HASSAN INSTITUTE OF MEDICAL SCIENCES, HASSAN

Admission Instructions for Postgraduate students for the academic year 2022-23

The students are instructed to submit original documents (with soft copy of each documents scanned separately in PDF format and photo in JPG format) and 1 set of attested documents in the following order,

- 1. Allotment Order
- 2. NEET Admit card
- 3. NEET Rank Letter / Result Sheet
- 4. SSLC/CBSE (10th)/ICSE(10th) Marks Card
- 5. PUC/12th Marks Card
- 6. MBBS marks cards of all the phases
- 7. Character and Conduct Certificate
- 8. Transfer Certificate
- 9. Caste Certificate and Income Certificate (for SC,ST and OBC students only)
- 10. Migration Certificate (for CBSE/ICSE/Other university students only)
- 11.Eligibility Certificate issued by RGUHS, Bangalore (Other university/ Other state students only) for details visit www.rguhs.ac.in/StudentWelfare/EC Applications.htm
- 12.Internship Completion Certificate
- 13. Attempt Certificate
- 14. Convocation Certificate/ Degree Certificate
- 15. Registration Certificates issued by Concerned State Medical Councils
- 16. Physical fitness certificate from any Authorized Government Medical Officer.
- 17. Special category certificates
- 18. Two Recent Passport size colour photos in a photo cover
- 19. Three Bonds of in the prescribed formats duly filled and signed by the notary, as mentioned below,
 - (i) Bond 1- Rural Service bond : 1st party Student Name (Annexure 1) Rs.100/- 2nd party- Director, DME, Bengaluru.
 - (ii) Bond 2- Government Service bond: 1st party Student Name (Annexure 2) Rs.200/- 2nd party- Director, DME, Bengaluru.
 - (iii) Bond 3 Penalty bond Rs.200/- : 1st party Student Name 2nd party- Director, DME, Bengaluru.
- 20. Other supporting documents like Adhaar Card/ Voter ID (of both students and parents)

Note: Students are requested to keep one or more sets of attested copies of their documents until the original documents are returned from RGUHS, Bangalore.

For more details, Contact: 08172-279311(during 10.30 am to 5.30 pm)

GOVERNMENT OF KARNATAKA HASSAN INSTITUTE OF MEDICAL SCIENCES, HASSAN-573201 KARNATAKA STATE. Ph. No. 08172-231699/279311

HIMS/UNI/PG-Admission/2022-23

Date:

