Dr. Vithalrao Vikhe Patil Foundation's
MEDICAL COLLEGE & HOSPITAL
(Affiliated to M.U.H.S. Nashik, Recognized by M.C.I. New Delhi, NAAC Accredited A*)
Best Medical College Award Conferred by MUHS, Nashik
Opp. Govt. Milk Dairy, Vadgaon Gupta, Post : MIDC, Ahilyanagar - 414 111. (Maharashtra)
Tel.: 0241-2778042, 2777059, 2779757. **Fax :** 2779782 | **Website :** www.vimsmch.edu.in | **Email :** vims.anr@gmail.com, dean.vimsmch@gmail.com

Dr. Balasaheb Vikhe Patil University, Ahilyanagar

State Private University (Health Science)

Dr. Vithalrao Vikhe Patil Foundation's Medical College & Hospital, Ahilyanagar

Interim Fee Structure — For MBBS Course for Academic Year 2026-2027

As approved by the Adhoc University Fee Regulatory Committee

S.N.	Particulars	State Quota (40% seats)	All India Quota (45% seats)	NRI/OCI Quota (15% seats)	Institute Quota
A. TUITION & DEVELOPMENT FEE (per annum)					
1	Tuition Fee	₹ 15,95,555	₹ 15,95,555	$ 50,000	₹ 39,37,500
2	Develop. Fee @ 12.5%of Tuition Fee	₹ 1,99,445	₹ 1,99,445		₹ 5,62,500
Total Tuition Fee		**₹ 17,95,000**	**₹ 17,95,000**	**$ 50,000**	**₹ 45,00,000**
B. UNIVERSITY FEES					
3	Including Admission, Registration & Statutory Fees (One Time)	₹ 60,000	₹ 75,000	$ 1,500	₹ 1,25,000
C. HOSTEL & MESS FEE (Per Annum)					
4	Hostel Fee (Annual)	₹ 1,25,000	₹ 1,25,000	₹ 1,25,000	₹ 125,000
5	Mess Fee (Annual)	₹ 35,000	₹ 35,000	₹ 35,000	₹ 35,000
D. REFUNDABLE DEPOSIT (One-time, not part of Total Fee - refundable on course completion)					
6	Caution Money Deposit (Refundable)	₹ 75,000	₹ 75,000	₹ 75,000	₹ 75,000

Note:

1. State Quota (40 %) Seats are exclusively reserved for the Maharashtra State Domicile students as per the Section 41(4) of the Act
2. Above mentioned State Quota (40 %) shall also accommodate the Candidates belonging to various reservations as per the Policy of State Government as per the Section 41(3) of the Act
3. No scholarship/Reimbursement for the Tuition Fees is applicable as per the Section 42(4) of the Act
4. The Institute Quota Fee shall be applicable to candidates admitted against vacancies arising from the NRI/OCI Quota. Such vacancies shall be filled strictly on the basis of All India Merit, in accordance with the applicable admission rules and regulations of the State CET Cell, Mumbai.
5. The Demand Draft to be prepared separately from a Nationalized Bank as follows in favor of **"Principal, Dr. Vithalrao Vikhe Patil Foundation's Medical College & Hospital**, payable at **Ahilyanagar "**
   a. Demand Draft No. 01: For A Tuition Fees (As applicable)
   b. Demand Draft No. 02: For B, C & D

Dr.V.P.F's MEDICAL COLLEGE & HOSPITAL DEAN AHILYANAGAR

DEAN
Dr.Vithalrao Vikhe Patil Foundation's
MEDICAL COLLEGE & HOSPITAL
Ahilyanagar

DR. BALASAHEB VIKHE PATIL UNIVERSITY, AHILYANAGAR

Dr. Vithalrao Vikhe Patil Foundation's
Medical College & Hospital, Ahilyanagar

CHECKLIST FOR ORIGINAL DOCUMENTS
TO BE SUBMITTED AT THE TIME OF ADMISSION

I YEAR MBBS COURSE – ACADEMIC YEAR 2026–27

Scan copy of each original document in PDF and JPG format in a Pen Drive
(Maximum file size: 150 KB per document)

