aadhar Card, Pan Card, Voter ID/Annexure-C)	Color Print
24	Ten Passport Size Photograph	-----

Note: 1. NRI Quota Allotted candidate has to submit above requisite documents along-with all NRI Documents as per State CET Cell, Mumbai, Information Brochure NEET PG – 2025.

2. In addition 03 sets of attested Xerox Copies to be submitted.

(Annexure-JJ)

(As per NEET PG 2025 Info. Brochure Ref. Para No. 8.13)

(On Plain Paper)

UNDERTAKING

I Dr._____ have completed my UG from _____ College,

which is Government /Government Aided/ Corporation Medical College and completed my internship on _____. I have appeared for NEET PG-2025 and my Roll No. is _____ and AIR is _____.

I hereby state that this is my 1st/2nd attempt for the counselling and as per NEET-PG-2025 information brochure **para 8.13.** I am eligible for NEET-PG-2025 State Counselling without bond release certificate for 2 years. Hence, I am eligible for NEET-PG-2025 State Counselling without bond release certificate for the year 2025-26.

Name of Candidate: _____

Signature of Candidate: _____

Date: / /2025

To be Notarized OR Affidavit from Tahsildar

ANNEXURE-A

TO BE PRINTED ON Rs. 100 STAMP PAPER ON STUDENTS NAME

GAP AFFIDAVIT

I, _____ **S/D/o** _____

Age-_____Years an Indian Inhabitant

Residing_____

_____ do hereby state on solemn affirmation as under:

That I have passed MBBS Course 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 - 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:

To be Notarized OR Affidavit from Tahsildar

ANNEXURE-B

UNDERTAKING FOR PAYMENT OF FEES

(To be submitted by the student and parent/guardian on a 100₹ non-judicial Stamp paper duly notarized)

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

Subject: - Undertaking for Payment of Institutional Fees as per Approved Schedule
I, the undersigned,

- Full Name of Student: _____
- Date of Birth: _____
- AADHAR No.: _____
- Mobile Number: +91 _____
- Email ID: _____
- Permanent Address: _____

  _____Pin:_____

  And
  I, the undersigned (Father/Mother/ Legal Guardian of the student),
- Full Name: _____
- Relationship with Student: _____
- Mobile Number:+91 _____
- 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 /Reservation/Institutional /NRI) for the AY 20 -20

2. That we fully understand that the fees Structure for Private Unaided Medical Colleges in Maharashtra is Approved by the Fees Regulating Authority, Mumbai (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)

Continued on Page 02…

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. 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.

6. 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: _____

1. Name: _____ Signature_____ Contact: _____

[Seal & Signature of Notary Public]
(With Name, Registration Number, and Date)

ANNEXURE-C

(On Rs. 500.00 Stamp Paper in the name of student)

UNDERTAKING

I, _____, **S/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 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 नमूना

मी _____,

अभ्यासक्रम: _____ महाविद्यालयाचे नाव: **डॉ. विठ्ठलराव विखे पाटील फाऊंडेशनचे वैद्यकीय महाविद्यालय, विळद घाट, अहमदनगर** या महाविद्यालयात प्रथम वर्षात प्रवेश घेतला असून मी दि.०१/०१/ _____ रोजी १८ वर्षाचा/वर्षाची झालो/झाले आहे किवा होणार. १८ वर्ष पूर्ण झाल्याबरोबर मी माझे नाव मतदार यादीत नोंदवुन घेणार आहे अशी मी प्रतिज्ञा करतो/करते.

स्वाक्षरी: _____

नाव: _____