

१. महाविद्यालयाचा पूर्ण व अद्ययावत पत्ता. :- होमिओपॅथिक मेडिकल कॉलेज
अकोला आणि हॉस्पिटल अकोट रोड,
२. प्रवेश प्रक्रियेसाठी कार्यरत दूरध्वनी क्रमांक :- 0724-2433628
३. व्हॉट्सअॅप क्रमांक :- 1. डॉ. एस. यु. तिवारी
9921979967
2. डॉ. जे. एम. जैस्वाल
8308133071
४. अधिकृत ई-मेल आयडी. :- heshmc1954@gmail.com
५. प्रवेश प्रक्रियेसाठी नियुक्त संपर्क :- दिनेश तिवारी
अधिकारी/कर्मचारी यांचे नाव 9823643010
व संपर्क क्रमांक

HOMOEOPATHIC MEDICAL COLLEGE & HOSPITAL

AKOT – ROAD, AKOLA – 444003

Phone No. (0724)2433628 E-mail : heshmc1954@gmail.com Web : heshmcakl.in

CODE :- 04231

NAME OF STUDENT:-

DATE OF ADM :-**CATAGORY :-** **QUOTA :-**

STUDENT Whatsap NO.:- **PARENTS Whatsap NO.:-**

E- MAIL ID.

Sr. No.	NAME OF DOC.	SUBMIT	NOT SUBMIT
1.	AGE NATIONALITY & DOMICILE CERTIFICATE		
2.	SELECTION LETTER		
3.	NEET ADMIT CARD		
4.	NEET MARK-SHEET		
5.	10 TH BOARD CERTIFICATE		
6.	12 TH MARK-SHEET		
7.	12 TH LEAVING CERTIFICATE		
8.	IQ/AIQ/STATE QUOTA REGISTRATION FORM		
9.	CASTE CERTIFICATE/EWS		
10.	VALIDITY CERTIFICATE		
11.	NON CREMILIAR		
12.	GAP CERTIFICATE		
13.	MEDICAL FITNESS		
14.	MIGRATION CERTIFICATE		
15.	AADHAR CARD		
16.	PASSPORT SIZE PHOTO 3		
17.	DOCUMENT ZEROX 3 SET		
18.	Election Card / Form 'C'		
19.	Pen Drive		
20.	Income Cert. 2 - SET		
21.	APAAR ID (ABC ID)		

PAYMENTS

CASH/D.D./CHEQUE NO. **BANK NAME**.....**Rs.**

Student Sign.

HOMOEOPATHIC MEDICAL COLLEGE & HOSPITAL

AKOT ROAD, AKOLA

Admission 2026-27 College Fees

As per the appeal done by HMC Akot Road, Akola the FRA was pleased to approve fees of Rs. 101000/- in its meeting dated 22/09/2026 which will be shortly displayed on the website of FRA.

DD. Name:- Homoeopathic Medical College, Akola.

1st Year BHMS is of 1½ years

- | | | |
|-----|----------|-----------------------------|
| 01) | 151500/- | Fees for 1½ years |
| 02) | 1500/- | Admission Fees |
| 03) | 25000/- | Caution Money & Other Fees. |

Note:- Students belonging to various categories may get scholarships of their respective categories as declared by Govt. of Maharashtra.

HOMOEOPATHIC MEDICAL COLLEGE & HOSPITAL

AKOT ROAD, AKOLA

Admission 2026-27 College Fees for (IQ Quota)

As per the appeal done by HMC Akot Road, Akola the FRA was pleased to approve fees of Rs. 101000/- in its meeting dated 22/09/2026 which will be shortly displayed on the website of FRA.

DD. Name:- Homoeopathic Medical College, Akola.

1st Year BHMS is of 1½ years

- | | | |
|-----|---------------------------|-----------------------------|
| 01) | 101000/- X 3 = Rs. 303000 | Fees for 1 years |
| 02) | 1500/- | Admission Fees |
| 03) | 25000/- | Caution Money & Other Fees. |

Note:- Students belonging to various categories may get scholarships of their respective categories as declared by Govt. of Maharashtra.

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. : _____
 Address: _____
 _____ Pin Code: _____ Phone No. _____

To
 The Competent Authority,
 NEET UG 2026, 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 2026-27.
 (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 2026-27. 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 2026, 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 2026-27.
 (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 2026-27. 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)

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

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)