



KARNATAKA INSTITUTE OF MEDICAL SCIENCES, HUBBALLI



MBBS ADMISSION 2023-24

CONTACT DETAILS

PHONE : 0836-2374624
WEBSITE : www.hubballikims.org
EMAIL : principalkimshubli@gmail.com
ADDRESS : Karnataka Institute of Medical
Sciences, Vidyanagar, P.B Road
Hubballi, Karnataka, India.
Pin Code-580021.



**KARNATAKA INSTITUTE OF MEDICAL SCIENCES,
VIDYANAGAR, P.B ROAD, HUBBALLI-580 021.**

(Autonomous Institute Government of Karnataka)

FOR ADDITIONAL INFORMATION VISIT

www.mcc.nic.in

&

www.kea.kar.nic.in

**THE FOLLOWING DOCUMENTS TO BE FILLED UP IN CAPITAL LETTERS
ONLY (Format provided to be downloaded)**

- OFFICE NOTE.
- PARTICULARS OF UNDER GRADUATE STUDENT.
- DECLARATION.
- FORMAT FOR OBTAINING TRANSFER CERTIFICATE.

**Note: This Manual is only for your information
. There is no need to print out all the pages.
Formats to be printed are in a specific section.
Print only those pages.**

Save paper, Save trees & save environment

REQUISITION LETTER
[FOR AIQ/KEA-NEET-2023 STUDENTS]

To
The Principal,
KIMS Hubballi.

Date :

Sir,

Sub:- Application for admission to I Year MBBS course at KIMS Hubballi allotted through **AIQ/KEA-NEET-2023** – reg.

I, Sri / Kum. _____
S/o, D/o. _____ have been allotted MBBS seat at KIMS Hubballi by AIQ/KEA through NEET-2023 **Counseling**. My details are as follows :

FOR AIQ/KEA-NEET-2023 STUDENTS

Admission Order No :
Date of issue :
CET No :
Roll No :
Rank :
Claimed Category :
Allotted Category :
Fee paid at KEA :
Date of Reporting :

I am herewith enclosing the Challan for
Rs. _____ (Rupees _____) (Only)
Bearing No. _____ Dated _____ of _____
(Name of the Bank) towards admission fees along with necessary original documents.

Hence, I request you to admit me at KIMS Hubballi for I MBBS course. Admission taken by me is at my own risk & request. I am aware that my admission is subject to the approval of the concerned competent authorities for which KIMS Hubballi will not be held responsible for any consequences / objections arise in future.

Further I hereby confirm that the information provided by me at KIMS Hubballi during Ist year MBBS admission is true and correct to the best of my knowledge. If at any stage, the information / documents submitted by me is found to be false / invalid; my admission will be liable to be cancelled / withdrawn.

Yours faithfully,

(Signature of the candidate)

(Signature of the parent /
Guardian of the student)

ADDRESS FOR CORRESPONDENCE :
From :

KARNATAKA INSTITUTE OF MEDICAL SCIENCES, HUBBALLI
Instructions for students seeking Admission to First MBBS
(Academic Year 2023-24)

Original documents along with Two Sets of Attested Photocopies and a Soft Copy [in pdf format below 150 KB only] of all the documents individually scanned along with Photograph (JPG format below 50 KB only) on a pen drive to be submitted in the following order.

