

**2022-23**

☎: 0836-2374624

Fax: 0836-2278097

GOVERNMENT OF KARNATAKA

ಕರ್ನಾಟಕ ವೈದ್ಯಕೀಯ ವಿಜ್ಞಾನ ಸಂಸ್ಥೆ ಹುಬ್ಬಳ್ಳಿ -580021

KARNATAKA INSTITUTE OF MEDICAL SCIENCES, HUBBALLI - 580021**FORM FOR ADMISSION TO PG MEDICAL COURSE FOR THE YEAR: 2022-2023****PG DEGREE COURSE SELECTED:** _____

| | |
|---|-------|
| NAME ; | PHOTO |
| FATHER NAME : MOTHER NAME : | |
| OCCUPATION. SEX ; | |
| PHONE / MOBILE NO ; Email.ID: | |
| HALL TICKET NO ; PG COURSE SELECTED: | |
| RANK NO : QUOTA ; | |
| INCOME FOR PARENT ; BLOOD GROUP ; | |
| OR GUARDIAN : | |
| PERMANENT ADDRESS ; | |
| PRESENT ADDRESS : | |
| PLACE OF BIRTH : NATIVE DISTRICT : | |
| DATE OF BIRTH : KARNATAKA OR/NON KARNATAKA : | |
| RELIGION : MOTHER TONGUE : | |
| NATIONALITY: | |
| NAME OF FORMER COLLEGE ; | |
| CASTE: SELECTED UNER : (GM/ SC/ST/CATEGORY) PLACE SPECIFY | |
| NAME OF THE QUALIFY EXAMINATION PASSED : | |

| MBBS/PG DIPLOMA | REG . NOS | MONTH YEAR OF PASSING | INTERSHIP COMPLITION | TOTAL MARKS | SECURED MARKS | PERCENTAG |
|--------------------|-----------|-----------------------------|-------------------------|----------------|------------------|-----------|
| | | | | | | |
| | | | | | | |
| | | | | | | |

NAME OF THE UNIVERSITY :

DATE :
PLACE :

SIGNATURE OF THE CANDIDATE

ORIGINAL DOCUMENT PRODUCED ALONG WITH TWO SETS OF XEROX COPIES

| SL.NO | DOCUMENTS | ORIGINAL [Tick ✓] | XEROX [Tick ✓] |
|--------------|---|------------------------------|---------------------------|
| 01 | PG ENTRANCE ADMISSION TICKETS ORIGINAL | | |
| 02 | RANK LETTER | | |
| 03 | SELECTION ORDER: DGHS / DME / KEA / RGUHS | | |
| 04 | ELIGIBILITY CERTIFICATE FROM RGUHS BANGALORE FOR ADMISSION TO PG COURSE | | |
| 05 | S.S.L.C. and PUC CERTIFICATE | | |
| 06 | MBBS 1 ST YEAR TO FINAL YEAR MARKS CARD | | |
| 07 | HOUSEMANSHIP / INTERNSHIP COMPLETION CERTIFICATE | | |
| 08 | ATTEMPT CERTIFICATES | | |
| 09 | DEGREE CERTIFICATES | | |
| 10 | MEDICAL COUNCIL REGISTRATION CERTIFICATE | | |
| 11 | TRANSFER CERTIFICATE (FROM COLLEGE) | | |
| 12 | MIGRATION CERTIFICATE (FROM UNIVERSITY) | | |
| 13 | DOMICILE CERTIFICATE | | |
| 14 | CASTE CERTIFICATE | | |
| 15 | NATIONALITY CERTIFICATE | | |
| 16 | ACKNOWLEDGEMENT FROM THE DME/KEA/RGUHS/ BANGALORE FOR RECEIPT OF ORIGINAL CERTIFICATES (STATE ENTRANCE QUOTA CANDIDATES ONLY) | | |
| 17 | RELIEVING ORDER (INSERVICE CANDIDATE ONLY) | | |
| 18 | PROBATIONARY PERIOD DECLARATION ORDER (IN SERVICE CANDIDATE ONLY) | | |
| 19 | AFFIDAVIT IN Rs.200/- DISCONTINUATION OF BOND PAPER AFFI DAVIT IN Rs.50 + 50/- PARENTS / GUARDIAN+ CANDIDATE) AFFIDAVIT IN Rs.200/- RURAL QUOTA BOND PAPER | | |
| 20 | PASSPORT SIZE PHOTOGRAPHS : 04 Nos. ALONGWITH 2 SETS OF XEROX OF ALL DOCUMENTS. | | |

From: _____

To,

The Principal,
Karnataka Institute of Medical Sciences,
HUBBALLI.

