

**GOVERNMENT AYURVED COLLEGE,
BARAMATI, DIST- PUNE (MH)
BAMS UG ADMISSION PROCESS 2023-24**

1.TABLE 1 - RECEPTION AND ENQUIRY



2.TABLE 2 -DOCUMENT VERIFICATION -SCRUTINY 1 AND 2



3.TABLE 3- DOCUMENT VERIFICATION – NODAL OFFICER



4.TABLE 4 - ONLINE VERIFICATION



**5.TABLE 5 - FEES AND ACCOUNTS DEPARTMENT (SUBMISSION
OF ORIGINAL DOCUMENT + 3 SET OF ATTESTED PHOTOCOPY)**



6. TABLE 6 – ADMISSION AND CONFIRMATION RECEIPT

**Contact number for Admission inquiry
Dr Prashant Sali - 9422188295
Mr Indrajit Jarwal - 9673643215**



अधिष्ठाता यांचे कार्यालय,
शासकीय आयुर्वेद महाविद्यालय, बारामती, पुणे.
(शिवनगर विद्या प्रसारक मंडळ गावार, माळेगांव (बु), ता. बारामती जि. पुणे.) ४१३११५

**OFFICE OF THE DEAN,
GOVERNMENT AYURVED COLLEGE BARAMATI, PUNE.**

Email ID - gacbaramati@gmail.com

Contact No. 9822961494

जा.क्र.शाआमवरुबा/९४० /२०२३,

दिनांक:- ३१/०८/२०२३.

**Fees Structure for B.A.M.S. students (All India Quota) Admitted for
Academic Year 2023-2024**

अ.क्र.	तपशिल	रक्कम
१	Two separate Demand Drafts from Nationalised Bank in favour of "Dean, Government Ayurved College, Baramati, Dist. Pune (Demand Draft "Payable at Baramati)	Rs. 11,000/-
		Rs. 47,500/-
२	One Separate Demand Draft from Nationalised Bank for Amartya Insurance Policy in favour of "National Insurance Co. Ltd." (Payable at Kolhapur)	Rs. 797/-

अ.क्र.	शुल्काचा तपशिल	शुल्क दराची रक्कम
1	Admission Fees (One time)	Rs. 1,500/-
2	Tution Fee (Per year)	Rs. 47,500/-
3	Development Fees (Per year)	Rs. 3,000/-
4	Gymkhana Fees (Per year)	Rs. 500/-
5	Library Fees (Per year)	Rs. 1,000/-
6	Deposit College One time (Refundable)	Rs. 3,000/-
7	Deposit Library One time (Refundable)	Rs. 2,000/-
		Rs. 58,500/-

All India Quota

(Vd. Anil B. Kale)
Dean
Govt. Ayurved College,
Baramati, Pune.

**Contact number for Admission inquiry
Dr Prashant Sali - 9422188295
Mr Indrajit Jarwal - 9673643215**



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शासकीय आयुर्वेद महाविद्यालय, बारामती, पुणे.
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**OFFICE OF THE DEAN,
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Email ID - gacbaramati@gmail.com

Contact No. 9822961494

जा.क्र.शाआमवरुबा/९३९/२०२३,

दिनांक:- ३१/०८/२०२३.

प्रथम बी.ए.एम.एस. पदवी अभ्यासक्रम शैक्षणिक वर्ष २०२३-२०२४ साठी प्रवेश
घेणाऱ्या विद्यार्थ्यांसाठी फिस संरचना.

खुल्या प्रवर्गातील ज्या पालकांचे वार्षिक उत्पन्न रु. ८,००,०००/- पेक्षा जास्त आहे,
अशा विद्यार्थ्यांनी खालील प्रमाणे फिसचे डि.डि. सादर करावेत.

अ.क्र.	तपशिल	रक्कम
१	"Dean, Government Ayurved College, Baramati, Dist. Pune (Payable at Baramati) यांचे नावे राष्ट्रीयकृत बँकेचे दोन स्वतंत्र डिमांड ड्राफ्ट	Rs. 11,000/- Rs. 47,500/-
२	अमर्त्य विमा पॉलीसी शुल्क "National Insurance Co. Ltd." (Payable at Kolhapur) यांचे नावे स्वतंत्र डिमांड ड्राफ्ट	Rs. 797/-
टिप:- उपरोक्त तिनही डिमांड ड्राफ्ट राष्ट्रीयकृत बँकेचे व स्वतंत्रपणे वेगवेगळे द्यावेत.		

