Dr. Vithalrao Vikhe Patil Foundation's
MEDICAL COLLEGE & HOSPITAL
(Affiliated to [redacted] 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

Ref: DVVPFA/MCH/SS/2026/2491 Date: 21.10.2026

Dr. BALASAHEB VIKHE PATIL UNIVERSITY, AHILYANAGAR
Interim Fee Structure: MD/MS Course for Academic Year 2026-27
(As approved by the Adhoc. University Fee Regulatory Committee)

SN	PARTICULARS	STATE QUOTA (40 % seat)	ALL INDIA QUOTA (45 % seat)	15% NRI/NRI CONVERTED TO AIQ (15 % seat)
A.	**SUBJECTWISE TUITION FEES (Per Annum) in ₹.**			
1	PATHOLOGY	15,00,000	15,00,000	15,00,000
2	ANAESTHESIOLOGY	17,95,000	35,90,000	35,90,000
3	D.V.L.	17,95,000	35,90,000	53,85,000
4	GEN. MEDICINE	17,95,000	35,90,000	53,85,000
5	GEN. SURGERY	17,95,000	35,90,000	53,85,000
6	OBSTETRICS & GYNAECOLOGY	17,95,000	35,90,000	53,85,000
7	OPHTHALMOLOGY	17,95,000	35,90,000	53,85,000
8	ORTHOPAEDICS	17,95,000	35,90,000	53,85,000
9	PAEDIATRICS	17,95,000	35,90,000	53,85,000
10	RADIO-DIAGNOSIS	17,95,000	35,90,000	53,85,000
B.	**UNIVERSITY FEES (One Time) in ₹.**			
11	Including Admission, Registration & Statutory Fees	1,50,000	1,50,000	1,50,000
C.	**HOSTEL FEE (Per Annum) in ₹.**			
12	Hostel Fee (Annual)	1,50,000	1,50,000	1,50,000
D.	**REFUNDABLE DEPOSIT (One-time - Refundable on course completion) in ₹.**			
13	Caution Money Deposit (Refundable)	1,00,000	1,00,000	1,00,000

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 40% Quota 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.
   No scholarship/Reimbursement for the Tuition Fees is applicable as per the Section 42(4) of the Act.
3. Fees for the "NRI CONVERTED TO AIQ" seat 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.
4. The Demand Draft to be prepared separately from a Nationalized Bank as follows in favor of "**PRINCIPAL, DVVPF Medical College & Hospital**, payable at **Ahilyanagar/Ahmednagar**.

a. Demand Draft No. 1: For A, Tuition Fees (As applicable), b. Demand Draft No.2: For B, C & D.

DEAN

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

DR. BALASAHEB VIKHE PATIL UNIVERSITY, AHILYANAGAR

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

CHECK LIST FOR ORIGINAL DOCUMENTS TO BE SUBMIT AT THE TIME OF ADMISSION

(FIRST YEAR MD/MS COURSE AY 2026-27 ONLY)

Scan Copy of Each Original Document in PDF & JPG Format in pen drive (Size200kb)

S.N.	Particulars of Documents
01	PG NEET 2026 Mark-Sheet & Allotment Letter
02	Nationality, Domicile Certificate
03	MBBS Degree Certificate/ Passing Certificate **(If Fresh)**
04	Internship Completion Certificate
05	Permanent Registration Certificate from the Central / State Council
06	Caste Certificate for 40% State Quota in State Format & 45 % All India quota in Central Format (If applicable)
07	Caste Validity Certificate (If applicable)
08	Non-Creamy Layer Certificate Valid up to 31.03.2027 (If applicable)
09	EWS Certificate (as per Applicable Quota)
10	College Leaving / Transfer Certificate (LC/TC)
11	Attempt Certificate duly signed by Head of the Institute
12	NMC/MCI Recognition Certificate of College
13	Medical Fitness Certificate
14	Migration Certificate (Non-MUHS Student only)
15	Gap Affidavit (if applicable on Rs. 500/- Stamp Paper)
16	For NRI Quota Allotment: As Per State CET-Cell Notice MED-1026/C.R.No.90/NEET PG-2026/NRI/Registration/2481 Date: 16/10/2026
17	Undertaking For Payment of Fees (on Rs.500/-Stamp Paper)
18	Undertaking Regarding Non-Applicability of Scholarship/Fee Reimbursement (on Rs.500/-Stamp Paper)
19	Undertaking for Anti-Ragging (on Rs.500/-Stamp Paper)
20	Photo ID Proof (Adhaar Card, Pan Card, Voter ID/Annexure-C)
21	a. Online downloaded Application form for State NEET-PG 2026 b. Application form for NEET –PG 2026 for Entrance Exam c. PG NEET Exam Admit-Card -2026
22	Ten Passport Size Photograph in envelope.
23	Name Change Gazette Copy (If applicable)

NOTE: 02 SET OF ATTESTED XEROX COPIES AS PER LIST COMPULSORY.