Sir,

I, Dr. _____ Reg.No: _____

Is selected for admission to : _____ course and allotted to Karnataka Institute
of Medical Sciences, HUBBALLI hereby declare as under:

1. I am not presently a Post Graduate Student in any Degree / Diploma course in any medical college.
2. I have not already passed any Post Graduate Degree or Diploma in any other subject.
3. I have not discontinued studies in any Post Graduate Degree / Diploma course in the previous year.

I am aware that in case any of the above information is found to be false later, I shall forfeit the seat allotted to me and render myself liable for civil and criminal action as per selection rules.

PLACE;

SIGNATURE OF CANDIDATE

DATE:

DECLARATION

From: _____

To,

The Principal,
Karnataka Institute of Medical Sciences,
HUBBALLI.

Mobile No:

Email.ID:

Sir,

Sub: I, Dr. _____ joined the
Post graduate course in _____
at my own risk.

I agree that I will submit the migration certificate from the previous university and Transfer certificate from the last institute which I have studied MBBS / PG course within 10 days from the date of my admission.

PLACE;

SIGNATURE OF CANDIDATE

DATE:

DECLARATION

1. I am a private post graduate student.
2. I am not in receipt of any other scholarship of concession from the college.
3. I hereby agree to reply the excess amount if anything pointed out by the audit or superior authorities at later date.
4. I am not employed anywhere.
5. I am not studying any graduate course in anywhere.

Signature of the

Place: HUBBALLI :

Candidate :-----

Date:

(Name :

Post Graduate Student in:

DECLARATION

From: _____

To,

Email.ID:

The Principal,
Karnataka Institute of Medical Sciences,
HUBBALLI

Mobile No:

Sir,

Sub: I, Dr. _____ joined the
Post graduate course in _____
At my own risk.

I agree that I will submit the following original certificate within 15 days from the date of admission otherwise my stipend/ pay/ CTC and be withheld till the certificates are submitted:

| | |
|--|--|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

NOTE: This holds good only for Migration certificate and Transfer certificates.

Signature of the

Place : HUBBALLI :

Candidate : _____

Date :

(Name :

Post Graduate Student in :

From: _____

To,

Sir,

I hear by request you that, I am provisionally admitted to the PG course _____ for the academic year _____

At Karnataka Institute of Medical Sciences, Hubballi, I request you to send my Transfer certificate/ Leaving certificate to the principal, Karnataka Institute of Medical Sciences, Hubballi.

I have joined MBBS in your college during the year _____ My Roll Number was

_____ And passed MBBS Examination held in _____

Thanking you,

Yours faithfully,

(Signature of the student)

KARNATAKA INSTITUTE OF MEDICAL SCIENCES, HUBBALLI.

NO : KIMS/PGS/ / 2022/23

OFFICE OF THE DIRECTOR
KARNATAKA INSTITUTE OF MEDICAL SCIENCES,
HUBBALLI, DATE : / /2022

To,

The Principal,

Sir,

Sub: Issue of Transfer Certificate.

I am forwarding here with the application of the following student/s of this college for issue of I transfer certificate. The correct birth date information of the student may please be mentioned.

| SL.NO | NAME OF THE STUDENTS | SUBJECT | PO/DD.NO. TOWARDS TC FEES. |
|-------|----------------------|---------|----------------------------|
| | | | |

Yours faithfully

PRINCIPAL
KARNATAKA INSTITUTE OF MEDICAL SCIENCES,
HUBBALLI.



