# डॉ. वैशंपायन स्मृति शासकीय वैद्यकीय महाविद्यालय, सोलापूर
# DR.V.M.GOVT. MEDICAL COLLEGE, SOLAPUR, MAHARASHTRA

College Address: In Front of District Civil Court, Civil Lines, Solapur-413003, Maharashtra, India.
Dean; 0217-2319448, 2749401 E-mail:deansolapur@gmail.com/ugsection2016@gmail.com

जा.क्र-10555 दि 09/11/26

सन २०२६-२७ या शैक्षणिक वर्षाकरिता बी.एस्सी इन पॅरामेडिकल टेक्नोलॉजी (बी पी एम टी) प्रवेशासाठी असणारा अर्ज पदवीपूर्व विद्यार्थी विभाग, डॉ. वैशंपायन स्मृती शासकीय वैद्यकीय महाविद्यालय, सोलापूर, येथे उपलब्ध असतील.

**ADMISSION SCHEDULE:**

1] Issue & Submission of Application Form:- **10/11/2026 to 18/11/2026 (Excluding Holidays)**

2] Publication of Merit-cum selection list : **21/11/2026. (College Notice Board)**

3] Verification of Documents & Admission : **25/11/2026 ( office time)**

**(Joining date- 25/11/2026 to 28/11/2026)**

**बी.एस्सी इन पॅरामेडिकल टेक्नोलॉजी (B.Sc. in Paramedical Technology) विषयनिहाय जागा खालील प्रमाणे.**

| Sr. No. | Course Name (Subject) | Intake Capacity |
|---|---|---|
| 01 | B.Sc. (Paramedical Technoogy - Radiography) | 08 |
| 02 | B.Sc. (Paramedical Technoogy - Operation Theater) | 15 |
| 03 | B.Sc. (Paramedical Technoogy – Laboratory) | 25 |
| 04 | B.Sc. (Paramedical Technoogy - Forensic Medicine) | 03 |
| 05 | B.Sc. (Paramedical Technoogy – Optometry) | 02 |
| 06 | B.Sc. (Paramedical Technoogy – Endoscopy) | 03 |
| 07 | B.Sc. (Paramedical Technoogy - Blood Transfusion) | 02 |
| 08 | B.Sc. (Paramedical Technoogy - Emergency Medicine) | 03 |
| | **Total** | **61** |

**बी.एस्सी इन पॅरामेडिकल टेक्नोलॉजी (B.Sc. in Paramedical Technology) च्या प्रवेशाकरीता असणारी पात्रता खालीलप्रमाणे**

०१) उमेदवाराकडे भारताचे नागरिकत्व असणे आवश्यक आहे.

०२) उमेदवाराचा जन्म दिनांक ३१ डिसेंबर, २००९ पुर्वी झालेला असावा.

०३) उमेदवाराने १० वी आणि १२ वी इयत्ता महाराष्ट्र राज्यातील संस्थामधून उत्तीर्ण होणे आवश्यक आहे.

०४) उमेदवार महाराष्ट्र राज्याचा अधिवासी असणे आवश्यक आहे.

०५) उमेदवाराने इयत्ता १२ वी (विज्ञान शाखा) ही भौतिकशास्त्र, रसायनशास्त्र आणि जीवशास्त्र या विषयातून उत्तीर्ण झालेला असावा.

०६) उमेदवार १२ वी विज्ञान परीक्षा भौतिकशास्त्र, रसायनशास्त्र आणि जीवशास्त्र या विषयाऐवजी इतर विषयात विज्ञान शाखा उत्तीर्ण झालेले असल्यास उदा. Medical Lab- Technician-१, Medical Lab Technician-२, Medical Lab Technician-३ हे विषय घेऊन उत्तीर्ण झाला असल्यास त्याला त्याच्या विषयासंबंधी बी.एस्सी इन पॅरामेडीकल टेक्नॉलॉजी (बी.पी.एम.टी.) अभ्यासक्रमास पात्र आहेत.