1. NEET UG Admit card.
2. NEET UG Score card.
3. NEET UG Rank Card.
4. NEET /KEA Allotment Order.
5. KEA fees paid receipt.
6. Choice one Entry prints out.
7. SSLC Marks Card / 10th Marks Card/ Birth Certificate.
8. II PUC/12th Standard Marks card.
9. Study Certificate 1st Std to 12th Std.
10. Transfer Certificate from institution /College last attended.
11. Domicile Certificate.
12. Caste Certificate (For candidates claiming Reservation).
13. Income Certificate of Parent (For candidates claiming Reservation).
14. Migration Certificate (For CBSE/ICSE/AIQ Students).
15. Eligibility Certificate issued by RGUHS (For CBSE/ICSE/AIQ Students other than PU Board Karnataka only).
16. Physical Fitness Certificate (Issued by authorized Government Medical Officer).
17. Rural Service Bond. (Rs.100/- Bond paper-Duly Notarized) (Format provided to be downloaded).
18. Anti Ragging Bond. (Rs.50/- & 50/- bond paper -Duly Notarized) (Format provided to be downloaded).
19. RGUHS Bond. (Rs.50/- bond paper -Duly Notarized) (Format provided to be downloaded).
20. Photograph (3 Pass Port Size and Soft copy in JPG less than 50KB).
21. Aadhar card (Photo copy).
22. Physical Disability Certificate (For differently disabled candidates: issued by competent authority only as listed on MCC website).
23. Xerox Copy of Fee Receipts.
24. Online Fees payment Details are in last page of the Proforma.
25. General Affidavit Bond (Rs.20/- bond paper -Duly Notarized) (Format provided to be downloaded).
26. Rural study certificate (If applicable).
27. Kannada Medium study certificate (If applicable).
28. Hyderabad Karnataka certificate (If applicable).
29. Gap Bond (If applicable)

Date: _____

OFFICE NOTE**Sub: - Admission to MBBS Phase-I for the Academic Year 2023-24 – reg.**

TO BE FILLED BY CANDIDATE IN CAPITAL LETTERS ONLY

DEGREE	MBBS 2023-24	AIQ	SEQ	Counseling session(Round)	I	II	III	MOP UP
Mr./Miss								
Mother's Name								
Father's Name								
UG NEET Roll No.								
All India Rank No.								
State Rank No.								
UG NEET Score	/720							
UG NEET Percentage	%							
UG NEET Percentile								

has submitted the following Original certificates.

Sl No	Particulars	Submitted	Not Submitted
1	NEET UG Admit card		
2	NEET UG Score card		
3	NEET UG Rank Card		
4	NEET /KEA Allotment Order		
5	SSLC Marks Card / Birth Certificate		
6	II PUC/12 th Standard Marks card		
7	Study Certificate		
8	Transfer Certificate		
9	Domicile Certificate		
10	Caste Certificate (For candidates claiming Reservation)		
11	Income Certificate of Parent (For candidates claiming Reservation)		
12	Migration Certificate (For CBSE/ICSE/AIQ Students)		
13	Eligibility Certificate issued by RGHHS (For CBSE/ICSE/AIQ Students)		
14	Physical Fitness Certificate (Issued by authorized Government Medical Officer)		
15	Rural Service Bond (Rs.100/- Bond paper-Duly Notarised)		
16	Anti Ragging Bond (Rs.50/- bond paper -Duly Notarised)		
17	Photograph (3 Pass Port Size and Soft copy in JPG less than 45KB)		
18	Aadhar Card (Photo copy)	No:	
19	Physical Disability Certificate (for differently abled candidates)	No: Issued by:	
20	Fee Details	Bank	Canara Bank
	Receipt No.	Amount	Rs.
			Date
			KIMS Campus, HUBBALLI

Signature of Candidate

Signature of Parent/Guardian

Remarks: OFFICE USE ONLY

	Provisional admission approval.			
Scrutiny Officer	Section In charge/Caseworker	Office Superintendent	Assistant Administrative Officer	Principal

