१. महाविद्यालयाचा पूर्ण व अद्ययावत पत्ता.	:- होमिओपॅथिक मेडिकल कॉलेज आणि हॉस्पिटल अकोट रोड, अकोला
२. प्रवेश प्रक्रियेसाठी कार्यरत दूरध्वनी क्रमांक	:- 0724-2433628
३. व्हॉट्सॲप 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 अधिकारी/कर्मचारी यांचे नाव व संपर्क क्रमांक	:- दिनेश तिवारी 9823643010

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.	10TH BOARD CERTIFICATE		
6.	12TH MARK-SHEET		
7.	12TH 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)**

DD. Name:- **Homoeopathic Medical College, Akola.**

1st Year BHMS is of 1½ years

01)	200000/- Per Annum	
02)	1500/-	Admission Fees
03)	25000/-	Caution Money & Other Fees.

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	Signature
	Name
	Registration No.
Date:	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)