S. No.	Particulars of Documents
01	Selection Letter – NEET-UG 2026
02	NEET-UG 2026 Mark Sheet – Colour Print
03	Domicile Certificate, Nationality Certificate / Valid Passport
04	Class X Passing Certificate
05	Class XII Mark Sheet
06	Class XII Passing Certificate
07	Caste Certificate (**For 40% State Quota**, to be submitted in State Government prescribed format) – If applicable
08	Caste Validity Certificate (**For 40% State Quota**, to be submitted in State Government prescribed format) – If applicable
09	Non-Creamy Layer Certificate, valid up to 31.03.2027 – If applicable
10	EWS Certificate in State Government prescribed format only – If applicable
11	College Leaving Certificate / Transfer Certificate (LC/TC)
12	Hilly Area Certificate with Parent's Domicile Certificate / Defence Certificate – If applicable, as per Maharashtra State CET Cell, Mumbai
13	Medical Fitness Certificate **(Annexure-H- As per State CET Cell Brochure)**
14	Migration Certificate – CBSE & ICSE Board students only
15	Gap Affidavit Certificate – On ₹500/- Non-Judicial Stamp Paper **(Annexure A)**
16	Undertaking for Payment of Fees – On ₹500/- Non-Judicial Stamp Paper **(Annexure B)**
17	Undertaking for Non Applicability of Scholarship / Fee Reimbursement **(Annexure C)**
18	Undertaking for Anti-Ragging – On ₹500/- Non-Judicial Stamp Paper **(Annexure D)**
18	For NRI Quota Allotment: As per State CET Cell Notice No. 4, MED-1026/C.R.No.83/NEET UG-2026/NRI/Registration/1900, dated 05.08.2026
19	Ten Passport-Size Photographs
20	Aadhaar Card / Voter ID (Colour Print) / **(Annexure-E)**
21	Additional NEET & Admission Documents: a) Online Downloaded Registration Form for NEET Examination b) NEET Examination Hall Ticket / Admit Card c) Copy of Online Registration Form submitted on **www.mahacet.org** d) Income Certificate & Form No. 16 / ITR for FY 2026–27 – Xerox Copy

IMPORTANT NOTE

Two (02) sets of duly attested photocopies of all documents listed above are compulsory.

Refer State CET Cell NEET UG 2026 brochure for more details.

ADMISSION 2026–27

ANNEXURE – A

GAP AFFIDAVIT

(To be executed on ₹500/- Non-Judicial Stamp Paper in the name of the Student and duly notarized)

I, _____, S/D/o _____,
Age: _____ years, Indian Inhabitant, residing at:_____
_____

do hereby solemnly affirm and declare as under:

1. That I have successfully passed the HSC/12th Standard (Science) examination from_____.
2. That after completing my HSC/12th Standard education, I have not enrolled in or pursued any course of study in any other educational institution during the period stated below.
3. That the period from _____ to _____ constitutes a gap of _____ year(s) in my academic career.
4. That I am now seeking admission to the MBBS Course at Dr. Vithalrao Vikhe Patil Foundation's Medical College & Hospital, Ahilyanagar, for the Academic Year _____.
5. That the above statements are true and correct to the best of my knowledge and belief, and nothing material has been concealed therefrom. I understand that if any statement made herein is found to be false or incorrect, I shall be liable for appropriate action under the applicable laws, rules and regulations.

VERIFICATION

I, the above-named Deponent, do hereby verify that the contents of this affidavit are true and correct to the best of my knowledge and belief and that no material fact has been concealed.

DEPONENT

Place:_____ Signature:_____

Date: ___ / ___ / 20___ Name: _____

NOTARIZATION

[SEAL & SIGNATURE OF NOTARY PUBLIC]

Name: _____

Registration No.: _____

Date: _____

ANNEXURE-B

UNDERTAKING FOR PAYMENT OF INSTITUTIONAL FEES
AS PER APPROVED FEE STRUCTURE

(To be executed jointly by the Student and Parent/Guardian on ₹500/- Non-Judicial Stamp Paper and duly notarized)

To,
The Dean/Principal
Dr. Vithalrao Vikhe Patil Foundation's Medical College & Hospital
Ahilyanagar – 414111, Maharashtra

Subject: Undertaking for Payment of Institutional Fees as per Approved Fee Structure

We, the undersigned:

A. STUDENT
Full Name: _____
Date of Birth: _____, Mobile No.: _____
Email ID: _____,
Permanent Address: _____
_____

B. PARENT / LEGAL GUARDIAN
Full Name: _____
Relationship with Student: _____, Mobile No.: _____
AADHAR No. _____PAN No. (if applicable): _____

do hereby jointly and solemnly affirm and undertake as follows:

1. Admission and Fee Structure

That the above-named student has been admitted to the MBBS Course at Dr. Vithalrao Vikhe Patil Foundation's Medical College & Hospital, Ahilyanagar, under the _____ Category/Quota, for the Academic Year _____.