PARTICULARS OF UNDER GRADUATE STUDENT (MBBS) ACADEMIC YEAR 2023-24

MBBS 2023-24		AIQ		SEQ		Counseling session (Round)	I	II	III	MOP UP
Sl. No.	Particulars					TO BE FILLED IN CAPITAL LETTERS ONLY				
1	Name of the Candidate									
2	Gender									
3	Native Place									
4	Date of Birth with Age									
5	Mother's Name									
6	Father's Name									
7	Father's Occupation									
8	Mother's Occupation									
9	Parents Income per Annum									
10	Religion									
11	Caste									
12	Sub-caste									
13	Permanent Address									
14	Correspondence Address									
15	Landline Phone No(With STD Code)									
16	Mobile No									
17	Email ID									
18	Aadhar No									
19	Blood Group & Rh typing									
20	Institution last studied									
21	Highest examination passed					II PUC/12 th Standard				
22	Registration No.(II PUC/12 th Standard)									
23	Total Marks Scored (II PUC/12 th Standard)					/				%
	English					/100				%
24	Physics					/100				%
	Chemistry					/100				%
	Biology					/100				%
	Total in PCB					/300				%
25	UG NEET Roll No.									
26	UG NEET Score					/720				
27	UG NEET Percentage					%				
28	UG NEET Percentile									
29	All India UG NEET Rank									
30	KEA/State UG NEET Rank									
31	AIQ/KEA Admission Order No.& Date									
32	Reservation Quota Claimed									
33	Reservation Quota Allotted									
34	Hyderabad Karnataka Quota					Yes / No				
35	Physical Handicap Quota					Yes / No				
36	Date of joining the UG course									

Place: HUBBALLI

Date:

Signature of Candidate

Signature of Parent/Guardian

TO BE FILLED IN CAPITAL LETTERS ONLY

DECLARATION

To
The Principal,
Karnataka Institute of Medical Sciences,
HUBBALLI-580021

Sir/Madam,

I _____ S/o./D/o. _____

UG NEET Roll No _____ AIQ Rank No. _____ KEA Rank No. _____

AIQ/KEA admission order No. _____ Dated _____

Category Claimed _____ Category Allotted _____ have joined the I MBBS
Course at **Karnataka Institute of Medical Sciences, HUBBALLI** at my own risk.

I agree that I will submit the

1. Migration Certificate
2. Transfer Certificate from the previous College which I have studied within one month from the date of my admission.
- 3.
- 4.

Further I have claimed the seat under reservation category _____ and I
will be submitting the Validity Certificate and Caste Certificate within one week from the date of my
admission.

Place: HUBBALLI

Date:

Signature of Candidate

Signature of Parent/Guardian

FORMAT FOR OBTAINING TRANSFER CERTIFICATE

SL.NO.	PARTICULARS	TO BE FILLED IN CAPITAL LETTERS ONLY
1	Name of the Candidate	
2	Gender	
3	Date of Birth with Age	
4	Father's Name	
5	Nationality	
6	Religion	
7	Caste	
8	Sub-caste	
9	Category	
10	Institution last studied	
11	Highest examination passed	II PUC/12 th Standard
12	Registration No.(II PUC/12 th Standard)	
13	Month & Year Of Passing	
14	Date of joining to Karnataka Institute of Medical Sciences, HUBBALLI -580021 Karnataka	

Place: HUBBALLI

Date:

Signature of Candidate

Signature of Parent/Guardian

OFFICE NOTE
(For office use only)

The above candidate has been admitted to Ist MBBS Course at Karnataka Institute of Medical Sciences, Hubballi on _____.The Transfer certificate of the candidate to be sent to the Principal, KIMS, Hubballi, Karnataka

Principal,
Karnataka Institute of Medical Sciences
HUBBALLI -580021 Karnataka

To,

ANNEXURE - 9

EXECUTION OF BOND BY CANDIDATE WHO SELECTS MBBS SEAT IN MEDICAL COLLEGES OF
KARNATAKA (To be deposited after allotment of seats along with other originals)

(On Rs.100/- e-Stamp Paper)

I, Mr / KumS/o./ D/o.....

a candidate with UGNEET 2023 Roll Number/Admission Ticket No.....
residing at.....

.....
.....
..... have on my own volition allotted a MBBS seat on.....in
.....

.....vide admission
order numberdated..... and
do hereby undertake as follows.

In accordance with the Amendment to Rule 11 of the Karnataka Selection of Candidates for Admission to MBBS seats in Professional Educational Institution Rules, 2006, vide Government Notification -1 No. HFW 79 RGU 2011 dated 17-07-2017 and Amendment act 2017 dated 6-07-2017 I am prepared on completion of the course to serve in any Primary Health Center or Primary Health unit situated in Rural Areas in the state of Karnataka for a minimum period of ONE year and I will abide to rules and regulation of Government of Karnataka.

