

ANNEXURE "O"

To be filled by admitting college at the time of admission

Government of Maharashtra

COMMISSIONER, STATE CELL, Mumbai

SCRUTINY FORM

SML No.

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Candidate's Name : _____

Complete Address : _____

Pin Code _____

Tel. No. (with STD Code) Residence: _____ Mobile No.: _____

Exam appeared (please tick): PGP-CET 2024 , PGO-CET 2024 , M.Sc (SLP) /M.Sc (Aud)-CET 2024 , M.Sc(P&O)-CET 2024

Aggregate B.P.Th./ B.O.Th./ B.A.S.L.P./B.P.O. Marks : _____ Out of _____ Percentage _____ %

Date of internship completion: _____ Month & year of Passing final Degree Exam: _____

College from which B.P.Th./ B.O.Th./ B.A.S.L.P. /B.P.O. Passed: _____

University from which B.P.Th./ B.O.Th./ B.A.S.L.P./B.P.O. Passed: _____

CET-2023 Roll No.: _____ CET-2024 Marks Obtained _____ / 100. Person with Disability (PWD) : Yes / No

Date: / /2024

Signature of Candidate

(Arrange a set of original certificates and one set of attested Xerox copies separately in the order given below for verification)

Remarks:

(For Office Use only)

Signature of Scrutiny Clerk

Eligible: Yes / No

If not eligible, reason/s _____

Name & Signature of Scrutiny Officer

- | | |
|--------------------------|--|
| <input type="checkbox"/> | Online downloaded Application form. |
| <input type="checkbox"/> | Copy of downloaded Admit Card. |
| <input type="checkbox"/> | Copy of downloaded PGP/PGO/ M.Sc (SLP) /M.Sc (Aud) /M.Sc(P&O)-CET 2024 result. |
| <input type="checkbox"/> | Any Photo ID proof (Aadhar Card, Driving licence, PAN Card, Pass port) |
| <input type="checkbox"/> | Nationality Certificate/Valid Passport |
| <input type="checkbox"/> | SSC Passing Certificate/Valid Passport |
| <input type="checkbox"/> | All years mark-sheets of degree course |
| <input type="checkbox"/> | Attempt Certificate of all Degree exams |
| <input type="checkbox"/> | Internship completion certificate |
| <input type="checkbox"/> | Degree Passing Certificate |
| <input type="checkbox"/> | Degree Certificate |
| <input type="checkbox"/> | Medical Fitness Certificate |

If applicable

- | | |
|--------------------------|---|
| <input type="checkbox"/> | Caste Certificate |
| <input type="checkbox"/> | Caste Validity Certificate |
| <input type="checkbox"/> | Non Creamy layer Certificate valid upto 31/03/2025 (VJ, NT1, NT2, NT3, OBC including SBC) |
| <input type="checkbox"/> | EWS Eligibility Certificate |
| <input type="checkbox"/> | Person with Disability (PWD) Certificate |
| <input type="checkbox"/> | Orphan Certificate |

Name, Signature with date of Clerk

APPLICABLE FOR RESERVED CATEGORY CANDIDATES (EAR-MARKING)

In pursuance of the "Ear-Marking Rule" given on page no.6 of PGP/PGO/PGASLP(PGSLP)/M.Sc (P&O)- CET 2024 Information Brochure for preference system, I hereby exercise my option and opt for _____ seat as and when I am entitled to admission on the basis of merit in an open category seat, as per my Preference form. (Reserve/Open)