Fax: 0836-2278097

GOVERNMENT OF KARNATAKA

ಕರ್ನಾಟಕ ವೈದ್ಯಕೀಯ ಬಿಜ್ಞಾನ ಸಂಸ್ಥೆ ಹುಬ್ಬಳ್ಳಿ -580021

KARNATAKA INSTITUTE OF MEDICAL SCIENCES, HUBBALLI - 580021

REF.NO: KIMS/PGS/ADMISSION/

/ 2022/23

DATE: / / 2022

OFFICE MEMORANDUM**SUB: JOINING OF PG CANDIDATES PROVISIONALLY ADMITTED UNDER AIQ /PGET/KEA/
IN- SERVICE 2022-23 AT THIS COLLEGE.**

| | |
|-----------------|--|
| AIQ-ROUND | |
| STATE/KEA ROUND | |

REF: ALLOTMENT LETTER NO: _____ DATED: _____

Dr. _____ Rank.No: _____ who have

selected Under AIQ/PGET/KEA In-Service Quota _____ for the PG Course: _____

Has admitted provisionally at this college on: / / 2022.

His/her term of the PG Course will be commenced from : 20-10-2022.

He/She is directed to report to the Professor & HOD of : _____, KIMS HUBBALLI

Principal
Karnataka Institute of Medical Sciences,
Hubballi

To,

The above Student,

Copy to the Prof & HOD of _____ Kims, Hubballi for information.

Copy to the Accounts Section, Kims, Hubballi for information.

Copy to the Warden Boy's /Ladies Hostel, Kims, Hubballi for information.

☎: 0836-2374624

Fax: 0836-2278097



GOVERNMENT OF KARNATAKA

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KARNATAKA INSTITUTE OF MEDICAL SCIENCES, HUBBALLI - 580021

REF.NO: KIMS/PGS/ADMISSION/

/ 2022/23

DATE: / / 2022

OFFICE MEMORANDUM**SUB: JOINING OF PG CANDIDATES PROVISIONALLY ADMITTED UNDER AIQ /PGET/KEA/
IN- SERVICE 2022-23 AT THIS COLLEGE.**

| | |
|-----------------|--|
| AIQ-ROUND | |
| STATE/KEA ROUND | |

REF: ALLOTMENT LETTER NO: _____ DATED: _____

Dr. _____ Rank.No: _____ who have

selected Under AIQ/PGET/KEA In-Service Quota _____ for the PG Course: _____

Has admitted provisionally at this college on: / / 2022.

His/her term of the PG Course will be commenced from : 20-10-2022.

He/She is directed to report to the Professor & HOD of : _____, KIMS HUBBALLI

Principal
Karnataka Institute of Medical Sciences,
Hubballi

To,

The above Student,

Copy to the Prof & HOD of _____ Kims, Hubballi for information.

Copy to the Accounts Section, Kims, Hubballi for information.

PG SECTION:

SUBMITTED:

1. Dr. _____ Rank.No: _____
Hall Ticket No: _____ Category: _____ has been selected
For the Postgraduate course in _____
Under AIQ /State Quota / In-Service Quota for the academic year: 2021-22 has requested this office to admit him / her for the same.
2. He/she has submitted selection order issued by DGHS New Delhi/RGUHS/KEA Bangalore and Original certificate along with Xerox copies of the certificates.
3. He/she has submitted an undertaking that his/her admission to this college is provisional and at his/her own risk (subject to issue of final eligibility from RGUHS, Bangalore).
4. Hence, kindly verify all the documents and if approved he/she will be admitted provisionally,

For kind orders and guidance.

5. C/w:

6. Office Supdt:

7. A.A.O:

8. Nodal officer and scrutiny Committee :

9. Principal.

KARNATAKA INSTITUTE OF MEDICAL SCIENCES, HUBBALLI-580021**POST GRADUATE STUDENTS ENTRY FORM ACADEMIC YEAR 2022-2023**

| | | | | | |
|---|-------------------|---|--|---|--|
| COURE NAME | | ACADEMIC YEAR | 2022-23 | DATE OF BIRTH | |
| STUDENT REGISTRATION NO. | | REGISTERED COUNCIL NAME | _____MEDICAL COUNCIL | | |
| NAME OF THE STUDENT | | MERIT NO. | | GENDER | |
| CATEGORY | GOVERNMENT | SUB CATEGORY | | DATE OF ADMISSION | |
| STIPEND PAID | YES | STIPEND AMOUNT | 1 st Year Rs.45000/- 2 nd year Rs.50000/- 3 rd year Rs.55000/- | STIPEND PAID BY GOVERNMENT INSTITUTIONS | 1 st Year Rs.45000/- 2 nd year Rs.50000/- 3 rd year Rs.55000/- |
| MARKS PERCENTAGE IN PG ENTRANCE [I.E., XX.OO] | | NAME OF TEACHER UNDER WHOM THE CANDIDATE ADMITTED | | | |
| STUDENT MOBILE NO. | | | | | |