What is stated above is true and correct and I and my parent / Guardian hereby undertake to act accordingly.

Signature of the Candidate.

Signature of the Parent

Date:.....

(Father / Mother)

Place.....

Witness:

1.

2.

Rs. 100/- - E-Stamp Papers to be purchased in the name of :-

Bond 1 : First party :- Student's Name

Second party- The Director , Directorate of Medical Education, Bengaluru.

Rs. 100/- - E-Stamp Papers to be purchased in the name of :-

Bond 2 : First party :- Student's Name

Second party:- The Commissioner, Health & Family Welfare Department, Bengaluru.

ANNEXURE - 1
GENERAL AFFIDAVIT

(To be submitted on Rs 20/- Bond paper (To be deposited after allotment of seats along with other originals))

I, son /daughter of
residing at have appeared for UG NEET 2023
conducted by CBSE, New Delhi with Roll Number _____ and Register Number and
have secured..... Score in the said test.

I hereby solemnly declare that during 2023, I have not taken MBBS / BDS admission in any college
Allotted by other exam conducting bodies. I have not surrendered any seat in past UG exams/other
UG entrance exams conducted by central / state Government and various other authorities.

I shall immediately notify the Karnataka Examinations Authority, Bangalore if I am getting admission
in any college through other exam conducting bodies.

I shall also not surrender any seat after the admission at institute level through any seat allotting
bodies, if I need to surrender I shall do so at Karnataka Examinations Authority, Bangalore.

I shall produce all required original documents for verification and submit the same after allotment
of seat to concerned college.

I shall not produce/submit fake/concocted documents for verification or admission.

I will forfeit the seat allotted to me and also I am liable for criminal proceedings if any one of the
above information/documents produced by me is found to be false / incorrect.

Date:

PLACE:

Deponent

Signature of the Candidate

Sworn Before Me

Rs. 20/- - E-Stamp Papers to be purchased in the name of :-

First party: - Student's Name

Second party- The Director , Directorate of Medical Education, Bengaluru.

ANNEXURE I
FORMAT OF UNDERTAKING BY THE STUDENT

1. I, _____
(Full Name in Block Letters)
- Admitted to the course of _____ with admission No. _____
(Name of Course)
- at _____
(Name of College / Institution)
- Affiliated to _____
(Name of University)

have received a copy of the REGULATIONS FOR PREVENTION AND PROHIBITION OF RAGGING IN MEDICAL COLLEGES / INSTITUTIONS of the National Medical Commission (NMC).

2. I have carefully read and fully understood the provisions in these regulations.
3. I have particularly perused CHAPTER-II SECTION-3 and have fully understood what constitutes "Ragging".
4. I have also in particular perused Chapter IV and read and understood the Administrative and Penal actions that may be taken against me in case I am found guilty of ragging or abetting ragging actively or passively, or being part of a conspiracy to promote ragging.
5. I hereby under take that –
 - (i) I will not indulge in any behavior or act that may come under the definition of ragging as may be constituted under Section 3 of these regulations.
 - (ii) I will not participate in or abet or propagate ragging in any form included but not limited to those that may be constituted under Section 3 of these regulations.
 - (iii) I will not hurt anyone physically or psychologically or cause any other harm.
6. I hereby agree that if I found guilty of any aspect of ragging, I may be punished as per the provisions of the NMC Regulations mentioned above and/or as per the law in force.
7. I also declare that I have never been found to be guilty of ragging or abetting ragging, actively or passively, or being part of a conspiracy to promote ragging and have never been punished in any manner for these offences and further affirm that if this declaration is incorrect or false, my admission is liable to be cancelled / withdrawn.