UNDERTAKING FOR PAYMENT OF FEES

(To be submitted by the student and parent/guardian on a ₹-500 Non-Judicial stamp paper duly notarized)

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

Subject: Undertaking for Payment of Institutional Fees as per Approved Schedule

I, the undersigned,

- Full Name of Student: _____
- Date of Birth: _____
- Mobile Number: _____
- Email ID: _____
- Permanent Address: _____

_____

and

I, the undersigned (Father / Mother / Legal Guardian of the student),

- Full Name: _____
- Relationship with Student: _____
- Mobile Number: _____
- PAN No. (if applicable): _____

1. That the above-named student has been admitted to the MBBS course/MD-MS Course at **DR. BALASAHEB VIKHE PATIL UNIVERSITY, AHILYANAGAR,** Dr Vithalrao Vikhe Patil Foundation's Medical College, Ahilyanagar under _____ quota (e.g., 40% State/45% AIQ/15% Institutional / NRI /OCI) for the academic year _____.

2. That we fully understand that the fees Structure for Dr. Balasaheb Vikhe Patil University, Ahilyanagar, Dr Vithalrao Vikhe Patil Foundation's Medical College, Ahilyanagar under approved by the University Fees Regulating Authority and we, agree to pay the same as applicable from time to time, including but not limited to:
   - Tuition Development Fees
   - Hostel & Mess Fees (if applicable):
   - University Fees :
   - Caution Money :
   - Other applicable charges (as Notified) :

Contd. On Page. 2

3. That we agree to pay the above-mentioned fees on or before the due dates notified by the University from time to time and understand that delay in payment may result in late fees, penalties or any other suitable administrative action.

4. That we understand and accept that fees once paid are non-refundable, except in accordance with the rules of the competent authority or as per the University refund policy duly notified in advance.

5. I am fully aware that the aforesaid fees paid by me is interim Tuition fees and are subject to revision at any time. In event of the fees being increased by the Adhoc University Fee Regulatory Committee, Ahilyanagar or Judicial Pronouncement, I hereby undertake to pay the difference amount of the fees within a period of 7 days from being notified.

6. That we further undertake not to seek cancellation of admission. However, in the event that cancellation becomes necessary after the cut-off date –
a. Due to non-eligibility declared by the competent authorities, owing to submission of incorrect documents or any other specified reason, or
b. Due to suspension or debarment of the candidate for wrong practices / malpractices in the college, as proved by the Investigating Committee or recommended by the affiliating university, or
c. Due to any personal reason/Health reason of the candidate,
we shall be fully liable to pay the entire course fee as applicable, in accordance with the rules and guidelines published in the Information (NEET UG-20 Brochure and as per the directives of the competent authorities.

7. That in case of any default or non-compliance with the terms of this undertaking, the college shall be entitled to take appropriate action, including recovery of dues through legal means.

Signature of Student
Name: _____

Signature of Parent / Guardian
Name: _____

Witnesses:

1. Name: _____ Signature: _____Contact: _____

2. Name: _____ Signature: _____Contact: _____

Date: / /20

Place: _____

[Seal & Signature of Notary Public]
(With name, registration number, and date)

(TO BE PRINTED ON Rs. 500 STAMP PAPER ON STUDENTS NAME)

ANNEXURE-A

GAP AFFIDAVIT

I,_____**S/D/of**_____,

Age-_____Years an Indian Inhabitant Residing _____ _____ _____ do hereby state on solemn affirmation as under:

That I have passed MBBS Course & Successfully Completed One Year Rotary Internship programme from _____ _____. But after completing the said course I have not enrolled my name in other educational Institution for further education.

Hence I have made this Affidavit saying that the period of _____ is my _____ Years Gap in my academic career. Now I wish to enroll my name for further education in the year 20_____-_____ & I have made this Affidavit to state and confirm that I have taken Gap of _____ Year in my education.

All the above contents is true and correct and nothing any concealed therein. If it is found to be false, I am liable to punished as per section 119 and 200 of Indian Penal Code.

Solemnly affirm within the named _____.

Date: / /2026 Deponent

Place:

To be Notarized OR Affidavit from Tahsildar

(On Rs. 500.00 Stamp Paper in the name of student)

UNDERTAKING FOR ANTIRAGGING

I, ----------, D/o. Mr.---------- Age----- yrs,

R/o- ----------

Have carefully read and fully understood the law prohibiting ragging and the directions of the Hon. Supreme Court and the Central/State Government in this regard. As per Maharashtra Prohibition of ragging act No. XXXIII of 1999, ragging within or outside of education institute is strictly prohibited.

DEFINITION OF RAGGING:

Ragging includes display of noisy, disorderly conduct, teasing, rough or rude treatment indulging in rowdy indiscipline an obscene activities which cause all or likely to cause annoyance under hardship, physical or psychological harm or mental trauma or raise apprehension or fear in a fresher or other students or forcing the students to do any act which such or danger to his or her lives or limb or indulging in eve teasing.

PROHIBITION OF RAGGING: Ragging within or outside the educational institute is strictly prohibited.

