"Anand Charitable Trust's"

Anand College of Homeopathy

Phulewadi Road, Vaijapur, Tal Vaijapur, Dist. Chh. Sambhajinagar 423 701

Annual College Fees Structure for Academic Year 2026-27

Particular	For Male			For Female		
	Open, AIQ & IQ	OBC/ SBC/ EBC/EWS	SC/ ST/ VJ/NT	Open & AIQ	OBC/ SBC/ EBC/EWS	SC/ ST/ VJ/NT
Tuition Fee	88929	44464.5	0	0	0	0
Development	9071	9071	9071	9071	9071	9071
Total	**98000**	**53535.5**	**9071**	**9071**	**9071**	**9071**

DD Name **Anand College of Homeopathy** Payable at **Vaijapur** Dist. Chh. Sambhajinagr.

Bank Name: State Bank Of India, Branch- Mondha

Hostel Fees

Sr. No.	Fees Type	Per Year
1	Deposit	10000
2	Hostel & Mess Fee	80000
Total		**90000**

DD Name **Anand Hostel** Payable at **Vaijapur** Dist. Chh. Sambhajinagr.

Bank Name: State Bank Of India, Branch- Mondha

Anand College Of Homeopathy Vaijapur

Principal

Anand College of Homoeopathy & Hospital
Phulewadi Road, Vaijapur, Tq. Vaijapur,
Dist. Chh.Sambhaji Nagar - 423 701

"Anand Charitable Trust's"

Anand College of Homeopathy

Phulewadi Rd, Vaijapur, Tal Vaijapur, Dist. Chh. Sambhajinagar 423 701

FY BHMS **DOCUMENTS REQUIRED 2026-27**

Name of Candidate : - ----------

Cast of Candidate : - ---------- **Admitted Quota: -** ----------

Contact No. of Candidate: - ----------/----------/----------

Sr. No.	Particular	Remark
1*	Date of Birth Certificate (LC)	
2*	Age & Nationality Certificate	
3*	Domicile Certificate	
4*	SSC Passing Certificate	
5*	HSC Marksheet	
6*	NEET Score Card	
7*	CET Cell Registration Form	
8*	Allotment Letter	
9*	NEET Admit Card	
10*	NEET Application Form	
11	Caste Certificate (if applicable)	
12	Caste Validity (if applicable)	
13	Non-Creamy Layer Certificate (if applicable) Valid 31.03.2027	
14	Income Certificate (if applicable) (if applicable) Valid 31.03.2027	
15*	Medical fitness certificate as per information Brochure (Annexure - H)	
16*	Aadhar Card	
17*	4 Passport Size Photo (with white background)	
18	Gap Certificate (if applicable)	
19*	Bank Passbook Xerox Copy	
20	EWS (Issued for the 2026-27)	
21	Defence Certificate (if applicable)	
22	Orphan Certificate (if applicable)	
24	Migration Certificate (if applicable)	
25	Hilly Area Certificate (if applicable)	
26	Minority Status (if applicable)	
27	Maharashtra-Karnataka Border (MKB) (if applicable)	

Bank Name: ----------

CHQ/DD No.: ----------

Amount.: - ----------

CHQ/DD Date: ----------

Seal **Name, Signature & Date of Scrutiny Officer**

Note: -

1. Hard copy of all above Documents
2. Soft copy of all above Documents in a Pen drive
3. Two (02) Xerox sets of all above Document's