Signed this _____ day of _____ month of _____ year

Student's Signature	Signature of Witness 1	Signature of Witness 2
Name :	Name :	Name :
Address :	Address :	Address :
Tel/Mobile No:	Tel/Mobile No.	Tel/Mobile No :

Rs. 100/- - E-Stamp Papers to be purchased in the name of :-

First party :- Student's Name

Second party :- Principal, KIMS HUBBALLI.

ANNEXURE II

FORMAT OF UNDERTAKING BY PARENT / GUARDIAN OF THE CANDIDATE / STUDENT

1. I, _____
(Full Name in Block Letters)
Father / Mother / Guardian of Mr./Mrs.Ms. _____
Admitted to the course of _____ with admission No. _____
(Name of Course)
at _____
(Name of College / Institution)
Affiliated to _____
(Name of University)
hereby declare that I have received a copy of the REGULATIONS FOR PREVENTION AND PROHIBITION OF RAGGING IN MEDICAL COLLEGES / INSTITUTIONS of the National Medical Commission (NMC).
2. I have carefully read and fully understood the provisions in these regulations.
3. I have particularly perused CHAPTER-II SECTION-3 and have fully understood what constitutes "Ragging".
4. I have also in particular perused Chapter IV and read and understood the Administrative and Penal actions that may be taken against my son / daughter / ward in case he / she is found guilty of ragging or abetting ragging actively or passively, or being part of a conspiracy to promote ragging.
5. I hereby undertake that my son / daughter / ward –
(iv) Will not indulge in any behavior or act that may come under the definition of ragging as may be constituted under Section 3 of these regulations.
(v) Will not participate in or abet or propagate ragging in any form included but not limited to those that may be constituted under Section 3 of these regulations.
(vi) Will not hurt anyone physically or psychologically or cause any other harm.
6. I hereby agree that if my son / daughter / ward is found guilty of any aspect of ragging, he / she may be punished as per the provisions of the NMC Regulations mentioned above and/or as per the law in force.
7. I also declare that I have never been found to be guilty of ragging or abetting ragging, actively or passively, or being part of a conspiracy to promote ragging and have never been punished in any manner for these offences and further affirm that if this declarations is incorrect or false, my admission is liable to be cancelled / withdrawn.

Signed this _____ day of _____ month of _____ year

Parent/Guardian of the Candidate / Student's Signature	Signature of Witness 1	Signature of Witness 2
Name :	Name :	Name :
Address :	Address :	Address :
Tel/Mobile No:	Tel/Mobile No.	Tel/Mobile No :

Rs. 100/- - E-Stamp Papers to be purchased in the name of :-

First party :- Father / Mother / Guardian's Name

Second party :- Principal, KIMS, HUBBALLI.

NOTARISED BOND TO BE EXECUTED ON A STAMP PAPER OF RS.50/-

I _____ S/o./D/o. _____
(hereinafter called the Natural Guardian of the Student) UG NEET Roll No _____ AIQ
Rank No. _____ KEA Rank No. _____ AIQ/KEA admission order No.
_____, dated _____ Category Claimed _____ Category
Allotted _____ Resident of _____

_____ hereby give an undertaking that on admission to I MBBS at
Karnataka Institute of Medical Sciences, HUBBALLI during the Academic year 2023-24, have understood
the Rule No.11 of the Ordinance Governing M.B.B.S Degree Course of Rajiv Gandhi University of Health
Sciences, Karnataka, Bengaluru vide Notification No. ACA/BOS-27/97-98 Dated: 24-03-1998 and I shall
abide by the ordinance.

That no student shall be permitted to join Phase-II (Para Clinical & Clinical) Group of subjects until
he/she passes in the Phase-I (Pre-Clinical) Subject for which he/she will be permitted not more than four
chances (Actual Examination) provided four chances are completed within three years from the date
enrolment.

I shall abide by the Rules of Conduct and Discipline of the institution and abstain from practicing
ragging in any form.

Place: HUBBALLI

Date:

Signature of Candidate

Signature of Parent/Guardian

Witness (Signature with Address)

1)

2)

Rs. 50/- - E-Stamp Papers to be purchased in the name of :-

First party :- Student Name

Second party- Principal, KIMS Hubballi.

