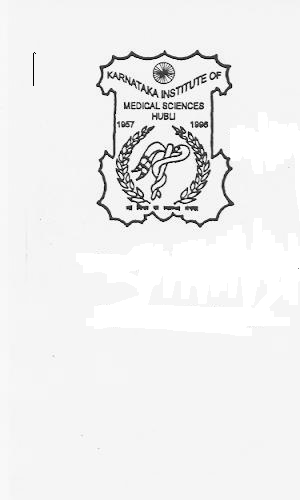
**SUPER SPECIALITY M.Ch AND DM COURSE APPLICATION FORMAT**



**2023-24**

**: 0836-2374624**

**Fax: 0836-2278097**

**GOVERNEMNT OF KARNATAKA**

**PÀ£ÁðlPÀ ªÉÊzÀåQÃAiÀÄ «eÁÕ£À ¸ÀA¸ÉÜ ºÀÄ§â½î -580021**

**KARNATAKA INSTITUTE OF MEDICAL SCIENCES, HUBBALLI – 580021**

|  |
| --- |
| PHOTO |

**FORM FOR ADMISSION TO PG/SS MEDICAL COURSE FOR THE YEAR: 2023-2024 PG/SS DEGREE COURSE SELECTED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

NAME ;

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 ADRESS :

PLACE OF BIRTH : NATIVE DISTRICT :

DATE OF BIRTH : KARANATAKA OR/NON KARANATAKA :

RELIGION : MOTHER TONGUE :

NATIONALITY:

NAME OF FORMER COLLEGE ;

CASTE: SELECTED UNER : (GM/ SC/ST/CATEGORY) PLACE SPECIFY

**NAME OF THE QULIFY EXAMINATION PASSED :**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| MBBS/PG DIPLOMA | REG . NOS | MONTH YEAR OF PASSING | INTERSHIP COMPLITION | TOTAL MARKS | SECURED MARKS | PERCENTAG |
| MBBS |  |  |  |  |  |  |
| PG |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **NAME OF THE UNIVERSITY :** | | | | | | |

**DATE :**

**PLACE : SIGNATURE OF THE CANDIDATE:**

**ORIGINAL DOCUMENT PRODUCED ALONG WITH FOUR SETS OF XEROX COPYS**

|  |  |  |  |
| --- | --- | --- | --- |
| **SL.NO** | **DOCUMENTS** | **ORIGINAL**  **[Tick ✓]** | **XEROX**  **[Tick ✓]** |
| 01 | PG ENTRANCE ADMISSION TICKETRS ORIGINAL |  |  |
| 02 | RNAK LETTER |  |  |
| 03 | SELECTION ORDER: DGHS / DME / KEA / RGUHS |  |  |
| 04 | ELIGIBILITY CERTIFICATE FROM RGUHS BNAGALORE FOR ADMISSION TO PG COURSE |  |  |
| 05 | S.S.L.C. CERTIFICATE & PUC CERTIFICATE |  |  |
| 06 | MBBS 1ST YEAR TO FINAL YEAR MARKS CARD AND PG MARKS CARD |  |  |
| 07 | HOOUSEMENSHIP / INTERNSHIP COMPLETION CERTIFICATE |  |  |
| 08 | ATTEMPT CERTIFICATE |  |  |
| 09 | DEGREE CERTIFICATE [ MBBS AND PG ] |  |  |
| 10 | MEDICAL COUNCIL REGISTRATION CERTIFICATE |  |  |
| 11 | TRANSFER CERTIFICATE ( FROM COLLEGE ) |  |  |
| 12 | MIGRATION CERTYIFICATE ( FROM UNIVERSITY) |  |  |
| 13 | DOMICILE CERTIFICATE |  |  |
| 14 | CASTE CERTIFICATE |  |  |
| 15 | NATIONALTY CERTIFICATE |  |  |
| 16 | ACKNOWLEDGEMENT FROM THE DME/KEA/RGUHS/ BANGALORE FOR RECEIPT OF ORIGINAL CERTIFICATES (STATE ENTRANCE QUOTA CANDIDATES ONLY) |  |  |
| 17 | RELIVING 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. |  |  |

**NOTE**

**THOSE WHO HAVE COMPLETED THEIR MBBS/PG 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 ADMISSSION WHICH IS COMPULSORY AS PER RGUHS NORMS.**

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, Mobile No:

The Principal, Email.ID:

Karnataka Institute of Medical Sciences,

HUBBALLI.

Sir,

Sub: I, Dr. ----------------------------------------------------------------- ------joined the

Post graduate course in ----------------------------------------------------------

At my own risk.

I degree 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, Mobile No:

Karnataka Institute of Medical Sciences,

HUBBALLI

.

Sir,

Sub: I, Dr. ------------------------------------------------------------------- joined the

Post graduate /SS course in ----------------------------------------------------------

At my own risk.

I degree 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:

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

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/SS 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 POSTGRADUATE 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/ / 2023-24 OFFICE OF THE DIRECTOR

KARNATAKA INSTITUTE OF MEDICAL SCIENCES,

HUBBALLI, DATE : / /2023

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.

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

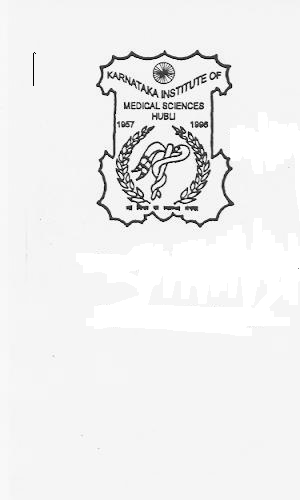
Yours faithfully

PRINCIPAL

KARNATAKA INSTITUTE OF MEDICAL SCIENCES,

HUBBALLI.

****



**: 0836-2374624**

**Fax: 0836-2278097**

**GOVERNEMNT OF KARNATAKA**

**PÀ£ÁðlPÀ ªÉÊzÀåQÃAiÀÄ «eÁÕ£À ¸ÀA¸ÉÜ ºÀÄ§â½î -580021**

**KARNATAKA INSTITUTE OF MEDICAL SCIENCES, HUBBALLI – 580021**

REF.NO: KIMS/PGS/ADMISSION/ / 2023-24 DATE: / / 2023

**OFFICE MEMORANDUM**

**SUB: JOINING OF PG CANDIDATES PROVISIONALLY ADMITTED UNDER AIQ /PGET/KEA/**

**IN- SERVICE 2023-24 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/SS Course:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has admitted provisionally at this college on:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

His/her term of the PG Course will be commenced from / / **2023.**

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

Principal

Karnataka Institute of Medical Sciences,

Hubballi

**To,**

**The above Student,**

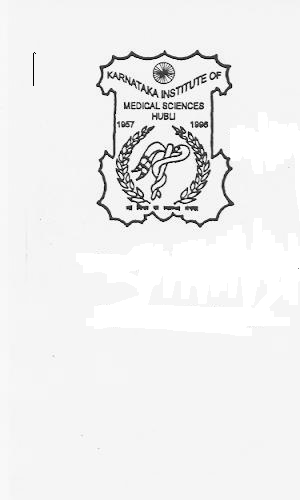
**Copy to the Prof & HOD of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Kims, Hubballi for information.**

**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**

**GOVERNEMNT OF KARNATAKA**

**PÀ£ÁðlPÀ ªÉÊzÀåQÃAiÀÄ «eÁÕ£À ¸ÀA¸ÉÜ ºÀÄ§â½î -580021**

**KARNATAKA INSTITUTE OF MEDICAL SCIENCES, HUBBALLI – 580021**

REF.NO: KIMS/PGS/ADMISSION/ / 2023-24 DATE: / / 2023

**OFFICE MEMORANDUM**

**SUB: JOINING OF PG CANDIDATES PROVISIONALLY ADMITTED UNDER AIQ /PGET/KEA/**

**IN- SERVICE 2023-24 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 /SSCourse:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has admitted provisionally at this college on:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

His/her term of the PG Course will be commenced from **: / /2023.**

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

Principal

To Karnataka Institute of Medical Sciences,

Hubballi **,**

**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.**

**PG SECTION:**

**SUBMITTED:**

1. Dr.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Rank.No:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hall Ticket No:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Category:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has been selected

For the Postgraduate course/ SS COURE in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Under AIQ /State Quota / In-Service Quota for the academic year: 2023-24 has requested this office to admit him / her for the same.

1. He/she has submitted selection order issued by DGHS New Delhi/RGUHS/KEA Bangalore and Original certificate along with Xerox copies of the certificates.
2. 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).
3. Hence, kindly verify all the documents and if approved he/she will be admitted provisionally,

For kind orders and guidance.

1. C/w:
2. Office Supdt:
3. A.A.O:
4. Principal.

.

**KARNATAKA INSTITUTE OF MEDICAL SCIENCES, HUBBALLI-580021**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **COURE NAME** |  | **ACADEMIC YEAR** | **2023-24** | **DATE OF BIRTH** | |  |
| **STUDENT REGISTRATION NO.** |  | **REGISTERED COUNCIL NAME** | **KARNATAKA MEDICAL COUNCIL** | | | |
| **NAME OF THE STUDENT** |  | **MERIT NO.** |  | **GENDER** |  | |
| **CATEGORY** | **GOVERNMENT** | **SUB CATEGORY** |  | **DATE OF ADMISSION** |  | |
| **STIPEND PAID** | **YES** | **STIPEND AMOUNT** | **1st Year Rs.55000/-**  **2nd year Rs.60000/-**  **3rd year Rs.65000/-** | **STIPEND PAID BY GOVERNMENT INSTITUTIONS** | **1st Year Rs.55000/**  **2nd year Rs.60000/**  **3rd year Rs.65000/-** | |
| **MARKS PERCENTAGE IN PG ENTRANCE [I.E., XX.OO]** |  | **NAME OF TEACHER UNDER WHOM THE CANDIDATE ADMITTED** |  | | | |
| **STUDENT**  **MOBILE NO.** |  | | | | | |

**POST GRADUATE STUDENTS ENTRY FORM ACADEMIC YEAR 2023-2024**

**DATE: SIGNATURE OF THE STUDENT**

**PLACE:**

|  |
| --- |
| **NOTE**  **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 ADMISSSION WHICH IS COMPULSORY AS PER RGUHS NORMS.** |

**KARNATAKA INSTITUE OF MEDICAL SCIENCES, HUBBALLI-580021**

**INSTRUCTION TO THE CANDIDATES WHO ARE ALLOTTED POST GRADUATE DEGREE SEAT THROUGH NEET ALL INDIA / STATE QUOTA FOR THE ACADEMIC YEAR 2023-24**

**DOCUMENTS REQUIRED AT THE TIME OF ADMISSION**

1. SSLC Marks Card.
2. PUC-IInd Year Marks Card.
3. UG [MBBS] marks card from first year to final year.
4. UG Degree Certificate.
5. Internship Completion certificate.
6. MCI registration from students who completed MBBS for outside India [ if applicable].
7. State Medical Council Registration Certificate.
8. Attempt Certificate / Academic Certificate.
9. Photo copy of the AADHAR card.
10. E-bonds as per prescribed proforma.
11. Bond 4 and 4a of prepared on Rs.200-00[ Rupees Two hundred only] e-stamp.
12. Caste Certificate if the seat is claimed under SC/ST or OBC.
13. OBC category students must produce caste certificate even if their seat is allotted under unreserved quota to avoid cancellation of seats and if they are creamy layer students who do not have OBC certificate must get their conversion to UR category done at the time of admission to the allotted college.
14. Transfer certificate from Previous Medical College.
15. Migration certificate from previous university [ not for RGUHS candidates].
16. Students from universities other than RAJIV GANDHI UNIVERITY [RGUHS] must submit ELIGIBILITY CERTIFICATE from RGUHS Bangalore.
17. Four passport size photographs with their name, date of birth and subject written on back side.
18. Physically handicapped certificate as per format given by MCC [ if applicable]
19. At the time of admission students must have the state medical council registration with them.
20. **All the candidates are here by instructed to have soft copy of all the above documents [ all the documents such as 10th marks card, internship certificate/completion certificate, state council registration certificate, MCI registration, UG degree certificate, attempt certificate, attempt certificate, academic certificate, bond 4 and 4A and eligibility certificate for outstation candidates] scanned individually in PDF format and submitted to this office on a PENDRIVE with their name and register number labeled on the cd/dvd/pendrive.**

The bond fees structure is subject to changes as per the government of Karnataka rules and regulation from time to time.

1. Submission of all documents mentioned above in original, bond and soft copies of all document on PENDRIVE is mandatory for completing admission process, failing which the process of admission will be pending until necessary documents are produced.
2. Every candidate shall be binding on the rules and regulations of Government of Karnataka and also Karnataka Institute of Medical Sciences, Hubballi.