अ.क्र.	शुल्काचा तपशिल	शुल्क दराची रक्कम
१	प्रवेश शुल्क	Rs. 1,500/-
२	प्रथम वर्ष सत्र शुल्क	Rs. 47,500/-
३	विकास निधी शुल्क	Rs. 3,000/-
४	जिमखाना शुल्क	Rs. 500/-
५	ग्रंथालय शुल्क	Rs. 1,000/-
६	अनामत रक्कम	Rs. 3,000/-
७	ग्रंथालय अनामत रक्कम	Rs. 2,000/-
	एकुण रक्कम	Rs. 58,500/-

For STATE Quota

Prashant Sali

(वैद्य अनिल भि. काळे)
अधिष्ठाता
शासकीय आयुर्वेद महाविद्यालय,
बारामती, पुणे.

**Contact number for Admission inquiry
Dr Prashant Sali - 9422188295
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(शिवनगर विद्या प्रसारक मंडळ आवार, माळेगांव (बु), ता. बारामती जि. पुणे.) ४१३११५

OFFICE OF THE DEAN,
GOVERNMENT AYURVED COLLEGE BARAMATI, PUNE.

Email ID - gacbaramati@gmail.com

Contact No. 9822961494

जा.क्र.शाआमवरुबा/९४१/२०२३,

दिनांक:- ३१/०८/२०२३.

प्रथम बी.ए.एम.एस. पदवी अभ्यासक्रम शैक्षणिक वर्ष २०२३-२०२४ साठी प्रवेश घेणाऱ्या विद्यार्थ्यांसाठी फिस संरचना.

खुल्या प्रवर्गातील ज्या पालकांचे वार्षिक उत्पन्न रु. ८,००,०००/- पेक्षा कमी आहे, अशा ज्यांना ईबीसी EBC /ईसीबीसी ECBC /ईडब्ल्युएस EWS सवलतीस पात्र विद्यार्थ्यांनी खालील प्रमाणे फिसचे डि.डि. सादर करावेत.

अ.क्र.	तपशिल	रक्कम
१	"Dean, Government Ayurved College, Baramati, Dist. Pune (Payable at Baramati) यांचे नावे राष्ट्रीयकृत बँकेचे दोन स्वतंत्र डिमांड ड्राफ्ट	Rs. 11,000/- Rs. 23,750/-
२	अमर्त्य विमा पॉलीसी शुल्क "National Insurance Co. Ltd." (Payable at Kolhapur) यांचे नावे स्वतंत्र डिमांड ड्राफ्ट	Rs. 797/-
टिप:- उपरोक्त तिनही डिमांड ड्राफ्ट राष्ट्रीयकृत बँकेचे व स्वतंत्रपणे वेगवेगळे द्यावेत.		

अ.क्र.	शुल्काचा तपशिल	शुल्क दराची रक्कम
१	प्रवेश शुल्क	Rs. 1,500/-
२	प्रथम वर्ष सत्र शुल्क	Rs. 23,750/-
३	विकास निधी शुल्क	Rs. 3,000/-
४	जिमखाना शुल्क	Rs. 500/-
५	ग्रंथालय शुल्क	Rs. 1,000/-
६	अनामत रक्कम	Rs. 3,000/-
७	ग्रंथालय अनामत रक्कम	Rs. 2,000/-
	एकुण रक्कम	Rs. 34,750/-

For STATE Quota

Anil Bhi. Kalle

(वैद्य अनिल भि. काळे)

अधिष्ठाता

शासकीय आयुर्वेद महाविद्यालय,
बारामती, पुणे.

Contact number for Admission inquiry
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शासकीय आयुर्वेद महाविद्यालय, बारामती, पुणे.
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OFFICE OF THE DEAN,
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जा.क्र.शाआमवरुबा/ ९४२ /२०२३,

दिनांक:- ३१/०८/२०२३.

प्रथम बी.ए.एम.एस. पदवी अभ्यासक्रम शैक्षणिक वर्ष २०२३-२०२४ साठी प्रवेश
घेणाऱ्या विद्यार्थ्यांसाठी फिस संरचना.

राखीव प्रवर्गातील विद्यार्थ्यांनी खालील प्रमाणे फिसचे डि.डि. सादर करावेत.

SC / ST / VJNT / OBC

अ.क्र.	तपशिल	रक्कम
१	"Dean, Government Ayurved College, Baramati, Dist. Pune (Payable at Baramati) (Nationalised Bank Demand Draft)	Rs. 11,000/-
२	अमर्त्य विमा पॉलीसी शुल्क "National Insurance Co. Ltd." (Payable at Kolhapur) यांचे नांवे स्वतंत्र डिमांड ड्राफ्ट	Rs. 797/-
टिप:- उपरोक्त दोनही डिमांड ड्राफ्ट राष्ट्रीयकृत बँकेचे व स्वतंत्रपणे वेगवेगळे द्यावेत.		