We have been informed of and accept the applicable fee structure approved by the competent statutory/regulatory authority and/or the University, as applicable from time to time, including Tuition Fee, Development Fee, University/Examination Fee, Hostel & Mess Fee, Caution Money and other duly approved charges, wherever applicable.

2. Timely Payment of Fees

We undertake to pay all applicable fees within the time prescribed by the University/College and/or the competent authority. Failure to pay within the prescribed time may attract late payment charges, penalties or other permissible administrative action.

3. Cancellation of Admission After the Cut-off Date

We undertake not to seek cancellation of admission after the prescribed cut-off date. However, if cancellation becomes necessary after the cut-off date:

a) due to the student being declared ineligible by the competent authority on account of incorrect, false or incomplete documents, or any other specified reason attributable to the student; or

b) due to suspension, cancellation or debarment of the candidate on account of any wrong practice, malpractice or misconduct committed by the candidate in the College, as established by the competent Investigating Committee and/or recommended or directed by the University or other competent authority; or

c) due to any personal or health-related reason of the candidate, we shall be liable for the financial consequences arising from such cancellation, including payment of the course fees for the remaining period of the course, to the extent legally payable under the applicable rules, regulations, refund/cancellation policy and directions of the competent authorities.

Any cancellation and refund of fees shall be governed by the applicable rules and timelines prescribed by the competent authority/University/College.

4. Revision of Fees

We understand that the fees payable are subject to revision to the extent duly approved by the competent statutory authority and/or the University. In the event of such approved revision, we undertake to pay the additional amount, if applicable, within the prescribed period after due notification.

5. Documents and Compliance

We declare that all documents, declarations and information furnished in connection with the admission are true, correct and complete. If any information or document is subsequently found to be false, incorrect, misleading or materially incomplete, the University/College shall be entitled to take appropriate action in accordance with applicable law and rules.

We further undertake to abide by the admission, academic, administrative, fee, cancellation and refund rules of the University/College and the directions of the competent authorities.

6. Recovery and Declaration

Any lawfully payable dues remaining outstanding shall be recoverable in accordance with law and the applicable rules.

We have carefully read and understood this undertaking and execute it voluntarily, with full knowledge of its terms and consequences.

SIGNATURES

STUDENT Signature: Name: Date:	**PARENT / LEGAL GUARDIAN** Signature: Name: Relationship: Date:
WITNESS 1 Name: Signature: Contact No.: Date:	**WITNESS 2** Name: Signature: Contact No.: Date:

[SEAL & SIGNATURE OF NOTARY PUBLIC]

Name: _____

Registration No.: _____

Date: _____

ANNEXURE-C

AFFIDAVIT-CUM-UNDERTAKING
REGARDING NON-APPLICABILITY OF SCHOLARSHIP / FEE REIMBURSEMENT / GOVERNMENT FINANCIAL LIABILITY
(To be executed on Rs. 500/- Non-Judicial Stamp Paper in the name of the Student and duly Notarized / authenticated as applicable)

I, **Mr./Ms.** _____,
Son/Daughter of _____,
Age:_____ years, residing at: _____
_____
NEET (UG) 2026 All India Rank (AIR) No. _____,
having been admitted to the **MBBS Course** at **Dr. Vithalrao Vikhe Patil Foundation's Medical College & Hospital, Ahilyanagar**, under _____ Category and through **40% State / 45% AIQ / 15% NRI/OCI / Institute Quota**, for the Academic Year **2026–27**, do hereby solemnly affirm, declare and undertake as follows:

1. Admission and Fee Structure
I state that I have been admitted to the MBBS Course in the aforesaid category and that, prior to and at the time of admission, I have been duly informed about the applicable fee structure of the University/College.
I confirm that I have carefully understood the fee structure and the financial obligations arising from my admission and agree to comply with the same.

2. Status of the University
I understand and acknowledge that **Dr. Balasaheb Vikhe Patil University, Ahilyanagar is a self-financed private university** and that matters relating to fees and financial liability are governed by the applicable provisions of the **Maharashtra Private Universities (Establishment and Regulation) Act, 2023**, as amended from time to time, and by the applicable rules, regulations, Government Orders, notifications and directions of the competent authorities.