DATE:**SIGNATURE OF THE STUDENT****PLACE:**

NOTE

- 1. THOSE WHO HAVE COMPLETED THEIR MBBS COURSE FROM OTHER THAN RAJIV GANDHI UNIVERSITY OF HEALTH SCIENCES, [RGUHS UNIVERSITY], THEY MUST GET “ELIGIBILITY CERTIFICATE” FROM RGUHS WEBSITE [<https://rguhs.karnataka.gov.in/rguhsPGEC>] AND SUBMIT THE SAME AT THE TIME OF ADMISSION WHICH IS COMPULSORY AS PER RGUHS NORMS.**

- 2. CANDIDATES ARE HEREBY INFORMED TO BRING ONE LARGE SIZE PLASTIC FOLDER TO KEEP THE DOCUMENTS SECURED. AND SHOULD WRITE THE INFORMATION ON IT WITH MARKER PEN AS PER THE FOLLOWING:**
 - 1. Name:**
 - 2. Course:**
 - 3. Roll No:**
 - 4. Allotted No:**
 - 5. Rank No:**
 - 6. Date of Allotment :**
 - 7. Date of Admission:**

- 3. ONE PENDRIVE CONTAINING DOCUMENTS SEPARATELY IN PDF FORMAT [BELOW 150 KB] AND [PHOTO BELOW 50KB JPG FORMAT].**

FEES STRUCTURE

| SL NO | FEES DETAILS | PRE CLINICAL SUBJECTS (ANATOMY/PHYSIOLOGY/ BIOCHEMISTRY) | | PARA CLINICAL SUBJECTS (PATHOLOGY/MICROBIOLOG Y/ PHARMACOLOGY/ FORENSIC MEDICINE) | | CLINICAL SUBJECTS | |
|------------------|-------------------------------|--|---------------------|--|---------------------|-----------------------|---------------------|
| | | PG DEGREE | | PG DEGREE | | PG DEGREE | |
| | | GENERAL CANDIDATES | SC/ST CANDIDATES | GENERAL CANDIDATES | SC/ST CANDIDATES | GENERAL CANDIDATES | SC/ST CANDIDATES |
| 1 | TOTAL FEE OF UNIVERSITY | 15000 | 15000 | 15000 | 15000 | 15000 | 15000 |
| 2 | TOTAL FEE OF COLLEGE | 3610 | 3610 | 3610 | 3610 | 3610 | 3610 |
| 3 | TUTION FEES | 25000 | - | 50000 | - | 100000 | - |
| GRAND TOTAL RS.. | | 43610 | 18610 | 68610 | 18610 | 118610 | 18610 |

ONLINE PAYMENT BANK INFORMATION

| | |
|---------------------------|--|
| BANK NAME | CANARA BANK, KIMS CAMPUS, VIDYANAGR, HUBBALLI |
| BRANCH CODE | 11241 |
| BRANCH NAME | KIMS, HUBBALLI |
| BRANCH MICR CODE | 580015021 |
| BRANCH IFSC CODE | CNRB0011241 |
| ACCOUNT NAME | DIRECTOR, KIMS, HUBBALLI |
| SB BANK ACCOUNT NO | 12412200036387 |

BOND INFORMATION AS PER GOVERNMENT OF KARNATAKA

ANNEXURE-4

[BOND RS.200/-]

I Dr. _____ aged _____ S/o D/o _____

At.Post: _____ Taluk _____ Present Resident of _____

Taluk _____ hereby swear on oath as follows:

1. That I am admitted to KIMS College for PG/Board- speciality/Degree/Diploma in Psychiatry (mention the subject) under All India quota.
2. I am submitting the bond after reading and fully understanding the Karnataka Compulsory service by candidates completed Medical course act 2012 and its amendment dated: 22-09-2017.
3. I state that I have admitted under non-in service State quota/ All India quota.
4. I understand that all the candidates (other than the candidates who have undergone compulsory rural service after award of MBBS degree) who take admission to PG Medical Degree/Diploma courses and successfully complete the Post Graduate Degree/ Diploma shall under go one-year compulsory service training by the candidates completed medical courses (counselling, allotment, and certification) as per Karnataka Compulsory Service Act 2012 as amended in 22-09-2017 and rules there under to the said act.
5. I am fully aware of the fact that the candidates will be entitled to only temporary registration till completion of such service. I shall be abide voluntarily to the said condition.

