

# Mandya Institute of Medical Sciences

## Mandya-571401

Application for Admission to PG Medical Dept. of .....

Course for the year 2023-24

(fill all the information in CAPITAL LETTERS only)

1	Name of the Student Adar card Number		Affix your Recent Passport Size Photo
2	Mobile Number		
3	E-mail ID		
4	Blood Group		
5	Sex	Male ( ) Female ( ) Others ( )	
6	Date of Birth		
7	Place of Birth & State :		
8	Native District & State :		
9	Mother Tongue :		
10	Father's Name & Mobile No		
11	Mother's Name & Mobile No		
12	Occupation of the Father		
13	Occupation of the Mother		
14	Annual Income of the Parent or Guardian		
15	Permanent Address with father name:	District :	
		State :	
		Pin Code :	
16	Whether domicile Karnataka	Yes ( ) No ( )	
17	Nationality		
18	Religion		

19	Caste	
20	Sub caste	
21	Category	GM/ SC/ ST/ Cat-1, 2A, 2B, 3A, 3B, Others:
22	Name of the Qualifying Exam Passed	MBBS / Others _____
23	Register Number (MBBS)	
24	Month & Year of Passing (MBBS)	
25	Name of the College (MBBS)	
26	Name of the University (MBBS)	
27	MBBS Total Marks (all years)	
28	MBBS Secured Marks(all years)	
29	MBBS Percentage of Marks	
30	Date of completion of Internship	
31	Name of the Registered Medical Council (Ex: KMC/TMC)	
	Register Number in the Medical Council	
	Date of Council Registration	
32	Seat Category:	All India Quota (AIQ) / State Quota (KEA)
33	PG Seat Applied Category	
34	PG Seat Allotted Category	
35	Caste Certificate issued authority (If you are selected under Category)	
36	Fee Paid Details at AIQ / KEA (Enclose the copy)	Date: _____ Amount: _____ Ref. No: _____
37	Reg. No. of the Student (PG entrance exam)	
38	All India NEET Rank No.	State NEET Rank No.
39	All India NEET Total Marks	State NEET Total Marks
40	All India NEET Secured Marks	State NEET Secured Marks

41	All India NEET Percentage		State NEET Percentage	
42	Date of Admission:			
43	Fee paid details in the college	Date:_____ Amount:_____ Challan No:_____		
44	Eligibility certificate obtained in case of students from other board / university (please enclose the eligibility certificate)	Enclosed / Not Enclosed		
45	Migration Certificate (Out of State Students)	Enclosed / Not Enclosed		
46	Certificate enclosed with application :	Yes / No		
	a. Fee Paid Details copy at KEA / AIQ			
	b. Original Allotment letter			
	c. Admit Card-AIPGMEE 2023			
	d. (Score card) AIPGMEE-2023 (Internet Marks List –Print out)			
	e. 10th Marks card			
	f. 12th Marks card			
	g. All MBBS Marks cards			
	h. Study certificates			
	i. Caste Certificate (If applicable)			
	j. Internship completion Certificate			
	k. Degree Certificate			
	l. KMC / State Council-Registration Certificate			
	m. Attempt Certificate			
	n. Eligibility certificate from RGUHS, Bengaluru (out of Rajiv Gandhi University of Health Sciences (RGUHS) Students)			
	o. Migration Certificate (Out of Karnataka State Students)			
	p. Aadhar Card - Xerox copy			
	q. Passport Size colour photos (without name board on photo) - 4 Nos			

## UNDERTAKING

I have read and understood the following:

1. Karnataka Conduct of Entrance Test for selection of and Admission to Post Graduate Medical and Dental, Degree & Diploma Courses Rules 2006 No HFW 399 MPS 2005, Bangalore (Amended/Up To Date ).
2. Rules and Regulations pertaining to the course, notified by the Rajiv Gandhi University of Health Sciences, Government of Karnataka, and the National Medical Commission issued/amended from time to time, to which I have been allotted.
3. Karnataka Act 26 of 2015- The Karnataka Compulsory Service, by Candidates Completed Medical Courses Act 2012 & its amendments from time to time till date.
4. Notification Issued and Gezatted by the Government of Karnataka (RNI No. KARBIL/201/47147), No. HFW 249 HSH 2015, Bengaluru Dated 24.07.2015

I am fully aware that my admission to the course at Mandya Institute of Medical Sciences, is strictly provisional and it is subjected to the final approval of my admission, after thorough verification of my original documents, by the Rajiv Gandhi University of Health Sciences, Bengaluru

I shall be submitting a Bond worth not less than Rupees Hundred value, stating that, as per *"Karnataka Conduct of Entrance Test for selection of and Admission to Post Graduate Medical and Dental, Degree & Diploma Courses Rules 2006 No HFW 399 MPS 2005, Bangalore (Amended/Up To Date), Clause 15 subclass 4 & 5"*, I will abide by myself to pay a sum of Rs 5,00,000/- (Five Lakhs) for Post Graduate Degree & Rs 2,50,000/- (Two Lakh Fifty Thousand) for Post Graduate Diploma, along with entire course fee, including stipend (along with applicable bank Interest) received by me, in the eventuality of me leaving the course before its completion.

