

MAEER MIT Pune's

MIMSR MEDICAL COLLEGE & HOSPITAL

Vishwanath Puram, Ambajogai Road, Latur - 413 531 (Maharashtra State).

REVISED FEES STRUCTURE

1st Year Admission to MD/MS (PG Degree) Course for the Academic Year 2024-2025

(A) COLLEGE FEES

| Sr. No. | Subject | Particular | 50% State Quota | 35% Management Quota | 15% NRI Quota |
|------------------|------------------------------|-----------------------------------|---------------------|----------------------|---------------------|
| 1 | MS Gen. Surgery | Tuition Fee | 782607.00 | 3130428.00 | 3913035.00 |
| 2 | MD Gen. Medicine | | | | |
| 3 | MS Obst & Gyna | Development Fee | 117393.00 | 469572.00 | 586965.00 |
| 4 | MS Otorhinolaryngology (ENT) | | | | |
| 5 | MS Ophthalmology | University Eligibility Fee | 80650.00 | 80650.00 | 80650.00 |
| 6 | MS Orthopadics | | | | |
| 7 | MD Pediatrics | Insurance Fee | 989.00 | 989.00 | 989.00 |
| 8 | MD Skin & VD (DVL) | | | | |
| 9 | MD Anaesthesia | Cauton Money Deposit (Refundable) | 50000.00 | 50000.00 | 50000.00 |
| 10 | MD Radio-Diagnosis | | | | |
| 11 | MD Pathology | | | | |
| Total Rs. | | | 10,31,639.00 | 37,31,639.00 | 46,31,639.00 |

| Sr. No. | Subject | Particular | 50% State Quota & 35% Management Quota |
|------------------|-----------------------|-----------------------------------|--|
| 12 | MD Physiology | Tuition Fee | 500000.00 |
| 13 | MD Biochemistry | Development Fee | |
| 14 | MD Pharmacology | University Eligibility Fee | 80650.00 |
| 15 | MD Community Medicine | Insurance Fee | 989.00 |
| 16 | MD Microbiology | Cauton Money Deposit (Refundable) | 50000.00 |
| Total Rs. | | | 6,31,639.00 |

Demand Draft should be drawn on any "**Nationalized Bank**" in favour of
"MIMSR Medical College"
payable at Latur

- 1) The fees to the students admitted through 35% Management Quota and 15% NRI Quota will be applicable upto 4 times and 5 times respectively of the final fees for 50% State Quota approved by the Hon. Fee Regulating Authority (FRA), Mumbai
- 2) The concession in the tuition fee can be considered by the management depending on the case to case basis and on the application by concerned candidate asking for concesion in fees.
- 3) If any candidate leaves/resigns the course after prescribed date or after cut-off date of admission to First Year MD/MS course or during the course, he/she will have to pay full fees of the entire course i.e. for 3 years (As per rule No. 20.6 in NEET -PG Brochure 2024).
- 4) At the time of admission all the students must submit affidavit for fee on Rs. 100/- Bond paper with notary

(Annexure-1).



Tevaral

Campus Co-ordinator

[Signature]

Dean

Date : 18/03/2025

MIMSR Medical College, Latur

MIMSR Medical College, Latur

Place :- Latur

Copy :- Displayed on College Notice Board and Website.

MAEER HOSTEL

MIMSR MEDICAL COLLEGE & HOSPITAL

Vishwanath Puram, Ambajogai Road, Latur - 413 531 (Maharashtra State).

Hostel Fee Structure for PG Degree (MD/MS) Course AY 2024-25

(B) HOSTEL FEES

| Sr. No. | Particular | Hostel Fee |
|---------|---|-----------------------------|
| 1 | Hostel Fees (Per Year) | *Rs. 40,000/- to 1,30,000/- |
| 2 | Hostel Deposit (One Time-Refundable) | **Rs. 50,000/- |

- * Hostel Fees is to be paid after confirmation of College admission.
- ** Hostel Deposit is to be paid by **Demand Draft of any Nationalized Bank** drawn in favour of "MAEER HOSTEL" payable at Latur, Branch at the time of admission.



Dean

MIMSR Medical College, Latur

Date : 22/11/2024

Place :- Latur

Copy :- Displayed on College Notice Board and Website.

(Undertaking on Rs.100 Stamp Paper with Notary)

UNDERTAKING

I, _____ Son/Daughter/Wife of
Shri _____ Indian Inhabitant, residing at
_____ do solemnly affirm and
state as under.

1. I Say that I have appeared for the **NEET-PG-2024** examination conducted by National Board of Examinations, New Delhi and secured admission through The Commissioner and Competent Authority, State Common Entrance Test Cell, Mumbai in round _____ for the academic year 2024-2025 in MIMSR Medical College, Latur (Maharashtra State).
2. I say that solely on the basis of merit I have been admitted to the MIMSR Medical College, Latur for MD/MS (Post Graduate Course) under _____ **(50% State Quota/ 35% Institutional Quota/15%NRI/Against NRI Quota)** in _____ **(Student category)** for the Subject of MD/MS _____ for the academic year 2024-2025.
3. I say that at the time of securing my First year admission I have paid a sum of Rs. _____/- as a **Tuition and Development fees only** for MD/MS Course.
4. I say that I am fully aware that the aforesaid fees paid is subject to revision at any time. In the event of the fees being increased by the appropriate Authority/Judicial Pronouncement, I hereby undertake to pay the difference amount of the fees within a period of 7 days from being notified. I hereby also undertake that I will not challenge the increase in the amount of the fees for any reason whatsoever.
5. I will pay the Tuition & Development fees regularly every year as per Institutional Rules.

Solemnly affirmed at _____
This _____ day of _____
Identified by me: _____

Signature of Student _____

Student full Name _____

Mobile No. _____

(Undertaking on Plain Paper)

MIMSR MEDICAL COLLEGE, LATUR

NATIONAL INSURANCE COMPANY LTD.

(DIVISIONAL INSURANCE CO.LTD)

205, B-2, e-Ward, Cosmos Commercial Complex, Station Road, Kolhapur.

AMARTYA SIKSHA YOJANA POLICY - 2024-2025.

(For Medical & Paramedical students in the state of Maharashtra)

UNDERTAKING

Only the earning Parent/Legal Guardian if any is authorized to claim the **AMARTYA SIKSHA YOJANA POLICY.**

I read the Terms and Conditions of Insurance policy,(Displayed on our College website & Notice Board).

The claim will be effective from the date of Demand Draft received by National Insurance Co. Ltd. at Kolhapur.

I am admitted in MD/MS (Post Graduate) course in the academic year 2024-2025 in the Subject of MD/MS _____ and I am fully understood and agreed to the above undertaking given by us.

(Signature of Student)

Student Name:- _____
(Full Name in Capital Letter)

(Signature of Earning Parents/Legal Guardian)

Earning Parents/Legal Guardian age:- _____

Name of Earning Parents/
Legal Guardian _____
(Full Name in Capital Letter)

Relationship with Student:- _____

Address :- _____

Student Mobile No.1) _____ 2) _____

Date:- / /2024.

Place:-Latur