No: KIMS:UGS: :2023-24

Office of the Principal,
Karnataka Institute of Medical Sciences,
HUBBALLI. Date : - -2023

OFFICIAL MEMORANDUM

Sub : MBBS Phase-I admission through NEET AIQ-2023 reg.

Ref : All India Quota NEET-2023 Medical Counseling, New Delhi

Online generated provisional seat allotment letter Dt. - -2023

Mr./Miss _____ Category _____

Seat Allotted Category _____ Merit/Rank No. _____ Roll No. _____

who has been allotted MBBS seat during First/Second round NEET 2023 counseling under AIQ (15%) counseling to Karnataka Institute of Medical Sciences, HUBBALLI has been reported and provisionally admitted to MBBS Phase-I on _____, subject to the approval of concerned authorities. He/She has submitted all relevant originals certificates and testimonials to this college.

Principal,
Karnataka Institute of Medical Sciences,
HUBBALLI.

Copy to, The Above Candidate.

No: KIMS:UGS: :2023-24

Office of the Principal,
Karnataka Institute of Medical Sciences,
HUBBALLI. Date : - -2023

OFFICIAL MEMORANDUM

Sub : MBBS Phase-I admission through NEET AIQ-2023 reg.

Ref : All India Quota NEET-2023 Medical Counseling, New Delhi

Online generated provisional seat allotment letter Dt. - -2023

Mr./Miss _____ Category _____

Seat Allotted Category _____ Merit/Rank No. _____ Roll No. _____

who has been allotted MBBS seat during First/Second round NEET 2023 counseling under AIQ (15%) counseling to Karnataka Institute of Medical Sciences, HUBBALLI has been reported and provisionally admitted to MBBS Phase-I on _____, subject to the approval of concerned authorities. He/She has submitted all relevant originals certificates and testimonials to this college.

Principal,
Karnataka Institute of Medical Sciences,
HUBBALLI.

Copy to, The Above Candidate.

[1] **SUBMITTED.**

Mr./Miss _____ Merit No. _____

Roll No. _____ has been selected for the MBBS course under NEET AIQ

(15%)Under graduate Medical Counselling-2023 [NEET AIQ Quota] through First/Second round counseling for the academic year 2023-24 has requested this office to admit him / her for the MBBS Course.

He/She has submitted online generated selection order- through AIQ Quota Under graduate Medical Counselling-2023 [NEET AIQ Quota] New Delhi and Original and Xerox copies of all marks card and other documents etc.

He/She has given a letter/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).

Hence, Provisionally approve his / her admission.

Therefore for kind orders and guidance.

2) Scrutiny Officer :

3) C/W :

4) Office Superintendent :

5) AAO :

6) Principal :

No: KIMS:UGS: :2023-24

Office of the Principal,
Karnataka Institute of Medical Sciences,
Hubballi. Date : - -2023

OFFICIAL MEMORANDUM

Sub : MBBS Phase-I admission through State Quota-2023 reg.

Ref : Online generated provisional seat allotment letter Dt: - -2023

Mr./Miss _____ Category _____

Seat Allotted Category _____ Merit/Rank No. _____ CET No. _____

who has been allotted MBBS seat during First/Second round NEET 2023 counseling under State Quota (85%) to Karnataka Institute of Medical Sciences, Hubballi has been reported and provisionally admitted to MBBS Phase-I on _____, subject to the approval of concerned authorities. He/She has submitted all relevant originals certificates and testimonials to this college.

Principal,
Karnataka Institute of Medical Sciences,
Hubballi

Copy to, The Above Candidate.

No: KIMS:UGS: :2023-24

Office of the Principal,
Karnataka Institute of Medical Sciences,
Hubballi. Date : - -2023

OFFICIAL MEMORANDUM

Sub : MBBS Phase-I admission through State Quota-2023 reg.