I shall also furnish another bond worth not less than Rupees two hundred value, in the format, specified as Annexure (2), provided to me by the Institution, stating to serve the Government of Karnataka as per *"Karnataka Conduct of Entrance Test for selection of and Admission to Post Graduate Medical and Dental, Degree & Diploma Courses Rules 2006 No HFW 399 MPS 2005, Bangalore ( Amended/Up To Date ), Clause 15 subclass 6 & 7; &Notification Issued and Gezatted by the Government of Karnataka ( RNI No. KARBIL/201/47147 ), No. HFW 249 HSH 2015, Bengaluru Dated 24.07.2015"*

Signature of the student:

Permanent Address:.....S/o, D/o, Mrs .....

Aadhar Number .....& Contact Number:.....

**OFFICE NOTE**

Dr ..... belongs to ..... Category, having NEET- PG Roll number .....bearing the KEA / AIQ admission allotment letter number ....., has submitted the following Documents in original at the time of admission.

<b>Sl No</b>	<b>Name of the Original Document</b>	<b>Submitted</b>	<b>Not Submitted</b>
1	Original Allotment letter		
2	Admit Card-AIPGMEE 2023		
3	(Score card) AIPGMEE-2023 (Internet Marks List –Print out)		
4	Proof of Date of Birth (10th Marks card & 12th Marks card )		
5	MBBS Marks cards of all year -04 Nos		
6	Study Certificates		
7	Caste & Income Certificate issued by competent Authority		
8	Internship Completion Certificate		
9	Degree Certificate		
10	KMC/State Council-Registration Certificate		
11	Attempt Certificate		
12	Eligibility certificate from RGUHS, Bangalore (out of Rajiv Gandhi University Students applied through RGUHS website)		
13	Migration Certificate – If the student is from Other than RGUHS		
14	Passport Size colour photos (without name board on photo) - 4 Nos		
15	Aadhar Card - Xerox copy		
16	PAN Card (if they have)		
17	Fee paid details copy at KEA / AIQ		
18	Furnished Rural Service Bond		

I have verified all the above Originals submitted by the student by Name Dr ....., and all of them are under my custody

Signature of the Concerned Clerk with Name & Date

signature of the Office Superintendent with Name & Date

From:

Date: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

To:

The Director,  
Mandya Institute of Medical Sciences,  
Mandya,  
Karnataka.

Sir,

Subject: Execution of Penalty Bond and Rural Service Bond - Regarding

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I hereby undertake to execute the Penalty Bond for Rs.5,00,000/- in the event of my surrendering my seat after last date fixed by the Government for surrendering the seat. I shall be submitting a Bond worth not less than Rupees Hundred value, stating that, as per “Karnataka Conduct of Entrance Test for selection of and Admission to Post Graduate Medical and Dental, Degree & Diploma Courses Rules 2006 No HFW 399 MPS 2005, Bangalore (Amended/Up To Date), Clause 15 subclass 4 & 5”, I will abide by myself to pay a sum of Rs 5,00,000/- (Five Lakhs) for Post Graduate Degree, along with entire course fee, including stipend (along with applicable bank Interest) received by me, in the eventuality of me leaving the course before its completion.

I hereby also undertake to execute the Rural Service Bond for a period Mentioned 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, No. HFW 399 MPS 2005, Bangalore, Dated 8<sup>th</sup> Dec. 2006/ Karnataka Act 26 of 2015- The Karnataka Compulsory Service, by Candidates Completed Medical Courses Act 2012 & its amendments from time to time till date/Notification Issued and Gazette by the Government of Karnataka (RNI No. KARBIL/201/47147), No. HFW 249 HSH 2015, Bengaluru Dated 24.07.2015, amended until date, that may be prescribed by the Government of Karnataka at the time of reporting to the PG Course in the Department of \_\_\_\_\_, at Mandya Institute of Medical Sciences, Mandya. I also undertake to pay penalty, which is decided by the Government of Karnataka, for post graduate degree if I fail to comply with the conditions prescribed by the Government of Karnataka.

Thanking you,

Yours faithfully,

Signature:.....

Name:.....

Mobile No:.....

E.mail ID:.....

1. NEET Rank letter (score card)
2. 10th Marks card / SSLC Marks card
3. Internship Completion Certificate
4. KMC Registration Certificate
5. MBBS Degree Certificate
6. SC/ST Certificate / Category certificate
7. Bond papers (2<sup>nd</sup> party Director of Medical Education, Karnataka (DME, Karnataka)
8. RGUHS Eligibility Certificate
9. Passport Size photograph (in JPGE format)

The above All documents are sent to e-mail ID : [pgmimsmandya@gmail.com](mailto:pgmimsmandya@gmail.com) in PDF format (individual certificate wise with certificate name & student name)