

॥ जय गुरु गणेश ॥

॥ श्री महावीराय नमः ॥
॥ दक्षिण केशरी जय गुरु मिश्री ॥

॥ जय गुरु सम्पत ॥



Shri Guru Ganesh Sthanakwasi Jain Shikshan Samiti's
**DAKSHIN KESARI MUNI MISHRILALJI (DKMM)
HOMOEOPATHIC MEDICAL COLLEGE & HOSPITAL**

ShriGuruGaneshNagar, BehindBiBi-Maqbara, Chh.SambhajiNagar(Maharashtra)-431004

Phone: (0240)-2401051, 2400512 (Hospital) 2400095.

Email: dkmmhmc1989@gmail.com. Web: http://www.dkmmhomoeocollege.com



Dr. Samuel Hahnemann

N.Tarachand Dugar President 9383009900	R.J.Anandmul Challani Secretary 9841030035	Omprakash Pokarna Chairman College Committee 9422172000	Adv. Deelip Khivesara Co-Chairman Committee 9421671050	Dr. Shalini R. Ankushe Principal 9421671050	Dr. Sneha Wagh Vice-Principal 8379845227
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RECOGNIZED & DECLARED MINORITY EDUCATIONAL INSTITUTION BY STATE GOVT.

NOTICE

The admission process for the students who admitted for the State / AIQ / IQ Quota Round for the year 2025-26 of P.G. Homoeopathy.

- 1) Kindly deposit Rs. 1500/- in Account Department and take Prospectus & Admission form.
- 2) Student should fill the complete application form and submit it to Admission Committee along with One set of Original and Three Sets of Photocopy (Xerox) in the sequence mentioned in Admission Form / Brochure / Prospectus.
- 3) Student should draw the D.D. of any nationalized bank of respective amount in infavour of "Principal, DKMM Homoeopathic Medical College PG Regular."
- 4) Hostel accommodation / Mess Charges Rs. 70,000/- (per annum)
- 5) Students are advised to "SCAN" all listed original documents in PDF format, except Photo & Signature in Jpg. Format. Each Documents should SCAN separately in **Pen drive**.
- 6) The undertaking should be notarized on bond paper of Rs. 100/-


Principal
PRINCIPAL
D.K.M.M. HOMOEOPATHIC
MEDICAL COLLEGE
AURANGABAD - 431 004

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FEES STRUCTURE FOR PART – I YEAR M.D. (HOM) 2025-26

Requirement of Fees amount & original documents for admission of
M.D. Part – I M.D. (Hom) Course are as under

Sr. No.	Category	College Fees	Development Fees	Total
1	Open/EWS– (Male/Female)	Rs. 57622 (1 Year Fees)	Rs. 5878/- (1 Year Fees)	Rs. 57622 + Rs. 5878 = Rs. 63500
2	OBC/SEBC/VJNT (Income less than 8 Lakh) Female only	One Year Fees Rs. 57,622/- (Sch.Rs. 57622/-100% of one-year Tuition fees if apply online Mahadbtform)	Rs. 5878/- (1 Year Fees)	Rs. 5878
3	OBC/SEBC - Male	One Year Fees Rs. 57,622/- (Sch.Rs.28811/-50% of one-year Tuition fees if apply online Mahadbtform) 57622-28811 = 28811/-	Rs. 5878/- (1 Year Fees)	Rs. 28811 + Rs. 5878 = Rs. 34689
5	VJNT/SBC- Male	One Year Fees Rs. 57,622/- (Sch.Rs. 57622/-100% of one-year Tuition fees if apply online Mahadbtform)	Rs. 5878/- (1 Year Fees)	Rs. 5878
6	SC/ST- Male/Female	One Year Fees Rs.63,500/- (Sch.Rs. 63500/- of one- year fees if apply online Mahadbtform)	-----	Nil

Please pay Fees in the Form of DD / Pay Order with name of:

“Principal, DKMM Homoeopathic Medical College PG Regular.”

Note :

- 1) Any changes from the Competent Authority in the Fees Structure (A.Y. – 2025-26) has to be borne by the candidate securing admission for 2025-26.
- 2) MUHS Enrollment, Eligibility, Development, Ashvamedh Sport Fees, Contribution of Self Finance N.S.S. Unit and Disaster Management fund as specified in the MUHS Circular has to be borne by the Candidate for securing admission.
- 3) For IQ / NRI Fees : As per FRA (Fees Regulating Authority) Notice dated 31-07-2025 fees up to 4 Times of the General Seats fees will be charged for the students admitted in Institutional Quota (IQ) and Fees and fees upto 5 Times for NRI Seats.

