***Raichur Institute of Medical Sciences, Raichur***

***Proforma to be filled in by the candidates admitted to PG COURSE***

|  |  |  |
| --- | --- | --- |
| 01 | Name of the candidate (Capitals) |  |
| 02 | Course |  |
| 03 | 1. Father’s Name 2. Occupation 3. Annual Income |  |
| 04 | Mother Name |  |
| 05 | 1. Sex ii) Religion iii) Mother Tongue |  |
| 06 | 1. Permanent Address with Pin code 2. Cell No. 3. E mail ID |  |
| 07 | Caste and Subcaste |  |
| 08 | 1. Nationality ii) State.   iii) Area (Urban/ Rural) |  |
| 09 | 1. NEET Rank No. 2. Percentile 3. Marks obtained / Maximum Marks |  |
| 10 | 1. Qualifying Exam and Register No. 2. Year of passing with date | MBBS Reg. No. |
| 11 | 1. University/ Board 2. College (MBBS) |  |
| 12 | Secured Marks/ Maximum Marks |  |
| 13 | Date of Admission |  |
| 14 | Age & Date of Birth ( DD/ MM/ YYYY) |  |
| 15 | Blood Group |  |
| 16 | 1. Amount paid at the time of Admission 2. Receipt No. |  |

**Signature of the Candidate**

***Raichur Institute of Medical Sciences, Raichur***

***Proforma to be filled in by the candidates admitted to PG COURSE***

|  |  |  |
| --- | --- | --- |
| 01 | NEET Roll Number |  |
| 02 | Course Name |  |
| 03 | Date of Birth ( DD/ MM/ YYYY)/Gender |  |
| 04 | Name |  |
| 05 | Category |  |
| 06 | Registration No. MCI/ State Medical Council |  |
| 07 | Registered Council Name |  |
| 08 | Date of Admission |  |
| 09 | Name of the Entrance Exam |  |
| 10 | Entrance Exam Percentile/ NEET Percentile |  |
| 11 | Entrance Marks Obtained/ Max. marks (NEET) |  |
| 12 | NEET All India Rank |  |
| 13 | NEET State Rank |  |
| 14 | State |  |
| 15 | Student Category |  |
| 16 | Caste Name |  |
| 17 | Admitted Category |  |
| 18 | MBBS Passed Year |  |
| 19 | MBBS Registration Number |  |
| 20 | Obtained Marks in MBBS/Maximum Marks |  |
| 21 | Category |  |

**Signature of the Candidate**

***Fee Structure***

1. Tution Fees
2. Pre Clinical 25,000/-
3. Para Clinical 50,000/-
4. Clinical 1,00,000/-
5. University Fees 13400/-
6. Laboratory Fees 500/-
7. Helinet Internet Fees 1500/-
8. Sports Fees 1000/-
9. Association Fees 1000/-
10. ID Card Fees 300/-
11. Lit. Cultural Activity Fees 1000/-
12. Library Fees 500/-
13. Magazine Fees 500/-
14. Medical Examination Fees 500/-
15. Miscellaneous Fees 1500/-
16. Skill Lab Fees 1000/-

***Total Fees***

|  |  |
| --- | --- |
| ***Pre Clinical Subjects*** | ***47,700/-*** |
| ***Para Clinical Subject*** | ***72,700/-*** |
| ***Clinical Subjects*** | ***1,22,700/-*** |

***Documents required for admission***

1. Admit Card
2. Rank Letter
3. 10th Marks Sheet
4. 12th Marks Sheet
5. MBBS Marks Sheets
6. MBBS Degree Certificate
7. Internship Completion Certificate
8. Attempt Certificate
9. State Medical Council Registration Certificate
10. Aadhar Card
11. Passport Size Photos (5)
12. **Bonds in Prescribed Formats**.

Should be typed on a stamp paper and should be notarized along with signature of witness and parents wherever needed.

1. Income and Caste Certificate
2. Transfer Certificate (From Previous college)
3. Eligibility Certificate (If studied MBBS in other

than Rajiv Gandhi University of Health Sciences,

Karnataka)

1. Physical Handicap Certificate ( If applicable)
2. Two sets of photocopies of all documents.

***All the candidates are hereby informed to make soft copy of all documents individually in pdf format and label them in sequence. Submit the same at the time of admission in a pen Drive.***

***Note: The Bond conditions and Fee Structure may change as per the Government of Karnataka Rules and Regulations from time to time.***

**Annexure 4**

**Compulsory Rural Service Bond Format for non in-service Candidates**

**(To be submitted at college at the time of admission)**

I, Dr.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_aged\_\_\_\_\_ Years S/o\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Permanent of Resident of **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** at present residing at **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**., do hereby swear on oath as follows;

1. That I am admitted to **RAICHURINSTITUTE OF MEDICAL SCIENCES, RAICHUR**College for PG/Broad-specialty/Degree/Diploma in**\_\_\_\_\_\_\_\_\_\_\_** (mention the subject) under **ALL INDIA/ State** **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 amendment time to time.
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 time to time 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 till completion of such service. I shall be abide voluntarily to the said condition.

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 ……………………………………..................,

**WITNESS**

1.

2.

***Bond to be Executed on 200/- Bond Paper***

***1st Party : Student***

***2nd Party: Director, Raichur Institute of Medical Sciences, Raichur***

**Annexure 4-A**

**UNDERTAKING 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 COURSES RULES, 2006 FOR CLINICAL SUBJECTS IN MEDICAL / DENTAL COURSES.**

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

I Dr.**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**S/o, **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**aged **\_\_** years, having Aadhar no**\_\_\_\_\_\_\_\_\_\_\_\_** PAN No. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**permanent resident of **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**and presently residingat**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**(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*’**/‘***State quota’*** in **RAICHUR INSTITUTE OF MEDICAL SCIENCES, RAICHUR** college for post-graduate medical/dental degree/diploma in**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**(Indicate the subject) during the centralized counseling for admission to post-graduate courses-2023.

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 dohereby 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/ Rs. 25.00 lakh (RUPEES TWENTYFIVE 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.

1. 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 ……………………………………..................,

**WITNESS**

1.

2.

***Bond to be Executed on 200/- Bond Paper***

***1st Party : Student***

***2nd Party: Govt. of Karnataka***