Date:

Deponent Signature

Name: _____

Address : _____

Mobile No: _____

E-mail ID : _____

PERSONAL DETAILS

(Needs to be submitted by the Candidate along with the bond)

| Sl No | Particulars | To be filled by the Candidates |
|-------|---|--------------------------------|
| 1 | Name | |
| 2 | Age with date of birth | |
| 3 | Fathers Name | |
| 4 | Mothers Name | |
| 5 | Present Address | |
| 6 | Permanent Address | |
| 7 | Contact Number of the Candidate Mobile Landline | |
| 8 | Contact No. Of Parent/ Guardian/ reference of candidate to contact in case of emergency | |
| 9 | E-mail ID | |
| 10 | Aadhar No | |
| 11 | State Medical Registration No. State | |
| 12 | All NEET Rank | |
| 13 | KEA/State Neet Rank | |
| 14 | Admission order Details | |
| 15 | Name of the College to which candidate is admitted | |
| 16 | UG/ Super Speciality/ PG Degree / Diploma | |
| 17 | Discipline/ Subject | |
| 18 | Details of the reservation quota under which candidate is admitted | |

Date:

Deponent Signature

Name: _____

Address : _____

Mobile No: _____

E-mail ID : _____

BOND INFORMATION AS PER GOVERNMENT OF KARNATAKA

ANNEXURE-4 -A

[BOND RS.200/-]

UNDERTAKING AS REQUIRED UNDER RULE 15151 OF THE KARNATAKA
CONDUCT OF ENTRANCE TEST FOR SELECTION AND ADMISSION TO THE POST-
GRADUATE MEDICAL AND DENTAL DEGREE AND DIPLOMA COURSES RULES,
2006 FOR CLINICAL SUBJECTS IN MEDICAL / DENTAL COURSES.

I DR. _____ S/o. _____
Aadhar no. _____ PAN No. _____ permanent resident
of A/p : _____ and presently
A/p : _____ (herein after referred to as BOUNDEN) do hereby
swear on oath as follows:-

- 1) That I am admitted to 'Government'/'Government-quota' seat for 'All India quota'/'statequota' in KIMS college for post-graduate medical / dental degree/ diploma in **Psychiatrist** during the centralized counselling for admission to post-graduate courses-2018.
- 2) I am aware of the fact that the Fees for 'Government'/'Government-quota' seat is highly subsidized, I shall be under an obligation to serve the State of Karnataka for a minimum period of three years after completion of my post-graduate course as required under rule 15(5) of the Karnataka Conduct Of Entrance Test For Selection And Admission to the Post-Graduate Medical and Dental Degree and Diploma Course Rules, 2006. After reading and fully understanding the above mentioned Rules, I have opted for the 'Government'/'Government-quota' seat.
- 3) In compliance with the above Rule 15(5), I hereby furnish the undertaking voluntarily, with my free will that I shall abide by the condition to serve the Government of Karnataka for a period of three years after completion of my post-Graduate course in any location decided by the Government of Karnataka, and that If I fail to comply with undertaking, myself and/ or my sureties mentioned below do hereby bind ourselves and each of us, our and each of heirs, executors and administrators jointly and severally to pay to the Governor of Karnataka on demand, we shall pay a penalty of Rs. 25.00 Lakh (RUPEES TWENTY FIVE LAKH ONLY) for post-graduate diploma to the Government and only after payment of penalty, I shall collect my original documents which are in the custody of the Institution.
- 4) I am enclosing the details of two sureties along with their self- attested copies of PAN card Aadhar card.