3. Statutory Provision Relating to Government Financial Liability
I specifically acknowledge that I have been informed of and have understood the provisions of **Section 42(4) of the Maharashtra Private Universities (Establishment and Regulation) Act, 2023**, which provide as follows:
"The State Government shall not reimburse any fees or shall not take any financial liability for students belonging to the backward classes admitted into the university."

4. Acknowledgement of Non-Applicability
In view of the aforesaid statutory provision, **to the extent applicable to my admission category**, I hereby acknowledge and confirm that the benefit of Government scholarship, freeship, fee reimbursement, concession or any other Government financial assistance towards the fees payable to the University/College **is not applicable to me where such benefit or financial liability is excluded under the applicable law**.
I further confirm that I have understood the financial implications of the aforesaid statutory provision before accepting admission.

5. Responsibility for Timely Payment of Fees
I hereby acknowledge and undertake that **I shall be responsible for timely payment of all fees and other charges lawfully payable by me to the University/College**, as prescribed by the competent authority and applicable to my admission category.
Such fees and charges shall include, as applicable, tuition fees, development fees, University fees, examination fees, hostel and mess fees, caution money/deposits and such other lawful charges as may be applicable from time to time.
I undertake to pay such fees within the prescribed time and in accordance with the schedule and instructions notified by the University/College.

6. No Claim for Excluded Government Reimbursement
To the extent that reimbursement of fees or Government financial liability is expressly excluded under **Section 42(4) of the Maharashtra Private Universities (Establishment and Regulation) Act, 2023**, or under any other applicable statutory provision, I hereby undertake that **I shall not claim or demand such reimbursement or financial assistance from the State Government**, nor shall I require the University/College to bear such liability on my behalf.

7. No Financial Liability on the University/College
I acknowledge and understand that, where Government reimbursement or financial assistance is not available to me under the applicable law, **the University/College shall not be responsible for bearing, adjusting or otherwise assuming such amount against the fees payable by me**. My obligation to pay the fees lawfully payable to the University/College shall accordingly remain unaffected.

8. Truthfulness of Declaration and Documents
I declare that all information, particulars, declarations, certificates and documents furnished by me in connection with my admission, category or claim for any scholarship, reimbursement, concession or financial benefit are **true, correct, complete and genuine** to the best of my knowledge and belief.
I undertake to immediately inform the University/College if any material information furnished by me is subsequently found to be incorrect or if there is any change in circumstances affecting my admission category or financial entitlement.

9. Consequences of False Declaration
I understand and acknowledge that if any declaration, information or document furnished by me is subsequently found to be **false, incorrect, misleading, suppressed or fabricated**, I shall be responsible for the consequences arising therefrom.
The University/College shall be entitled to take such action as may be permissible under the applicable laws, rules, regulations and directions of the competent authorities, without prejudice to any other remedy available to it in law.

10. Binding Declaration and Compliance with Law
I declare that I have **read, understood and voluntarily accepted** the contents of this Affidavit-cum-Undertaking and the financial obligations arising from my admission.
I undertake to abide by the applicable provisions of the **Maharashtra Private Universities (Establishment and Regulation) Act, 2023**, including Section 42(4), and all applicable rules, regulations, Government Orders, notifications and directions of the competent authorities.
I understand that this Affidavit-cum-Undertaking shall form part of my **admission record** and shall be binding upon me, subject to the applicable provisions of law.

11. Declaration by Parent / Legal Guardian

I, **Mr./Ms. _____,** Father/Mother/Legal Guardian of the above-named student, hereby state that I have read and understood the contents of this Affidavit-cum-Undertaking.

I confirm that the student and I have been informed about the applicable fee structure and the statutory provisions relating to Government scholarship, fee reimbursement and financial liability.

I hereby acknowledge and undertake that, **to the extent permissible under law, I shall be responsible for ensuring payment of the fees and other charges lawfully payable by the student to the University/College**, in accordance with the applicable fee structure and prescribed schedule.

12. Final Declaration

I hereby solemnly declare that the statements made hereinabove are **true and correct to the best of my knowledge and belief**, that I have not concealed any material fact, and that I have executed this Affidavit-cum-Undertaking **voluntarily, with full knowledge and understanding of its contents and implications**.

I further undertake to comply with all applicable statutory and regulatory requirements and the lawful directions of the University/College and the competent authorities.

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VERIFICATION

I, **Mr./Ms. _____**, the above-named Deponent, do hereby verify that the contents of paragraphs **1 to 12** of this Affidavit-cum-Undertaking are true and correct to the best of my knowledge and belief and that no material fact has been concealed therefrom.