अ.क्र.	शुल्काचा तपशिल	शुल्क दराची रक्कम
१	प्रवेश शुल्क	Rs. 1,500/-
२	विकास निधी शुल्क	Rs. 3,000/-
३	जिमखाना शुल्क	Rs. 500/-
४	ग्रंथालय शुल्क	Rs. 1,000/-
५	अनामत रक्कम	Rs. 3,000/-
६	ग्रंथालय अनामत रक्कम	Rs. 2,000/-
	एकुण रक्कम	Rs. 11,000/-

For STATE Quota

Anil Bhi. Kade

(वैद्य अनिल भि. काळे)
अधिष्ठाता
शासकीय आयुर्वेद महाविद्यालय,
बारामती, पुणे.

Contact number for Admission inquiry
Dr Prashant Sali - 9422188295
Mr Indrajit Jarwal - 9673643215

GOVERNMENT OF MAHARASHTRA
GOVERNMENT AYURVED COLLEGE BARAMATI, PUNE

APPLICATION FOR ADMISSION TO B.A.M.S 1 St YEAR 2023-24

Quata : Reserved / Unreserved

Special Reservation : D1/D2/D3/PH/HILLY/MKB/ORPHAN/EWS

Date: / /2023

First Name

Middle Name

Last Name

- 1) Student Full Name (Capital) :-
- देवनागरी लिपी (मराठीत नाव) :-
- 2) Father Full Name :-
- 3) Mother Full Name :-
- 4) H.S.C. College Name :-
- 5) Board Name :-
- 6) Address for Correspondence :-

Photo

Mobile No (Whatsaap No) Email Id.....

Mobile No (Parents)

7) Permanent Address :-

8) Date of Birth: - :-DD/MM/YY:-

9) Place of Birth: - :-

10) Nationality: - :-

11) Married/ Unmarried :-

12) Whether-GEN/ SC/ST/NT/DTNT/OBC/SBC/D-1:-

13) Father/Guardians Occupation :-

14) Guardians Yearly Income :-

15) Student Blood Group: -

16) Voted ID No..... 17) Adhar No-.....

18) Particulars Regarding College Education

Exam Name	Boards & University Name	Year of Passing	Class	No.of Attempt	Obtained Marks	Total Marks	% of Marks	For Off.Use
S.S.C.								
H.S.C.								
NEET 2023								

H.S.C Mark

Physics	Chemistry	Biology	English	PCB Total	PCBE Total

Instruction to the Applicant

1. All the details in the application forms should be properly filled
2. Incomplete application will not be considered.
3. Certified true copies which are required should be attached

Student Sign

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 / BSc Nursing. **(Strike, which is not applicable):**

1.
2.
3.

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

ANNEXURE - J **Status Retention Form**

(To be sent to Competent Authority by the college)

Candidate's Name : _____ All India Neet Rank _____
 Category : _____ NEET UG Roll.No. : _____ Region Code : _____
 Address : _____
 _____ Pin Code: _____ Phone No. _____

To
 The Competent Authority,
 NEET UG 2023, Mumbai.

Sir/Madam,
 I, Mr./Miss _____ wish to retain the seat allotted

 (Name of Candidate)
 to me at _____

 (Name of the College)
 for _____ Course in Health Sciences for the academic year 2023-24.

 (Name of the course)

Declaration

I am fully aware that after filling this **Status Retention Form** that I will not be considered for any subsequent rounds of selection process for the year 2023-24. I also declare that I will not ask for reconsideration of my name for further selection process.

Date : _____
 Place : _____ Signature of Candidate .

Signature of Parent/Guardian _____ Signature of Dean /Principal (with seal)
 (Cut here) - - - - -
 (To be retained by the College)

To
 The Competent Authority,
 NEET UG 2023, Mumbai.

Sir/Madam,
 Mr./Miss _____ (All India NEET Rank. _____) wish to retain the

 (Name of Candidate)
 seat allotted to me at _____

 (Name of the College)
 for _____ Course in Health Sciences for the academic year 2023-24.

 (Name of the course)

Declaration

I am fully aware that after filling this **Status Retention Form** that I will not be considered for any subsequent rounds of selection process for the year 2023-24. I also declare that I will not ask for reconsideration of my name for further selection process.

Date : _____
 Place : _____ Signature of Candidate

Signature of Parent/Guardian _____ Signature of Dean /Principal (with seal)

PROFORMA
(For Def-1, Def-2 Candidates)
CERTIFICATE

This is to certify that Shri. / Smt.
(Full Name of the Employee with Rank of the employee)

is / has been a member of Defence Forces of India. He / She has put in years of service in Indian Army / Indian Navy / Indian Air Force from to and is currently working / retired from services on / permanently disabled since / killed in action on

This certificate is issued for the purpose of his / her son / daughter / spouses' admission to First Year in Health Science Courses for the academic year 2023-2024.