ADMISSION PROFORMA

Course Name:	Quota:
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01	Student's Name		
	Student's Aadhaar No.		
02	Father's Name		
	Father's Aadhaar No.		
03	Mother's name		
	Mother's Aadhaar No.		
04	Date of Birth (dd/mm/yyyy)		
05	Sex	Male / Female	
06	Blood Group		
	Nationality		
	Mother Tongue		
07	Religion		
	Caste		
08	Applied Category		
	Allotted Category		
09	Permanent Address:		
	STATE	PINCODE	
10	STATE Student's Mobile No.	PINCODE	
10	Student's Mobile No.	PINCODE	
	Student's Mobile No. Parent's Mobile No.	PINCODE	
10	Student's Mobile No. Parent's Mobile No. Student's Email ID	PINCODE	
	Student's Mobile No. Parent's Mobile No.	PINCODE	
	Student's Mobile No. Parent's Mobile No. Student's Email ID	PINCODE	
11	Student's Mobile No. Parent's Mobile No. Student's Email ID Parent's Email ID	PINCODE	
11	Student's Mobile No. Parent's Mobile No. Student's Email ID Parent's Email ID Rural / Urban	PINCODE	
11 12 13	Student's Mobile No. Parent's Mobile No. Student's Email ID Parent's Email ID Rural / Urban NEET All India Rank	PINCODE	
11 12 13 14	Student's Mobile No. Parent's Mobile No. Student's Email ID Parent's Email ID Rural / Urban NEET All India Rank MBBS studied College	PINCODE	
11 12 13 14 15	Student's Mobile No. Parent's Mobile No. Student's Email ID Parent's Email ID Rural / Urban NEET All India Rank MBBS studied College Reg. No. & Pass date Name of the Board	PINCODE	
11 12 13 14 15	Student's Mobile No. Parent's Mobile No. Student's Email ID Parent's Email ID Rural / Urban NEET All India Rank MBBS studied College Reg. No. & Pass date	PINCODE	
11 12 13 14 15 16	Student's Mobile No. Parent's Mobile No. Student's Email ID Parent's Email ID Rural / Urban NEET All India Rank MBBS studied College Reg. No. & Pass date Name of the Board Marks obtained in MBBS exam Secured Marks/Maximum Marks and %	PINCODE	
11 12 13 14 15 16	Student's Mobile No. Parent's Mobile No. Student's Email ID Parent's Email ID Rural / Urban NEET All India Rank MBBS studied College Reg. No. & Pass date Name of the Board Marks obtained in MBBS exam	PINCODE	
11 12 13 14 15 16	Student's Mobile No. Parent's Mobile No. Student's Email ID Parent's Email ID Rural / Urban NEET All India Rank MBBS studied College Reg. No. & Pass date Name of the Board Marks obtained in MBBS exam Secured Marks/Maximum Marks and % Marks obtained in NEET exam	PINCODE Yes/No	
11 12 13 14 15 16 17	Student's Mobile No. Parent's Mobile No. Student's Email ID Parent's Email ID Rural / Urban NEET All India Rank MBBS studied College Reg. No. & Pass date Name of the Board Marks obtained in MBBS exam Secured Marks/Maximum Marks and % Marks obtained in NEET exam Secured Marks/Maximum Marks and %		Applicable

DECLARATION

- 1. I undertake to attend not less than 80% of the number of periods in each of the subjects comprised and in contrary, I shall not be eligible to appear for the examination.
- 2. I shall abide by the rules and regulations of Rajiv Gandhi University of Health Sciences, Bangalore/Rules of the Hassan Institute of Medical Sciences, Hassan.
- 3. My admission to the PG Course is provisional and subject to the approval of the RGUHS, Bangalore / MCI, New Delhi.
- 4. I declare that the particulars furnished by me as above are true to best of my knowledge and I have not furnished any wrong information willfully which may amounts to disciplinary action against me as per law. I may be punished for the unlawful acts committed by me as per rules of the University / Institution. I agree to abide by the Regulations / Ordinances adopted by the University for the Maintenance of the discipline among students in the College / Department / Institute / Hostel.
- 5. I will neither involve myself in Unlawful, Provocative Communal, Antisocial, Political activities nor cause hurt to my fellow students or teachers or officials of the Institute. I will not involve in any acts which may cause loss of property to the Institution.
- 6. I am aware that any lapses caused by me as above will result in the cancellation of my admission to the Institution.

Signature of the Parent / Guard	lian.	Signature of the Candidate.
Date: Place:		
	For Office use only	

Receipt No.:

Fees Paid:

Date of Admission:

Note: This application should be printed on both side of the A4 Paper and to be filled in Capital Letters before coming for the admission.

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)

	I aged		S/o, D	/o, W/o-
			Perm	anent of
	Resident of	at	present	residing
	at	(as	per	address
	document submitted along with application), do hereby	swear	on oath	ı as
	follows;			
1.	That I am admitted to			
	(mention the subject) under			quota.
2.	I am submitting the bond after reading and fully underst Compulsory service by candidates completed Medical co amendments.			
3.	I state that I have admitted under non-in-service State of	uota /	/ All Ind	ia 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	

Signed and delivered by the obli	ger above named Dr.	in the presence of Sure	etie
Ş			
1	2		
Name	Name		
Address	Address		
Address	Addiess		
gned and delivered by the surety	above in the presence of		
enesses			
inesses 1	2		
tnesses			
1 Name	2 Name		
tnesses 1	2 Name		
tnesses 1 Name	2 Name		
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tnesses 1 Name	2 Name		

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
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
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.

