Important Instructions for PG Admission Batch: 2026-27

We congratulate you for deciding to join Medical profession and for selecting Zydus Medical College and Hospital, Dahod affiliated to Shri Govind Guru University, Godhra to begin your professional journey. **The process for reporting at medical college has started and the commencement of academic session of PG Courses will start from 20/11/2026**

College admission form with suitable attachments.

1) Admission Order issued by ACPPGMEC, Gandhinagar / MCC
2) Allotment letter issued by ACPPGMEC, Gandhinagar/ MCC
3) Tuition fee receipt showing the payment of one term (6months) fees.
4) PG (NEET) 2026 Result.
5) FMG Screening test result if student is FMG.
6) MBBS all mark sheets and Degree certificate.
7) Provisional Registration of State Medical Council of India (In case of fresh candidates only who have just completed their internship)/Permanent Registration of State Medical Council of India (In case of old pass out candidates).
8) Internship Completion & Attempt Certificate.
9) Mark sheet of S.S.C. (Std. 10th) Exam.
10) Mark sheet of H.S.C. (Std. 12th) Exam.
11) Document showing place of birth, date of birth and Indian Citizenship (School leaving Certificate/ Transfer Certificate / Passport / Birth Certificate).
12) For SEBC,ST & SC Category : Cast Certificate Issued by Competent Authorities of Gujarat State Only.
13) For EWS (Economically Weaker Sections) Category: EWS certificate issued by Competent Authorities of Gujarat State only dated on or after 01/04/2021.
14) Domicile certificate of Gujarat state: For candidates who have done MBBS outside Gujarat but within India (only if birth place is outside Gujarat).
15) For SEBC Category: Non creamy layer certificate (Parishista "4" in Gujarati/ English issued by competent authorities of Gujarat State only.
16) **Migration Certificate (Compulsory).**
17) Aadhaar Card Photocopy.
18) Copy of Passport - if Citizenship is Dual/ Foreign.
19) Photocopy of Disability Certificate issued by Competent Authority.
20) Passing certificate
21) Permanent Gujarat Medical Council (GMC) registration Certificate.
22) Passport size photograph (5) of PG Student.
23) Passport size photograph (1) of any one parent of PG Student.
24) **Notarised Academic Gap Affidavit on Stamp Paper of ₹ 50/10/300 (Mandatory for those students who have gap between MBBS and PG). (Original)**
25) **Notarised Undertaking for not leaving MD/MS Course on Stamp Paper of ₹ 300 (Format Attached). (Original) (Compulsory)**
26) **The student must come to college for reporting with his/her parent or guardian.**

[For any queries please contact Student Section on Mobile No.: 7016648133 during office hours (09:00am to 05:00pm, Sat 09:00am to 01:00pm, during working days).]

Sanjay Kumar 14/11/2026

Dean
Zydus Medical College and Hospital,
Dahod

Dean
Zydus Medical College and Hospital
Dahod-389151.

STUDY GAP CERTIFICATE

I, _____, S/o or D/o _____ residing at _____ **(Permanent Residential Address)** do solemnly declare and affirm the following:

1. That I am currently a resident of the above-mentioned address.

2. That I have successfully passed M.B.B.S in _____ **(Month and Year of Passing)** from _____ **(Name of College/University)**.

3. That I, stated further, have not attended or joined any other school/university/institution since passing out due to _____ **(Reason for Gap)**.

4. That the duration of my gap period is from _____ **(Date of Gap Beginning)** to _____ **(Date of Gap Ending)**.

5. That, during the course of this gap period, I neither assisted nor was involved in any activity barred under the country's laws.

6. That there is no criminal case pending against me in any law court.

The above statements are true. No material information has been concealed. If at any time in the future, the facts stated are not found to be true, I will take full responsibility for the cancellation of my admission.

Date : ……..

Place:…….

…….

DEPONENT

(To be printed on Rs 300/- Non Judicial stamp paper duly notarized)

Zydus Medical College and Hospital,Dahod
(Affiliated to Shri Govind Guru University, Godhra)

UNDERTAKING

I, Dr. …… (Name of the Candidate), aged about …….. years, S/o. /D/o …… (Name of the Parent) Resident of (Permanent/Present address of parent) do hereby swear an oath as follows-

I have been selected to the MS/MD course in the subject of _____ for the academic year _____ at **Zydus Medical College and Hospital, Dahod, At & Po. Nimnaliya, Muvaliya, Gujarat - 389151** (Affiliated to Shri Govind Guru University, Godhara) through the Common Counseling conducted by the Admission Committee for Professional Post Graduate Medical Educational Courses (ACPPGMEC), Government of Gujarat.

I, state that on my own will along with my parents/guardian I am taking admission to the 3 years MD/MS course at **Zydus Medical College and Hospital, Dahod, At & Po. Nimnaliya, Muvaliya, Gujarat - 389151** (Affiliated to Shri Govind Guru University, Godhara) as per the ACPPGMEC Provisional Allotment letter dated ……..

I, further state that, in consideration of admission to MD/MS Course, I shall complete the full MD/MS Course (as per ACPPGMEC Norms) and accordingly undertake to pay all the tuition fee and other fees as prescribed by **Zydus Medical College and Hospital, Dahod, At & Po. Nimnaliya, Muvaliya, Gujarat - 389151** (Affiliated to Shri Govind Guru University, Godhara)**, at the time of starting of my academic year and for the subsequent years of my MD/MS Degree.**

In the event of my discontinuation of MD/MS course due to any reason at any point of time after my admission; I along with my parent/guardian hereby undertake to pay the balance tuition fees for the entire remaining course, any pending fees and other fees which would have accrued in the normal flow of the course **Zydus Medical College and Hospital, Dahod, At & Po. Nimnaliya, Muvaliya, Gujarat - 389151** (Affiliated to Shri Govind Guru University, Godhara).

I understand that I become liable to pay the whole course fee immediately upon securing a seat and therefore it is equitable to ensure that the total course fees are paid in the event of a premature termination of the course admission. I further undertake that, if in case I discontinue my course for any reason I will not claim for refund of the fees which I have already paid during my admission and will refund the amount received as stipend up to the date of my discontinuation to the Institution.

This undertaking is given without any coercion, undue influence, or threat and by my free consent. The contents herein above are read over and understood by me and true to the best my knowledge and belief. I along with my parent/guardian do hereby undertake to act accordingly. This, undertaking is made on the …….day of ……..20 at Dahod, Gujarat.

Signature of the Candidate	**Signature of the Parent/Guardian**
Name of the Candidate	Name of the Parent/Guardian and Relation