Date :
Place :

(Signature)
Name and Designation of the Authority
(who is authorized to issue such certificate) /
District Sainik Welfare Officer

Seal of the Office

Note: This proforma is not valid for civilian staff working in the Indian Army, Navy & Air Force.

PROFORMA
(For Def-3 Candidates)

(For son/daughter/spouse of Active defence service personnel domiciled in other than Maharashtra State)

CERTIFICATE

This is to certify that Shri. / Smt. is a member of
(Full Name of the Employee with Rank of the employee)

Defence Forces of India, and is currently working in Indian Army / Indian Navy / Indian Air Force.

Shri / Smt. is transferred to
(Place of posting)

in Maharashtra State vide transfer order No. Date

He / She has joined duty in Maharashtra on and is currently working in the same post.
(Date of Joining)

This certificate is issued for the purpose of his / her son / daughter/spouse admission to First Year in Health Science Courses for the academic year 2023-2024.

Date :
Place :

(Signature)
Name and Designation of the Authority
(who is authorized to issue such certificate)

Seal of the Office

Note: This proforma is not valid for civilian staff working in the Indian Army, Navy & Air Force.

Appendix-VIII-A

CERTIFICATE OF DISABILITY
(As per Gazette Notification No. MCI-18(1)/2018-Med/187262 dated 5th Feb 2019/13th May
2019 for Admission to Medical Courses in All India Quota)

Recent Passport
size Photograph of
the candidate
(same as given in
the online
Application Form)
duly attested by the
issuing authority

Certificate No. _____ Dated _____

Name of the Designated Centre (as per Appendix-VIII-B): _____

This is to certify that Dr. /Mr. /Ms. _____

Age: _____ Years Son/Daughter of Mr. _____

R/o _____

NEET Application No. _____ NEET Roll No. _____ Rank No. _____

_____ has the following Disability (Name of the Specified Disability) _____ in

(percentage) of _____ (in words) _____ (in

Figures).

* Please tick on the "Specified Disability"

[Assessment to be done in accordance with the Gazette Notification No. 5.076 (E) dated 4th January 2018 of the Department of Empowerment of Person with Disability (Divyangjan), Ministry of Social Justice & Empowerment] :

S/No.	Disability Type	Type of Disability	Specified Disability
1.	Physical Disability	A. Locomotor Disability* B. Visual Impairment* C. Hearing Impairment* D. Speech & Language Disability	a. Leprosy cured person, b. Cerebral Palsy, c. Dwarfism, d. Muscular Dystrophy, e. Acid attack Victims, f. other such as Amputation, Polio/myelitis i. Blindness ii. Low Vision iii. Deaf iv. Hard of hearing v. Organic/Neurological causes
2.	Intellectual Disability		a. Specific Learning Disabilities (Perceptual disabilities, Dyslexia, Dysgraphia, Dyscalculia, Dyspraxia & Development Aphasia b. Autism Spectrum Disorders
3.	Mental Behaviour		a. Mental Illness
4.	Disability caused due to	a. Chronic Neurological Conditions b. Blood Disorders	I. Multiple Sclerosis II. Parkinson's disease I. Haemophilia, II. Thalassemia, III. Sickle Cell Disease
5.	Multiple Disability including Deaf-Blindness		More than one of the above-specified disabilities

* Conclusion: He/She is Eligible/Not Eligible for admission in Medical/Dental courses as per the aforesaid Gazette Notification(s) subject to his being otherwise medically fit.

◆ Functional competency with the aid of Assistive devices in case of Locomotor*/Visual*/Hearing* Impairment, if any

Sign. & Name _____
(Concerned Specialist)

Sign. & Name _____
(Concerned Specialist)

Sign. & Name _____
(Concerned Specialist)

ANNEXURE- X
PROFORMA FOR CANCELLATION OF ADMISSION
 (To be filled in duplicate)

To,
 The Dean / Principal,

Subject: Cancellation of Admission.

Respected Sir,

I, Mr./Ms.
 SML No. was admitted to
 course, at
 college on
 (date) under category.

Now I wish to cancel my admission since

- 1) I have secured admission through another Competent Authority for Engineering/
 Architecture / Agriculture / Any other course
- 2) I wish to cancel it for personal reason/s.

I hereby request you kindly return my original documents and the amount of fees that I am entitled for, as per rules.

Thanking you,

Yours faithfully,

(Signature of Candidate)

Name & Address of candidate
Pin Code
Tel. No.

For Office use only: Amount Paid Rs. Amount deducted Rs. Amount refunded Rs. Cheque No. & date Bank particulars

Enclosure : Photocopy of selection letter from another Competent Authority (if applicable)