Verified at Ahilyanagar, Maharashtra, on this _____ day of _____, 2026.

DEPONENT / STUDENT Signature: Name:	**PARENT / LEGAL GUARDIAN** Signature: Name: Relationship with Student:

WITNESSES 1. **Name:** **Address:** **Signature:** **Mobile No.:**	**WITNESSES 2.** **Name:** **Address:** **Signature:** **Mobile No.:**

NOTARIAL ATTESTATION

Solemnly affirmed and signed before me on this _____ day of _____, 2026 at _____.

Signature & Seal of Notary Public

Name: _____

Registration No.: _____

Date: _____

ANNEXURE- D

UNDERTAKING / AFFIDAVIT FOR ANTI-RAGGING

(To be executed on ₹500/- Non-Judicial Stamp Paper in the name of the Student and duly notarized)

I,_____, S/D/o_____ _____

Age:_____ years, residing at: _____

_____

having been admitted to the MBBS Course at Dr. Vithalrao Vikhe Patil Foundation's Medical College & Hospital, Ahilyanagar, do hereby solemnly affirm and undertake as follows:

1. Prohibition of Ragging

I have carefully read and understood the provisions relating to the prohibition of ragging under the **UGC Regulations on Curbing the Menace of Ragging in Higher Educational Institutions, 2009**, as amended, and the **Maharashtra Prohibition of Ragging Act, 1999.**

I understand that ragging is strictly prohibited within or outside the educational institution, including its premises, hostels and other places or circumstances connected with student life.

2. Definition of Ragging

I understand that ragging includes, but is not limited to, any act, conduct, words or behaviour which causes or is likely to cause physical or psychological harm, fear, apprehension, humiliation, shame or embarrassment to any student, or compels a student to perform any act which he/she would not ordinarily willingly perform.

3. Undertaking by the Student

I hereby solemnly undertake that I shall not directly or indirectly commit, participate in, abet, instigate or promote ragging in any form.

I further undertake to maintain proper discipline and dignity and to comply with all applicable anti-ragging laws, UGC Regulations and the rules of the University and College.

4. Consequences of Ragging

I understand that any student found guilty of ragging or abetting ragging shall be liable to disciplinary and legal action under the applicable laws, UGC Regulations and institutional rules, which may include suspension, cancellation of admission, expulsion/debarment and other penalties or action prescribed by law.

I specifically understand that under Section 4 of the Maharashtra Prohibition of Ragging Act, 1999, a person **convicted of ragging may be punished with imprisonment of up to two years and/or a fine up to ₹10,000, subject to the provisions of the Act.**

5. Declaration

I have read and understood the above provisions and undertake to abide by them throughout my period of study at the University/College.

I declare that the information furnished by me is true and correct to the best of my knowledge and belief.

Place:

Date: ___ / ___ / 20___ Signature of the Student:

Name: _____

PARENT / LEGAL GUARDIAN'S UNDERTAKING

I, _____,

Father/Mother/Legal Guardian of the above-named student, have read and understood the provisions relating to ragging and undertake that my ward shall not directly or indirectly participate in, abet, instigate or promote ragging.

I understand that, if my ward is found guilty of ragging or abetting ragging, appropriate disciplinary and legal action may be taken under the applicable UGC Regulations, the Maharashtra Prohibition of Ragging Act, 1999, and other applicable laws/rules.

PARENT/GUARDIAN

Signature:

Name:

Mobile No.:

Date: ___ / ___ / 20___

WITNESS

Signature:

Name:

Mobile No.:

Date: ___ / ___ / 20___

NOTARIZATION

[SEAL & SIGNATURE OF NOTARY PUBLIC]

Name: _____

Registration No.: _____

Date: _____

ANNEXURE – E

SELF-UNDERTAKING FOR VOTER REGISTRATION

To be obtained from all students admitted to the First Year of Undergraduate Courses

I, _____,
have enrolled in the First Year of the _____ **Course** at **Dr. Vithalrao Vikhe Patil Foundation's Medical College & Hospital, Ahilyanagar**.

I hereby declare that I have attained/will attain the age of **18 years on / /20**

I solemnly undertake that, upon attaining the age of 18 years, I shall **register my name in the Electoral Roll/Voter List**, in accordance with the applicable rules and procedures.

I further undertake to comply with the applicable requirements relating to voter registration.

Signature of Student: _____

Name of Student: _____

Date: ___ / ___ / 20___

Place: _____

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