

MAEER MIT Pune's MIMER MEDICAL COLLEGE & HOSPITAL

Talegaon Dabhade, Pune

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

Sr. No.	Subject	Particular	50% State Quota	35% Management Quota	15% NRI Quota
1	MS Gen. Surgery	*Tuition Fee	800000.00	3200000.00	4000000.00
2	MD Gen. Medicine	*Development Fee	100000.00	400000.00	500000.00
3	MS Obst & Gyna	University Eligibility Fee	80650.00	80650.00	80650.00
4	MS Otorhinolaryngology (ENT)	Insurance Fee	989.00	989.00	989.00
5	MS Ophthalmology	University Pro Rata, Development, Disaster Mgt.	478.00	478.00	478.00
6	MS Orthopadics	Caution Money Deposit (Refundable)	50000.00	50000.00	50000.00
7	MD Psychiatry				
8	MD Skin & VD (DVL)				
9	MD Anaesthesia				
Total Rs.			1032117.00	3732117.00	4632117.00

Sr. No.	Subject	Particular	50% State Quota	35% Management Quota
10	MD Pathology	*Tuition Fee	800000.00	3200000.00
11	MD Biochemistry	*Development Fee	100000.00	400000.00
12	MD Pharmacology	University Eligibility Fee	80650.00	80650.00
13	MD Microbiology	Insurance Fee	989.00	989.00
14	MD Community Medicine	University Pro Rata, Development, Disaster Mgt.	478.00	478.00
		Caution Money Deposit (Refundable)	50000.00	50000.00
Total Rs.			1032117.00	3732117.00

*** ALL THE ASPIRING CANDIDATE SHOULD NOTE THAT THE ABOVE FEE IS INTERIM AND SUBJECT TO CHANGE AS PER THE DIRECTION BY HON'BLE FEE REGULATING AUTHORITY (FRA), MUMBAI**

Demand Draft should be drawn on any "**Nationalized Bank**" in favour of
"MAEERs MIMER MEDICAL COLLEGE"
 payable at Pune

- 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 concession if fees.
- 3) If the candidate leaves the course after cut-off date and/or during the course he/she will have to pay full fee of the entire course.

Date : 18/11/2024

sd/-
Principal

MAEER MIT Pune's MIMER MEDICAL COLLEGE & HOSPITAL

Talegaon Dabhade

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

Sr. No.	Particular	Hostel Fee
1	Hostel Fee	100000.00
2	Hostel Deposit (Refundable)	50000.00
Total Rs.		150000.00

Demand Draft should be drawn on any "**Nationalized Bank**" in favour of "**MAEERs Hostel**" payable at Pune.

- 1) Hostel is compulsory for all students till completion of the course.
- 2) Hostel Fees will be subject to revision by the Management.

Date : 18/11/2024

sd/-
Principal

UNDERTAKING

I, _____ Age _____
S/D/o. _____ Occupation _____ of 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 Examination, New Delhi. My All India Rank is _____ and my State Merit List No. is _____. I have been selected for MD/MS _____ course for the academic year 2024-25 in MAEER MIT Pune's MIMER Medical College, Talegaon Dabhade, Tal. Maval, Dist. Pune through Common Counseling conducted by State CET Cell, Mumbai.
- 2) I say that solely on the basis of Merit/Management/NRI Quota, I have been admitted at MAEER MIT Pune's MIMER Medical College, Talegaon Dabhade in first year MD/MS course for the Academic Year 2024-25.
- 3) I say that at the time of securing my admission I have paid a sum of Rs. _____/- as Tuition and Development fees for the first year MD/MS course declared by Hon'ble Fees Regulating Authority, Mumbai.
- 4) I say that I am fully aware that the MD/MS course is residential programme.
- 5) I say that I am fully aware that the management of the MAEER MIT Pune's MIMER Medical College has submitted the appeal before Hon'ble Fee Regulating Authority, Mumbai for revision in fees declared by Fee Regulating Authority, Mumbai. The aforesaid fees paid by me are subject to the revision at any time. In the event of the fees being increased by appropriate Authority / Court, 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.

Name & Sign. of Candidate

Solemnly affirmed at _____

This _____ day of _____ 2024

Name & Sign. of Parent / Guardian