०७) उमेदवार १२ वी विज्ञान परीक्षा भौतिकशास्त्र, रसायनशास्त्र आणि जीवशास्त्र या विषयाऐवजी इतर विषयात विज्ञान शाखा उत्तीर्ण झालेले असल्यास उदा.Radiology Technician-१, Radiology Technician-२ , Radiology Technician-३ हे विषय घेऊन उत्तीर्ण झाला असल्यास त्याला त्याच्या विषयासंबंधी बी.एस्सी इन पॅरामेडीकल टेक्नॉलॉजी (बी.पी.एम.टी.) रेडिओग्राफी टेक्नॉग्राफी अभ्यासक्रमास पात्र आहेत.

**बी.एस्सी इन पॅरामेडिकल टेक्नोलॉजी च्या प्रवेशाकरीता असणारी कागदपत्रे खालीलप्रमाणे.**

०१) राष्ट्रीयत्व प्रमाणपत्र.

०२) माध्यमिक शालांत परीक्षेचे प्रमाणपत्र.

०३) उच्च माध्यमिक शालांत परीक्षा गुणपत्रिका (एच.एस.सी. (१० + २) )

०४) जात प्रमाणपत्र (आवश्यक असल्यास).

०५) जात वैधता प्रमाणपत्र

०६) नॉन क्रिमिलेअर.(दिनांक ३१.०३.२७ पर्यतचा)

०७) शाळा सोडल्याचा दाखला

०८) EWS साठी ई डब्ल्यु एस प्रमाणपत्र

०९) SEBC करिता जात प्रमाणपत्र आणि नॉन क्रिमिलेअर प्रमाणपत्र

**बी.एस्सी इन पॅरामेडिकल टेक्नोलॉजी साठी आवश्यक असणा-या शुल्काचे तपशिल.**

खुल्या वर्गासाठी लागणारे शुल्क (प्रतिवर्ष).

| प्रवेश शुल्क | शैक्षणिक शुल्क | ग्रंथालय अनामत शुल्क | ग्रंथालय शुल्क | जिमखाना शुल्क |
|---|---|---|---|---|
| १५०० | ७५,६०० | २००० | १००० | ५०० |

अनुसूचित जाती व अनुसूचित जमाती या वर्गासाठी लागणारे शुल्क (प्रतिवर्ष).

| प्रवेश शुल्क | ग्रंथालय अनामत शुल्क | ग्रंथालय शुल्क | जिमखाना शुल्क |
|---|---|---|---|
| १५०० | २००० | १००० | ५०० |

महितीसाठी कॉलेजची वेबसायट https://vmgmc.edu.in (News & Notices) चेक करा.

**अधिष्ठाता,**

डॉ.वैशंपायन स्मृती शासकीय वैद्यकीय महाविद्यालय,

सोलापूर.