Ref : Online generated provisional seat allotment letter Dt: - -2023

Mr./Miss _____ Category _____

Seat Allotted Category _____ Merit/Rank No. _____ CET No. _____

who has been allotted MBBS seat during First/Second round NEET 2023 counseling under State Quota (85%) to Karnataka Institute of Medical Sciences, Hubballi has been reported and provisionally admitted to MBBS Phase-I on _____, subject to the approval of concerned authorities. He/She has submitted all relevant originals certificates and testimonials to this college.

Principal,
Karnataka Institute of Medical Sciences,
Hubballi

Copy to, The Above Candidate.

[1] **SUBMITTED**

Mr./Miss _____ Merit/Rank No. _____

CET No. _____ Category _____ Seat Allotted Category _____ Allotment

Dated _____ has been selected for the MBBS course under NEET State Quota 85%

Under graduate Medical Counselling-2023 through First/Second round counseling for the academic year 2023-24 has requested this office to admit him / her for the MBBS Course.

He/She has submitted online generated selection order- through State Quota Under graduate Medical Counselling-2023 and Original and Xerox copies of all marks card and other documents etc.

His/Her admission to this college is provisional and at his / her own risk. (Subject to issue of final eligibility from RGUHS Bangalore).

Hence, Provisionally approve his / her admission.

Therefore for kind orders and guidance.

2) Scrutiny Officer :

3) C/W :

4) Office Superintendent :

5) AAO :

6) Principal :

Please Download The Following Proforma [www. https://hubballikims.karnataka.gov.in/](https://hubballikims.karnataka.gov.in/)

And Submit the filled information Along with Original

Documents & ONE SET Of Self Attested

Xerox Copies To KIMS Office During

Admission To First Year MBBS Course.

MBBS ADMISSION FEES DETAILS 2023-24

Required and Original fees challan 'office copy' submit to the Account Section, KIMS HUBBALLI and their 2 sets xerox copies submit at UG Section.

FOR ALL INDIA QUOTA STUDENTS

Rs. 64040/- : College & University fee for UR, SC/ST/OBC students

FOR STATE QUOTA STUDENTS

Rs. 14040/- University fee for SC/ST students [who paid at KEA Rs. 0/-]

Rs. 4,190 /- University fee for other categories/GM [who paid at KEA Rs.59,850/-]

Rs. 4,190 /- University fee for other categories/GM [who paid at KEA Rs.59,850/- D-Arivu yojane]

ONLINE BANK PAYMENT COLLEGE FEES DETAILS AS BELOW:

Name of the account Holder : DIRECTOR, KIMS Hubballi

S.B Account No: 12412200036387, IFSC Code : CNRB0011241

UG GRADUATE STUDENTS

Sl. No	Fee Structure	Amount In Rs.	Details	Name of The Account Holder	Account No.
1	Admission Fee	500-00	(N R)	Director A/C.	220/12549
2	Room Rent 200 per month 200 X 54 month	10,800-00	In advance	Director A/C.	220/12549
	Total	11,300-00			
3	Mess deposit	5,000-00	Refundable	Chief Warden A/c	No.220/113
4	Furniture Deposit	1,500-00	Refundable	Chief Warden A/c	No.220/113
	Total	6,500-00			
5	Mess Bill W/E 3 months (Aprox)	9,000-00	in advance	Hostel Account	
6	Hostel Dev. Fund	10,000-00	(N R)	New Account	
	Grand Total	36,800-00			

Note: Mess bill per month 2,400+ Maintenance Rs. 100-00 per month + Rs. 300-00 Water and Electricity bills per month.

- Please carry paper clips / Binder clips



- Please carry a single Compartment Button File Folder For Safe Submission of your Documents.



- 3 Stamped envelopes with self Postal address.

PLEASE NOTE: Original documents once submitted will be returned only on vacating the seat by upgradation, or after completion of the course as the case may be. Interim requests for release of original document will not be entertained on any account. So, before submission, make enough number of attested photocopies for yourself.

If you are well organized with your documents, we will take very little time for verification for the same!!