

D.M.M. Ayurved Mahavidyalaya, Yavatmal
Document List for Admission 1st B.A.M.S. 2025-26
Mo.No. 9420353971

All India Quota

1st Set of Originals Document & One set of attested photocopies

- 1. Passport Size Photo**
- 2. Provisional Allotment Letter, Selection list**
- 3. Admit Card**
- 4. Rank letter, Allotment Letter**
- 5. 12th Mark Sheet**
- 6. 10th Certificate and Date of Birth Certificate(if 10th Certificate does not bear the same)**
- 7. 12th Certificate/Provisional 12th Certificate**
- 8. Nationality certificate**
- 9. Domicile Certificate**
- 10. EWS Certificate(if applicable)**
- 11. Caste Certificate (central)**
- 12. Caste Validity Certificate(if applicable)**
- 13. Non Creamy layer Certificate valid upto 31/03/2026 (For VJ, NT1, NT2, NT3, SEBC & OBC (if applicable))**
- 14. Aadhar Card**
- 15. Transfer certificate(TC)**
- 16. Gap Certificate**
- 17. Migration Certificate**
- 18. Medical fitness certificate (Annexure - H)**
- 19. Copy of Candidate Profile Online Application form, Confirmation page**
- 20. PwD certificate (if applicable)**
- 21. All Original documents along with Scan Copy up to 500 KB in PEN DRIVE (only PDF scan all documents separatly)**

**College Fee : Nationalise Bank Demand Draft in
favour of - Principal D.M.M. Ayurved
Mahavidyalaya, Yavatmal payable
At Yavatmal.= Rs. 1,12,200/-**

(if admission conformed - DD of Rs. 797/- National Insurance CO.LTD.payable at Kolhapur

Dispatch No:

FORMAT FOR CERTIFICATE OF NATIONALITY

It is here by certified that Shri / Smt / Kum. _____
(Block Letters) (Underline the Surname)
of Village / Town / City _____ was born on _____ Day
of _____ in the Year One Thousand Nine hundred and _____ at
_____ of Taluka _____
Dist. _____ in the State of _____ within the
territory of India **and he / she is a CITIZEN OF INDIA.**

Particulars of Proof submitted:

- a) Answers given by the applicant on the form of questionnaire prescribed.
- b) Birth / Baptism / Matriculation / School Leaving or like Certificate issued by Head Master / Mistress / Principal of _____
- c) Affidavit or Declaration of _____
- d) A Domicile certificate issued by the _____
under No. _____ dated _____
- e) Other proofs _____

Place:

Additional District Magistrate

(Place) _____

Dated:

(Round Court seal)

English / Hindi/ Marathi version of the above certificate is only valid

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** or on this format with original seal and signature.

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

1.
2.
3.

Address of the Registered Medical Practitioner Date:	Signature
	Name
	Registration No.
	Seal of Registered Medical Practitioner