सत्यमेव जयते

# डॉ. वैशंपायन स्मृति शासकीय वैद्यकीय महाविद्यालय,सोलापूर

# DR. VAISHAMPAYAN MEMORIAL GOVERNMENT

# MEDICAL COLLEGE, SOLAPUR,

# MAHARASHTRA.

## (YEAR OF ESTABLISHMENT: 1963)

## B.SC. IN PARAMEDICAL TECHNOLOGY ADMISSION INSTRUCTION MANUAL FOR BATCH 2026



**PENDRIVE CONTAINING ALL SCANNED DOCUMENTS IS COMPULSORY SO ALL STUDENTS BRING PENDRIVE AT THE TIME OF ADMISSION.**

**EMAIL ID: ugsection2022@gmail.com**

**Note: (Read Every Point Carefully):-**

***(One Original Set of All Documents and Two Xerox Copies) ***

***PDF FILE OF ALL THE DOCUMENTS IS COMPULSORY***

| SR.NO. | NAME (PDF SCAN COPY) | SIZE | FORMAT |
|---|---|---|---|
| 1. | CANDIDATE PHOTO | LESS THAN 400KB | JPG |
| 2. | ADMISSION FORM | LESS THAN 400KB | PDF |
| 3. | DOMICILE, AGE, NATIONALITY | LESS THAN 400KB | PDF |
| 4. | $10^{TH}$ CERTIFICATE | LESS THAN 400KB | PDF |
| 5. | $12^{TH}$ MARKSHEET | LESS THAN 400KB | PDF |
| 6. | EWS CERTIFICATE (IF APPLICABLE) | LESS THAN 400KB | PDF |
| 7. | CASTE CERTIFICATE (IF APPLICABLE) | LESS THAN 400KB | PDF |
| 8. | CASTE VALIDITY (IF APPLICABLE) | LESS THAN 400KB | PDF |
| 9. | NON-CREAMY LAYER (IF APPLICABLE) (31-03-2026) | LESS THAN 400KB | PDF |
| 10. | PHYSICALLY HANDICAPED CERTIFICATE (IF APPLICABLE) | LESS THAN 400KB | PDF |
| 11. | LEAVING CERTIFICATE (IF APPLICABLE) | LESS THAN 400KB | PDF |
| 12. | MIGRATION CERTIFICATE (IF APPLICABLE) | LESS THAN 400KB | PDF |
| 13. | GAP CERTIFICATE (IF APPLICABLE) | LESS THAN 400KB | PDF |
| 14. | MEDICAL CERTIFICATE (COMPULSORY ANNEXURE-H) | LESS THAN 400KB | PDF |
| 15. | ANNEXURE-C | LESS THAN 400KB | PDF |
| 16. | DEMAND DRAFT PDF SCAN FILE | LESS THAN 400KB | PDF |
| 17. | ADHAR CARD | LESS THAN 400KB | PDF |
| 18. | Any other documents | LESS THAN 400KB | PDF |

***MIGRATION CERTIFICATE IS COMPULSORY FOR CBSE STUDENTS and the student who have taken admission after HSC ***

**NOTE:**

**1] Name of soft copies must be Domicile_Name For Ex: Domicile_Rohit Singh.**

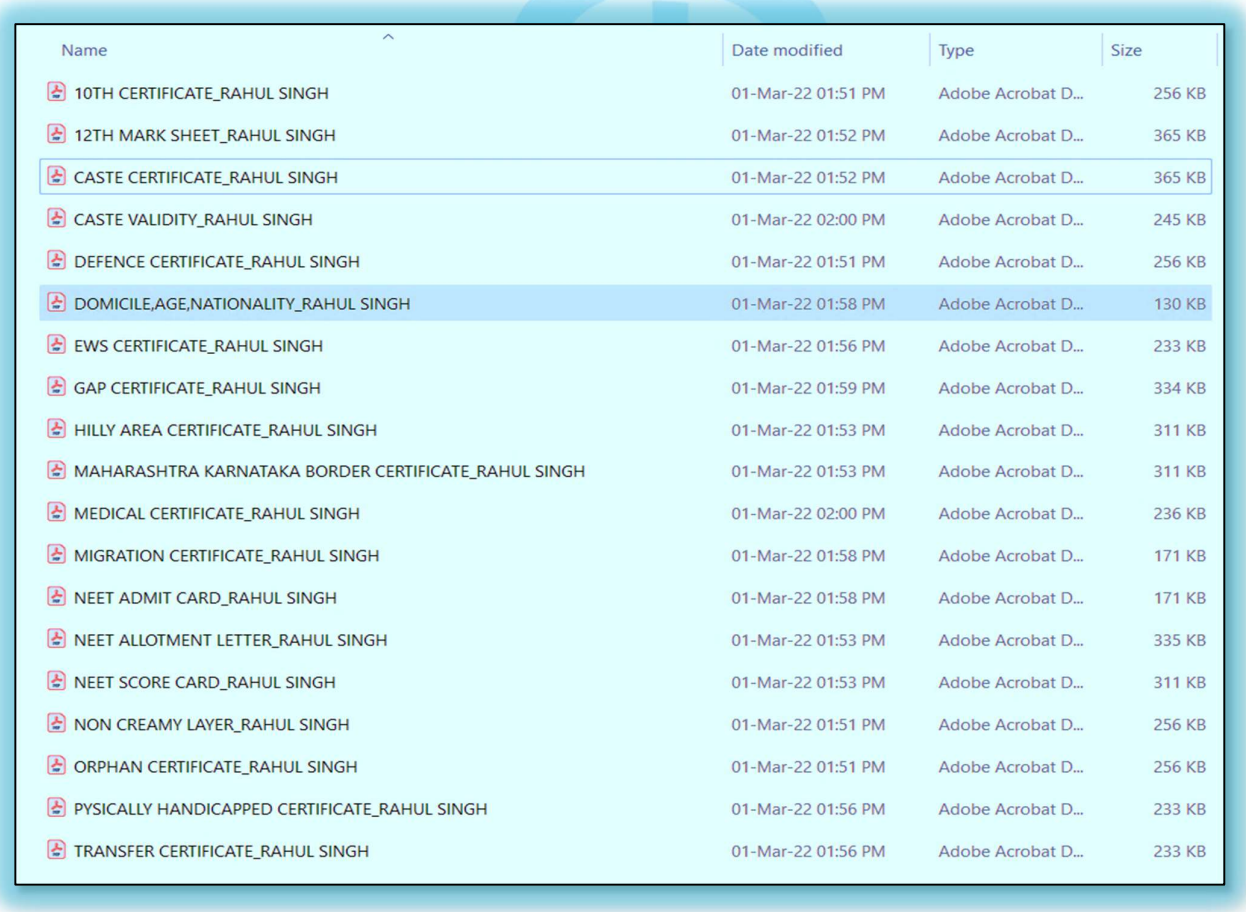
**2] Candidate must bring pen drive containing PDF SCAN COPIES.**