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MEDICAL COLLEGE
AURANGABAD - 431 004

List of documents to be submitted alongwith application form

Sr. No.	List of Documents	Documents	
		Submitted	Awaited
1.	Allotment / Selection Letter		
2.	State Online Registration Form of Competent Authority, Maharashtra.		
3.	All India Online Registration Form of Competent Authority, Maharashtra.		
4.	Entrance Test Mark-sheet		
5.	Nationality Certificate / Xerox of Valid Passport		
6.	Domicile Certificate		
7.	SSC Passing Certificate / Date of Birth Certificate		
8.	First to Final Year Mark Sheet of Degree Exam.		
9.	Passing / Degree Certificate		
10.	Internship Completion Certificate		
11.	VALID Registration Certificate from Council (MCH)		
12.	CCH / NCH Registration certificate / Registration of the parent State Council in case of candidates admitted under All India Quota and those Out of Maharashtra candidate admitted in Institutional Quota.		
13.	College Leaving Certificate (LC / TC)		
14.	Caste Certificate (If applicable)		
15.	Caste Certificate (If applicable) AIQ Admitted (Caste Certificate in Central Format Form – 9)		
16.	Caste Validity Certificate (If applicable)		
17.	EWS Certificate (If applicable)		
18.	Non-Creamy Layer Certificate (Applicable to VJ/NT-1/NT-2/NT-3, OBC, SEBC & SBC)(If applicable)		
19.	Migration Certificate by the respective University (If Applicable)		
20.	Self Educational Gap (If the GAP is more than 6 months after completion of internship / qualifying Degree) Affidavit by student (If applicable)		
21.	Medical Fitness Certificate		
22.	Affidavit for Change in Name (If applicable)		
23.	Marriage Certificate Gazette for Change in Name (If Applicable)		
24.	Affidavit stating that they belongs to Jain Minority (If applicable)		
25.	Certificate from Religious place (Temple) that they belongs to Jain Minority (If applicable)		
26.	12 TH Mark Sheet		
27.	ID Proof (Aadhar Card) (Xerox)		
28.	Election Card (Xerox)		
29.	AYUSH Entrance Test Online Registration Form		
30.	Admit Card		

UNDERTAKING

I, the undersigned Dr..... has taken admission for M.D. (Hom) Post Graduate in the subject of Regular course of three years duration in D.K.M.M. Homoeopathic Medical College & Hospital, Aurangabad for the academic year I undertake that I will abide with the conditions and rules framed by Govt., AYUSH Ministry, N.C.H., University, Director & College Management from time to time.

I understand that I have to attend regularly the classes of the course and I will function as Houseman in college Hospital, and the teaching work of undergraduate classes as per curriculum. I am also aware that the course is regular and full time for the period of three years and during this period I shall perform only college duties as full time P.G. student.

I undertake that during the period of my M.D. (Hom) Course I will not work with any Govt. or Private service, Hospital, Other Job or will not do any business as well as I will practicing outside or in my clinic. Otherwise I will be responsible for my educational and academic loss.

I undertake that, in connection with our claim with regard to certificates submitted for admission into M.D. (Hom) Post Graduate Courses for the Academic Year 2022-23 in College which is verified by Admission Regulating Authority (ARA), Mumbai & affiliated University Maharashtra University of Health Sciences, Nashik. We, hereby declare that all our certificates are genuine. I am aware that if the submitted relevant certificate (s) is / are found to be not genuine at a later date, my admission is liable to be cancelled or fined from any Authority it is our responsibility and I am liable for criminal prosecution, as may be legally deemed fit. I also hereby undertake that I shall not enter into legal litigation, if the seat allotted to me is cancelled or fine, for the above reasons.

I undertake that to complete the course as per the norms of National Commission for Homoeopathy (NCH), New Delhi, Admission Regulation Authority, (ARA) Mumbai and Maharashtra University of Health Sciences, Nashik, in the event of my discontinuing the studies after joining the course after the last date for free exit for admissions of BHMS Course, I undertake to pay the whole course Fees.

I undertake that, I have carefully read and fully understood the law prohibiting ragging and the directions of the Supreme Court and the Central/State Government in this regard. I hereby undertake that, I will not indulge in any behavior or act that may come under the definition of ragging. I will not participate in or abet or propagate ragging in any form. I will not hurt anyone physically or psychologically or cause any other harm. I hereby agree that if found guilty of any aspect of ragging, I may be punished as per the provisions mentioned above and/or as per the law in force.

Hence this undertaking.

Signature of the Parent / Guardian

Signature of the Candidate

Address :

Aadhar No.

Date:

Place: