

SCHEDULE FOR ONLINE NATIONAL COUNSELING (ALLOTMENT PROCESS) FOR NEET SUPER SPECIALITY COURSES (D.M/ M.CH & DNB SS) – 2021-22

1ST ROUND						
Sl. No.	Verification of Seat Matrix by Institutes	Registration/Payment Facility	Choice Filling/ Locking	Processing of Seat Allotment	Result	Reporting
1.	30 th March to 31 st March, 2022	Registration Facility will be available from 1st April, 2022 up to 12:00 NOON of 5th April, 2022 (as per Server Time) Payment facility will be available from 1 st April, 2022 up to 03:00 PM of 5 th April, 2022 as per Server Time	Choice Filling available from 02nd April, 2022 upto 11:55 P.M of 05th April, 2022. Choice Locking Facility available from 04:00 P.M of 5th April upto 11:55 P.M of 5th April, 2022	6 th April to 7 th April, 2022	8 th April, 2022	9 th April, 2022 to 14 th April, 2022
	(2- Days)	(5-Days)	(4-Days)	(2-Days)	(1-Day)	(6-Days)
2ND ROUND						
2.	18 th April, 2022	Registration Facility will be available from 19th April, 2022 up to 12:00 NOON of 21st April, 2022 (as per Server Time) Payment facility will be available from 19th April, 2022 up to 03:00 PM of 21st April, 2022 as per Server Time	Choice Filling available from 19th April, 2022 upto 11:55 P.M of 21st April, 2022. Choice Locking Facility available from 04:00 P.M of 21st April upto 11:55 P.M of 21st April, 2022	22 nd April to 23 rd April, 2022	24 th April, 2022	25 th April, 2022 to 30 th April, 2022
	(1- Day)	(3-Days)	(3-Days)	(2-Days)	(1-Day)	(6-Days)

Note: For ensuring faithful obedience of time schedule and also keeping in view the limited time available for conducting of counselling, All Participating Institutes/Colleges are directed to treat all Saturday, Sunday & Holidays as working days.

**SUPER SPECIALITY M.Ch AND DM COURSE APPLICATION FORMAT****2021-22**

☎: 0836-2374624

Fax: 0836-2278097

GOVERNMENT OF KARNATAKA

PÀ£ÁðIPÀ °ÉÊzÀâQÃAiÄÄ «eÁÕ£À ,ÄÄ,ÉÜ °ÀÄ§â½ -580021

KARNATAKA INSTITUTE OF MEDICAL SCIENCES, HUBBALLI – 580021**FORM FOR ADMISSION TO PG/SS MEDICAL COURSE FOR THE YEAR: 2021-2022****PG/SS DEGREE COURSE SELECTED:** _____

NAME ;

FATHER NAME :

MOTHER NAME :

OCCUPATION.

SEX ;

PHOTO

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
MBBS						
PG						

NAME OF THE UNIVERSITY :

DATE :

PLACE :

SIGNATURE OF THE CANDIDATE:

ORIGINAL DOCUMENT PRODUCED ALONG WITH FOUR SETS OF XEROX COPYS

<u>SL.NO</u>	<u>DOCUMENTS</u>	<u>ORIGINAL</u> <u>[Tick ✓]</u>	<u>XEROX</u> <u>[Tick ✓]</u>
01	PG ENTRANCE ADMISSION TICKETS ORIGINAL		
02	RNAK LETTER		
03	SELECTION ORDER: DGHS / DME / KEA / RGUHS		
04	ELIGIBILITY CERTIFICATE FROM RGUHS BANGALORE FOR ADMISSION TO PG COURSE		
05	S.S.L.C. CERTIFICATE & PUC CERTIFICATE		
06	MBBS 1 ST YEAR TO FINAL YEAR MARKS CARD AND PG MARKS CARD		
07	HOUSEMANSHIP / INTERNSHIP COMPLETION CERTIFICATE		
08	ATTEMPT CERTIFICATE		
09	DEGREE CERTIFICATE [MBBS AND PG]		
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	RELIVING ORDER (INSERVICE CANDIDATE ONLY)		
18	PROBATIONARY PERIOD DECLARATION ORDER (IN SERVICE CANDIDATE ONLY)		
19	AFFIDAVIT IN Rs.200/- DISCONTINUATION OF BOND PAPER AFFIDAVIT 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 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.**

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,
Karnataka Institute of Medical Sciences,
HUBBALLI.

Email.ID:

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,
Karnataka Institute of Medical Sciences,
HUBBALLI

Mobile No:

.

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:

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/ / 2021/22

OFFICE OF THE DIRECTOR
KARNATAKA INSTITUTE OF MEDICAL SCIENCES,
HUBBALLI, DATE : / /2021

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.



☎: 0836-2374624
Fax: 0836-2278097

GOVERNMENT OF KARNATAKA

ಕರ್ನಾಟಕ ಸರ್ಕಾರದ ಆರೋಗ್ಯ ಇಲಾಖೆ
KARNATAKA INSTITUTE OF MEDICAL SCIENCES, HUBBALLI - 580021

REF.NO: KIMS/PGS/ADMISSION/ / 2021/22 DATE: / / 2021

OFFICE MEMORANDUM

**SUB: JOINING OF PG CANDIDATES PROVISIONALLY ADMITTED UNDER AIQ /PGET/KEA/
IN-SERVICE 2021-22 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 / / 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

ಕರ್ನಾಟಕ ಸರ್ಕಾರದ ಆರೋಗ್ಯ ಇಲಾಖೆ
KARNATAKA INSTITUTE OF MEDICAL SCIENCES, HUBBALLI - 580021

REF.NO: KIMS/PGS/ADMISSION/ / 2021/22 DATE: / / 2021

OFFICE MEMORANDUM

**SUB: JOINING OF PG CANDIDATES PROVISIONALLY ADMITTED UNDER AIQ /PGET/KEA/
IN-SERVICE 2021-22 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 : / /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.

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: 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. Principal.

KARNATAKA INSTITUTE OF MEDICAL SCIENCES, HUBBALLI-580021

COURSE NAME		ACADEMIC YEAR	2021-22	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	1 st Year Rs.55000/- 2 nd year Rs.60000/- 3 rd year Rs.65000/-	STIPEND PAID BY GOVERNMENT INSTITUTIONS	1 st Year Rs.55000/ 2 nd year Rs.60000/ 3 rd 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 2021-2022

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 INSTITUTE 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 2021-22**

DOCUMENTS REQUIRED AT THE TIME OF ADMISSION

1. SSLC Marks Card.
2. PUC-IIInd 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 UNIVERSITY [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.

21. 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.
22. 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 INFORMATION:

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
at ----- (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.
2. I am submitting the bond after reading and fully understanding the Karnataka
Compulsory service by candidates completed Medical course act 2012 and its
amendments.
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 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.
5. 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
BOUNDED) do hereby swear on oath as follows:-

- 1) That I am admitted to Government seats for 'All India Quota'/'State quota' incollege for post - graduate medical degree/diploma in
..... (Indicate the subject) during the centralized counseling for admission to post-graduate courses-2021.
- 2) 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".
- 3) 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.

4) 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/oaged..... years,
having Aadhar no....., PAN No.....permanent resident of
..... and presently residing at
.....,

2. Name :

S/o, D/O, W/oaged..... 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

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 raging 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.

BANK INFORMATION:

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