**3] Medical certificate must be in ANNEXURE-H format, for this Refer NEET BROCHURE (Refer Page No:31).**

## A. Pen-Drive:-(PENDRIVE MUST BE IN PDF FORMAT & SIZE MUST BE LESS THAN 400 KB)

- Candidate must bring PENDRIVE containing all the scanned copies of all the original Documents in **PDF format & size must be less than 400 KB**.
- Refer following images for better understanding.




Note: All the scanned documents must be properly scanned and individual PDF file must be Created for every single document with their respective specific file name.)

## B. Admission Form:-(Refer PAGE NO: 07) (Two Copies)

- Print the admission form. After printing, Fill all the necessary information carefully In Bold & good handwriting (Blue Pen).

## C. Documents Retained Certificate: - (Refer PAGE NO:12) (Two Copies)

- Print the document retained certificate fill the necessary information. Bring two Copies at the time of admission. (Do not tick in the document section as this is for office Only).

## D. Annexure-C: - (Refer PAGE NO: 09)

- Print the document fill the necessary information & bring the **soft copy & hard copy** of Annexure-C at the time of admission.

| Staple 2 Photos |
|---|

# डॉ.वैशंपायन स्मृति शास्कीय वैघकीय महाविद्यालय,सोलापूर
# DR.V.M.GOVT. MEDICAL COLLEGE, SOLAPUR, MAHARASHTRA

College Address: In Front of District Civil Court, Civil Lines, Solapur-413003, Maharashtra, India.
Dean; 0217-2319448, 2749401 E-mail: deansolapur@gmail.com/ugsection2016@gmail.com

**(WRITE IN GOOD & BOLD HANDWRITNG)**

**(In English Only, except the point where mentioned Marathi/Hindi)**

Name: _____ _____ _____

**(AS PER 12TH MARKSHEET) SURNAME** **FIRSTNAME** **MIDDLENAME**

Name: _____ _____ _____

**(In Marathi / Hindi) SURNAME** **FIRSTNAME** **MIDDLENAME**

Name: _____Mother Name: _____

**(AS PER 12TH MARKSHEET)**

Mother Name: _____Address _____

**(In Marathi / Hindi)**

Name of College (12th): _____

12th Board Name: _____ Date of Birth: _____/_____/_____ State: _____

Student Category: _____ Admitted Category: _____Email ID: _____

Mob No. (Student): _____ Mob No. (Parent): _____ AIR Rank: _____

State Rank: _____Occupation of Father: _____ Religion & Caste: _____

| 12th Eng. Mark | 12th PHY. Mark | 12th CHEM. Mark | 12th BIO. Mark | 12th Total Marks | 12th Total Percentage |
|---|---|---|---|---|---|
| | | | | | |

**To,**
**The Dean,**
**Dr. V. M. Govt. Medical College, Solapur.**

Sub: Joining Report for B.Sc. In Paramedical Technology for A.Y 2026-27 course at Dr. V. M. Govt. Medical College, Solapur.