PENALTY FOR RAGGING: Whoever directly commits participates in abets or instigates ragging within or outside any educational institute shall be suspended expelled or rusticated from the institution shall also be liable to fine which may extend to Rs. 25000.00

THE PUNISHMENT ALSO INCLUDES: Cancellation of admission, suspension of attending classes, withholding/ withdrawing fellowship/scholarship and other financial benefits.

I have read the above and understand the meaning of ragging, consequences of ragging and punishment for it.

I promise that I shall not get involved directly or indirectly in any sort of ragging till such time, I am a bonafide- student of the previous college.

Signature of the Student **Signature of the Parent**

Witness:

Date: / /2026

Place:

(Plan White Paper Only)

Annexure 'C'

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

मी _____,

अभ्यासक्रम: _____ महाविद्यालयाचे नाव: **डॉ. विठ्ठलराव विखे पाटील फाऊंडेशनचे वैद्यकीय महाविद्यालय**, **विळद घाट**, **अहिल्यानगर** या महाविद्यालयात प्रथम वर्षात प्रवेश घेतला असून मी दि.०१/०१/ _____ रोजी १८ वर्षाचा/वर्षाची झालो/झाले आहे किवा होणार. १८ वर्ष पूर्ण झाल्याबरोबर मी माझे नाव मतदार यादीत नोंदवुन घेणार आहे अशी मी प्रतिज्ञा करतो/करते.

स्वाक्षरी: _____

नाव: _____

(Plan White Paper Only)

Annexure-C

Self-Undertaking to be obtained at the time of admission from all students (male/female) enrolling in the first year of postgraduate courses regarding voter registration.

I, _____, have enrolled in the first year of the _____ course at Dr. Balasaheb Vikhe Patil University, DVVPF's Medical College & Hospital, Ahilyanagar.

I have attained or will attain the age of 18 on 01/01/_____. I solemnly pledge that I will register my name in the voter list as soon as I complete 18 years of age.

Signature:_____

Name: _____

To be Notarized OR Affidavit from Tahsildar

(On Rs. 500.00 Stamp Paper in the name of student)

UNDERTAKING REGARDING NON-APPLICABILITY OF SCHOLARSHIP/FEE REIMBURSEMENT

I, Mr./Ms. _____,

Son/Daughter of _____,

NEET (UG) AIR No. _____,

admitted to the **MDMS Course** at **Dr. Vithalrao Vikhe Patil Foundation's Medical College & Hospital, Ahilyanagar**, under **_____Category**, & 40% State/ 45% AIQ/ 15% NRI/OCI/ Institute **Quota** hereby solemnly declare and undertake as follows:

1. I have been admitted to the MBBS course in the above-mentioned category and have been informed about the applicable fee structure of the College/University.
2. I have understood that **Dr. Balasaheb Vikhe Patil University is a self-financed private university** and that the provisions relating to fees are governed by the applicable provisions of the **Maharashtra Private Universities (Establishment and Regulation) Act, 2023**, as amended from time to time.
3. I specifically acknowledge the provisions of **Section 42(4) of the Maharashtra Private Universities (Establishment and Regulation) Act, 2023**, which provide that:

"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. In view of the above provision, I understand and acknowledge that **the benefit of Government fee reimbursement is not applicable to me for the fees payable to the University/College**, wherever the said provision is applicable.
5. I hereby undertake that I shall **not claim or demand reimbursement of tuition fees, examination fees or any other fees payable to the University/College from the State Government on the basis of my category**, where such reimbursement/financial liability is excluded under Section 42(4) of the Act.
6. I understand that **payment of the applicable fees as prescribed by the University/College is my responsibility**, subject to the applicable laws, rules, Government orders, regulatory provisions and directions of the competent authorities.
7. I further undertake that if any information or declaration furnished by me is subsequently found to be false, incorrect or misleading, I shall be responsible for the consequences thereof and the College/University shall be entitled to take appropriate action as per the applicable rules and regulations.

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8. I have carefully read and understood this undertaking and hereby give my consent to abide by the applicable provisions of the **Maharashtra Private Universities (Establishment and Regulation) Act, 2023**, including Section 42(4), and the rules/regulations of the University and College.
9. At the time of admission, the **University/College/Competent Authority has informed me about the non-applicability of scholarship, fee reimbursement, free-ship, concession or any other financial benefit** applicable to my admission category. I have understood the same and acknowledge that **I am not eligible for / shall not claim any Government scholarship or fee reimbursement towards the fees payable to the University/College**, as applicable under the prevailing rules and provisions of the **Maharashtra Private Universities (Establishment and Regulation) Act, 2023**, including Section 42(4).

I hereby declare that the information furnished above is true and correct to the best of my knowledge and belief. I have understood the implications of this undertaking and agree to abide by the applicable provisions and directions of the competent authorities.

Place:_____

Date: _____

Signature of Student: _____ **Signature of Parent:** _____

Name of Student: _____ **Name of Parent:** _____

[Seal & Signature of Notary Public]
(With name, registration number, and date)