**FEES STRUCTURE**

|  |  |  |
| --- | --- | --- |
| **SL NO** | **FEES DETAILS** | **M.Ch /DM Course year Admission fees Rs. 2,20650-00** |
|
|

**BANK INFORMAITON:**

**BANK NAME : CANARA BANK, KIMS CAMPUS , VIDYANAGAR, HUBBALLI**

**BRACH CODE: 11241**

**BRANCH NAME: KIMS,HUBBALLI**

**BRANCH MICR CODE: 580015021**

**BRANCH IFSC CODE: CNRB0011241**

**ACCOUNT NAME : DIRECTOR, KIMS, HUBBALLI**

**SB BANK ACCOUNT NO: 12412200036387**

**Annexure 1**

*Compulsory Rural Service Bond Format for non in-service Candidates (To be executed on a stamp paper of Rs. 100/- and duly notarized)*

*(To be submitted at the time of collecting admission order at KEA)*

**I ------------------------------------------ aged** ––––––––––––––––––––––––S/o, D/o, W/o-

Permanent of

Resident of at

at present residing (as per address

document submitted along with application), do hereby swear on oath as follows;

1. That I am admitted to College

for PG /Broad-specialty/Degree/Diploma in ---------------------------------

(mention the subject) under quota.

1. I am submitting the bond after reading and fully understanding the Karnataka Compulsory service by candidates completed Medical course act 2012 and its amendments.
2. I state that I have admitted under non-in-service State quota / All India quota.
3. 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 in Government hospital in urban area as per Karnataka Compulsory service training by the candidates completed medical courses (counseling, allotment, and certification) as per Karnataka Compulsory Service Act 2012 as amended in 22/09/2017 and rules there under to the said act.
4. I am fully aware of the fact that the candidates will be entitled to only temporary registration until completion of such service. I shall be abide voluntarily to the said condition.

**Personal Details**

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

|  |  |  |
| --- | --- | --- |
| SL.  No. | Particulars |  |
| 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. | Aadhaar 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 / Diploma |  |
| 17. | Discipline /Subject |  |
| 18. | Details of the reservation  quota under which candidate is admitted |  |

**Annexure 2**

*UNDERTAKING AS REQUIRED UNDER RULE 15(6)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 MEDICAL DEGREE / DIPLOMA COURSES*

*(To be executed on a stamp paper of Rs. 200/- and duly notarized)*

I .......................................................................................

S/o, D/o, W/o ……………………………………….

aged …………… years, having Aadhar no..............., PAN No. ....................

permanent resident of ………………………………………………………… (as per address proof submitted)

and

presently residing at……………………………………................................. (as per temporary address entered in application), (herein after referred to as BOUNDEN) do hereby swear on oath as follows:-

* 1. That I am admitted to Government seats for ‘All India Quota’/‘State quota’ in ………........................................................college for post - graduate medical degree/diploma in ………………………………

…………………….. (Indicate the subject) during the centralized counseling for admission to post-graduate courses-2021.

* 1. I am aware of the fact that the tuition fee for Government 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(6) 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 abovementioned Rules, I have opted for the “Government’ seat”.
  2. In compliance with the above Rule 15(6), 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. 50.00 lakh (RUPEES FIFTY LAKH ONLY) for post-graduate degree and Rs. 25.00 lakhs (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.
  3. I am enclosing the details of two sureties along with their self- attested copies of PAN card and Aadhar card.

Signed this day of , 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.

**Annexure - 7**

(To be **uploaded on a plain paper** and the same has to be submitted on Rs. 20/- Bond paper at the time of admission)

**Affidavit**

I,Dr…………………………………………………………...………………………………………

……………………………………………..son /daughter of

.……………………………………………………..………………………………………….……

……..residing at ……………………………………………………………… have appeared for NEET – PG2021 conducted by National board of Examinations, New Delhi and have been declared as qualified with a total score of secured score in the said test.

I hereby solemnly declare that I have not taken post graduate admission in any college allotted by other exam conducting bodies. I have not surrendered any seat in past NEET PG exams/other post graduate entrance exams conducted by 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 only at Karnataka Examinations Authority, Bangalore.

I shall produce all the required original documents for verification and submit the same as notified by Karnataka Examinations Authority.

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

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

PGET No. / Testing ID. Date:

PLACE

Deponent

Signature of the Candidate Sworn Before Me

**Annexure-I E-Stamp Rs. 50/- [Fifty only]**

**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.

1. 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.

**E-Stamp Rs. 50/- [Fifty only]**

**Annexure-II**

**AFFIDAVIT BY THE PARENT / GUARDINAN**

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.

**BANK INFORMAITON:**

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