Respected Sir,

With reference to above subject, I have been selected for admission to B.Sc. In Paramedical Technology course at **Dr. V. M. Govt. Medical College, Solapur.** I have Joined in this college on / /2026.As per requirement, herewith I am Submitting the Following Original Documents along with One **Set of Original Documents & Two Set of Attested Xerox Copies**

**Documents not submitted: 1.** _____ **2.** _____**3.** _____

**Signature of Student**

# डॉ.वैशंपायन स्मृति शास्कीय वैघकीय महाविद्यालय,सोलापूर
# DR. V. M. GOVT. MEDICAL COLLEGE, SOLAPUR, MAHARASHTRA

## DOCUMENTS RETAINED CERTIFICATE

**TWO COPIES**

This is to certify that He/She. _____

Admitted Category _____, is admitted in this college on / /2026 to First Year of B.Sc. In Paramedical Technology course for the **Academic Year 2026-27**. His/her following **ORIGINAL CERTIFICATES** are retained in this college.

| Sr. No. | TICK ☑ | DOCUMENTS LIST |
|---|---|---|
| 1 | | Domicile, Age, Nationality Certificate |
| 2 | | SSC ($10^{TH}$) Passing Certificate |
| 3 | | HSC ($12^{TH}$) Mark sheet |
| 4 | | Leaving Certificate of College |
| 5 | | EWS Certificate (If Applicable) |
| 6 | | Caste Certificate (If Applicable) |
| 7 | | Certificate of Validity (If Applicable) |
| 8 | | Non-Creamy Layer (If Applicable) (Validity Up to 31-03-2026) |
| 9 | | Aadhaar Card (Xerox copy) |
| 10 | | Migration Certificate for outside Maharashtra state (OMS) candidates only (If Applicable) |
| 11 | | Self-Education Gap Certificate (Affidavit on Rs.100/- Bond) (If Applicable) |
| 12 | | Medical Fitness Certificate (Annexure-H of NEET Brochure) |
| 13 | | Annexure-C |
| 14 | | |
| 15 | | |
| 16 | | |
| | | |

**Deputy-Dean**
Dr. V. M. Govt. Medical College, Solapur
Maharashtra.

Annexure 'C'

पदवी, पदव्युत्तर पदवी प्रथम वर्ष अभ्यासक्रमास प्रवेश घेणाऱ्या सर्व मुला/मुलींकडुन प्रवेशाच्या वेळीच मतदार यादीमध्ये नाव नोंदणी करण्याच्या अनुषंगाने घ्यावयाचे प्रमाणपत्र / हमीपत्र नमुना.

मी....., अभ्यासक्रम : .....

..... महाविद्यालयाचे नावः .....

..... या महाविद्यालयात प्रथम वर्षात प्रवेश घेतला असुन मी दिनांकः ०१/०१/..... रोजी १८ वर्षाचा / वर्षाची झालो / झाले आहे किंवा होणार आहे. १८ वर्ष पूर्ण झाल्याबरोबर मी माझे नाव मतदार यादीत नोंदवुन घेणार आहे अशी मी प्रतिज्ञा करतो/करते.

स्वाक्षरी : .....

नाव : .....

## E. Sets of Documents: -

After filling the admission form make 3 sets of documents (1 Original & 2 Xerox Sets). (Note: It is advisable to make minimum five Xerox copies of all the original documents as all original Documents will not be given to candidate till he/she completes the course.

## F. Folder File: -

Candidate must bring a buttoned transparent folder file for keeping their original and Xerox copies of the documents. Please write your full name, mobile number using permanent Ink marker pen.



## G. Migration Certificate: -

- MIGRATION CERTIFICATE IS COMPULSORY FOR CBSE STUDENTS and the student who have taken admission after HSC.

## H. EWS Certificate (For State): -

- For students taking admission in State Quota, EWS certificate must be in the following Format: -

सामान्य प्रशासन विभाग, शासन निर्णय क्र. राआधो ४०१९/प्र.क्र.३१/१६ अ, दि. ३१.०५.२०२१ सोबतचे
सहपत्र
परिशिष्ट अ
महाराष्ट्र शासन

प्रमाणपत्र क्र.