Signed this day of 10th Day of May 2018 by the Bounden

DETAILS OF SURETIES

1. Name : _____
S/o, D/o, W/o : _____
Aged : _____ Years, having Aadhar No _____
PAN No _____ Permanent resident of _____

And presently residing at _____

2. Name : _____
S/o, D/o, W/o : _____
Aged : _____ Years, having Aadhar No _____
PAN No _____ Permanent resident of _____

And presently residing at _____

BOUNDEN

SURETIES

- 1.
- 2.

WITNESS

- 1.
- 2.

Date:

Deponent Signature

Name: _____

Address : _____

Mobile No: _____

E-mail ID : _____

AFFIDAVIT BY THE STUENT

1. I, _____ father _____ of Dr. _____, have been admitted to KARNATAKA INSTITUTE OF MEDICAL SCIENCES, HUBLI have received a copy of UGC regulations of curbing the menace of raging in higher Educational Institution, 2009 [hereinafter called the “ Regulations “] carefully read and fully understood the provisions contained in the said regulations:
2. I have in particular, perused clause 3 of the regulations and I am aware as to what constitutes raging.
3. I have also in particular perused clause 7 and clause 9.1 of the regulations and I am fully aware of the penal and administrative action i.e., liable to be taken against to my ward in case, he/she is found guilty of or abetting raging, actively or passively or being part of a conspiracy to promote raging.
4. I hereby solemnly aver and undertake that:
 - a. I will not indulge in any behavior or act that may be constituted as raging under clause 3 of the regulations.
 - b. I will not participate in or abet or propagate through any act of commission or omission that may be constituted as ragging under clause 3 of the regulation.
5. I hereby affirm that, if found guilty of ragging, my ward is liable for punishment according to clause 9.1 of the regulations without prejudice to any other criminal action that may be taken against my ward under any penal law or any law for the time being in force.
6. I hereby declare that, my ward has not been expelled or debarred from admission in any institution on account of being found guilty of, abetting or being part of conspiracy to promote ragging and further affirm that, in case the declaration is found to be untrue, admission of my ward is liable to be Cancelled.

Declared this _____

Signature of Deponent /Name and Address/Date/Mobile No:

VERIFICATION

Verified the contents of this affidavit are true to the best of my knowledge and no part of this affidavit is false and nothing has been concealed or misstated therein .

Verified at _____ on this _____

Signature of Deponent /Name and Address/Date/Mobile No:

Solemnly affirmed and signed in my presence on this _____ after reading the contents of this affidavit.

Annexure-II

AFFIDAVIT BY THE PARENT / GUARDIAN

I, _____ father of Dr. _____, have been admitted to KARNATAKA INSTITUTE OF MEDICAL SCIENCES, HUBLI have received a copy of UGC regulations of curbing the menace of ragging in higher Educational Institution, 2009 [hereinafter called the “ Regulations “] carefully read and fully understood the provisions contained in the said regulations:

2. I have in particular, perused clause 3 of the regulations and I am aware as to what constitutes ragging.

3. I have also in particular perused clause 7 and clause 9.1 of the regulations and I am fully aware of the penal and administrative action i.e., liable to be taken against to my ward in case, he/she is found guilty of or abetting ragging, actively or passively or being part of a conspiracy to promote ragging.

4. I hereby solemnly aver and undertake that:

a. I will not indulge in any behavior or act that may be constituted as ragging under clause 3 of the regulations.

b. I will not participate in or abet or propagate through any act of commission or omission that may be constituted as ragging under clause 3 of the regulation.

5. I hereby affirm that, if found guilty of ragging, my ward is liable for punishment according to clause 9.1

of the regulations without prejudice to any other criminal action that may be taken against my ward under any penal law or any law for the time being in force.

6. I hereby declare that, my ward has not been expelled or debarred from admission in any institution on account of being found guilty of, abetting or being part of conspiracy to promote ragging and further affirm that, in case the declaration is found to be untrue, admission of my ward is liable to be Cancelled.

Declared this _____

Signature of Deponent /Name and Address/Date/Mobile No:

VERIFICATION

Verified the contents of this affidavit are true to the best of my knowledge and no part of this affidavit is false and nothing has been concealed or misstated therein.

Verified at _____ on this _____

Signature of Deponent /Name and Address/Date/Mobile No:

Solemnly affirmed and signed in my presence on this _____ after reading the contents of this affidavit.