



## महाराष्ट्र शासन

स्वामी रामनंद तिर्थ ग्रामीण शासकीय वैद्यकीय महाविद्यालय व रुग्णालय, अंबाजोगाई.

(अधिष्ठाता यांचे कार्यालय)

दुरध्वनी क्रमांक ०२४४६-२४७०६०

फॅक्स क्रमांक ०२४४६-२४७१३२, २४८४७२

जा.क्र.शावैमरुअं/आस्था-२/

/२३

दिनांक / /२०२३

Name of Student :-

Mobile No. :-

Category :-

The preference for selection of the candidate will be given in descending order as below :-

- 1) The candidates having post Graduation (PG) and Graduation SRTRGMC Ambajogai . ( )
- 2) The Candidate having Graduation from SRTRGMC and Post Graduation at from Govt. Medical College ( )
- 3) MBBS from SRTRGMC/ other Govt. & PG from Private college ( )
- 4) MBBS from SRTR medical college . ( )
- 5) PG & MBBS from other govt. college ( )
- 6) MBBS from private medical college. PG from govt. medical college. ( )
- 7) MBBS & PG from private medical college . ( )
- 8) The candidates who have passed MBBS from the Govt. Medical College Aurangabad /Nanded and Latur.( )
- 9) The candidates who have passed MBBS from Govt. Medical Colleges in Maharashtra ( )
- 10) The candidates who have passed MBBS from Corporation Medical colleges in Maharashtra ( )
- 11) The candidates who have passed MBBS from Pvt. Medical Colleges in Maharashtra ( )
- 12) The candidates who have passed the MBBS from any statutory University in India / aboard ( )

Student

Scrutiny

Sir No	Certificate	Yes /No	Yes /No
1	<b>Experience Certificate</b>		
2	Marks memo ( First to Final MBBS),		
3	Attempt Certificate		
4	MMC or ( MCI Registration)		
5	Birth date certificate /SSC passing Cert./T.C./		
6	Nationality or Domicile certificate		
7	Passing certificate		
8	Internship Completion certificate		
9	Caste Certificate		
10	Caste Validity		
11	Non-creamy layer Certificate		
12	Aadhar Card		
13	Bonded		
14			
	Total		

Student Signature

Name & Signature of Scrutiny Officer

Remark of Scrutiny Officer :