फोटो

वर्ष ----------करीता ग्राहय

**आर्थिकदृष्टया दुर्बल घटकाच्या पात्रतेसाठी प्रमाणपत्र**

सामान्य प्रशासन विभाग, शासन निर्णय क्र .राआधो/४०१९ प्र.क्र.३१/१६ अ, दिनांक ३१.०५.२०२१ अन्वये
(आर्थिकदृष्टया दुर्बल घटकासाठी विहित केलेल्या %१० आरक्षणाचा लाभ घेण्यासाठी)

प्रमाणित करण्यात येते की, श्री/श्रीमती/कुमारी ---------- श्री/श्रीमती----------
----------यांचा/यांची मुलगा/मुलगी गाव/शहर----------तालुका ---------- जिल्हा/विभाग
---------- महाराष्ट्र चे रहिवासी आहेत .तो/ती ---------- जातीचे असून जात /पोटजात /वर्ग चे असून सदर जात महाराष्ट्र राज्य लोकसेवा (अनुसूचित जाती, अनुसूचित जमाती ,निरधिसूचित जमाती, (वि.जा.) भटक्या जमाती (भ.ज.) ,विशेष मागास प्रवर्ग (वि.मा.प्र.) आणि इतर मागासवर्ग (इ.मा.व.) यांच्यासाठी आरक्षण) अधिनियम, २००१ (सन २००४ चा महाराष्ट्र अधिनियम क्रमाक ८) यामध्ये नमूद केलेल्या प्रवर्गातर्गत होत नाही.

महाराष्ट्र शासन, सामान्य प्रशासन विभागाचा शासन निर्णय क्र. राआधो ४०१९/प्र.क्र.३१/१६ अ, दिनांक १२.०२.२०१९ अन्वये त्याच्या/तिच्या कुटूंबाचे सर्व स्रोतांचे वर्ष ----------मधील एकत्रित वार्षिक उत्पन्न रु. असून, सदर उत्पन्न रु.८,००,०००/- पेक्षा कमी आहे. त्यामुळे असे प्रमाणित करण्यात येत आहे की, तो/ ती यांचा आर्थिकदृष्टया दुर्बल घटकामध्ये समावेश होतो.

ठिकाण :

दिनांक:

स्वाक्षरी :

नाव :

पदनाम :

हे प्रमाणपत्र अर्जकर्त्याने सादर केलेल्या खालील कागदपत्र/पुरावे यांच्या आधारावर निर्गमित करण्यात येत आहे.

१
२
३

पृष्ठ ८ पैकी ७

सामान्य प्रशासन विभाग, शासन निर्णय क्र. राआधो ४०१९/प्र.क्र.३१/१६ अ, दि. ३१.०५.२०२१
सोबतचे सहपत्र
Annexure-A

**Government of Maharashtra**

Certificate No :

Photo

**(valid for Year _____)**
**Eligibility certificate for Economically Weaker Section**

**(For the purpose of 10% reservation prescribed for Economically Weaker Section vide Government Resolution सामान्य प्रशासन विभाग, शासन निर्णय क्र. राआधो 4019/प्र.क्र.31/16 अ dated 31.05.2021)**

This is to certify that Shri/Smt/Kum ---------- is son /daughter/ward of ---------- ----------He/ She is resident of village / city -- ----------Taluka ---------- District ------- and he /she belongs to ---------- caste/sub caste /class which is not included in the cadres mentioned in the Maharashtra State Public services (Schedule Caste, Schedule Tribes, De-notified Tribes (Vimukta Jati), Nomadic Tribes, Special Backward category and Other Backward Classes) Act, 2001 ( Maharashtra Act No 8 of 2004).

As per norms prescribed Vide Government of Maharashtra, General Administration Department, and Government Resolution No. राआधो 4019/प्र.क्र.31/16 अ, dated 12.02.2019. His /Her gross family annual income for Year---------- from all source is Rs.----------/- which is less than Rs.8,00,000/-. Therefore it is certified that he/ she is within category of Economically Weaker Sections.

Place :

Date :

Signature :

Name :

Designation:

(This certificate has been issued on the basis of following proof/evidences/documents)

1.
2.
3.

पृष्ठ ८ पैकी ८

## I. Medical Fitness Certificate (Annexure-H): -

- Mandatory for all the candidate coming for admission.

# 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 **Letter head** 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 | Signature |
| | Name |
| | Registration No. |
| Date: | Seal of Registered Medical Practitioner |

**For Any Queries**

**Check our official website https://vmgmc.edu.in/**

**Under News & Notices**

**For any queries mail us at ugsection2022@gmail.com at office time.**

# The End