 I am enclosing the deta copies of PAN card and 		eties along with their self- atte	sted
Signed this day of	, by the	e Bounden	
DETAILS OF SURETIES 1. Name:			
having Aadhar no,	PAN No	permanent residen and presently residing	t of
2. Name :			
having Aadhar no	, PAN No	permanent residen and presently residing	t of
BOUNDEN			
SURETIES			
1.			
2.			
WITNESS			
1.			
2.			

PENALTY BOND

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

					2022-23
Name of the Candidate					
PG NEET Roll No.		PG NI	EET Ra	nk	
PG SUBJECT		AIQ	SQ	In Service	Round I / II/ III
Category	GM/ Cat I/ Cat II A/ Cat I	I B/ Cat II	B / Cat	II IA/ Cat III B	/ OBC / SC/ ST
State Medical council Registration	No:	1	State:		
Email		Mobile	No		
now all men by these that we: 1. Dr, aged about	_ years, S/D/W/o (herein after called			ling at	
	and	tile Ool	igci)		
2 aged abo	out years, S/D	0/W/o		,	and residing at
		(herein a	fter called the	he surety)
do hereby jointly and severally	bind ourselves and our	respectiv	e heirs	, executors	and administrators
to pay to the Government of Kar	rnataka (herein after cal	led "the	Govern	ment") on d	emand, the sum of
Rs.5,00,000/-(Rupees Five Lakh	ns only), and stipend as	s detailed	l herein	below, tog	ether with interest
thereon from the date of demand	d at Government rates of	on Gover	nment l	oans in forc	e at that time, and
together with all costs between a	attorney and client and a	ıll charge	s and ex	xpenses that	shall or may have
been incurred by the Governmen	nt.				
The obliger has been admitt	ed for Post Graduate st	udies in		;	at Hassan Institute
f Medical Sciences, Hassan. In the e	event of the obliger leav	ing the c	ourse b	y discontinu	ance or otherwise
nd thus failing to complete the cours	e, the obliger and the su	irety shal	l forthv	vith pay to tl	he Government on
emand the said sum of Rs.5,00,000	/-(Rupees Five Lakhs of	only), plu	ıs stipe	nd drawn by	y the obliger from
sovernment during the period of his	/her Post Graduate stud	ly in		in I	Hassan Institute of
Medical Sciences, Hassan together w	rith interest thereon from	n the dat	e of der	nand, at the	rate of interest on
Sovernment loans, in force at that tim	ne.				

In addition to the prescribed fine, every candidate shall pay the course fee for the remaining period of the course as well, by his own means, to the Government/Private College in the event of him/her leaving the course before its completion.

Provided always that the liability of the surety hereunder shall not be impaired of discharge by reason of time being granted or by any forbearance act of omission of the Government or any person authorized by them (whether with or without the consent or knowledge of the surety) nor shall it be necessary for the Government to sue the obliger before suing the surety for amounts due hereunder.

The E-stamp shall in all respects be governed by the Laws of India for the time being in force and the rights and liabilities hereunder shall where necessary be accordingly determined by the appropriate courts in India.

S	Signed and d	ated this	day of		(month),	(year)
Si	gned and del	livered by the obliger a	bove named Dr		in the _J	presence of Sureties
	1			2		
	Name			Name		
	Address			Address		
				-		
				•		

Signed and delivered by the surety above in the presence of

Witnesses

1	2	
Name	Name	
Address	Address	

HASSAN INSTITUTE OF MEDICAL SCIENCES, HASSAN

* Fee Structure for 1st Year PG Admission -2022-23

C1 N _o	Fac Dataila	Pre Cl	inical	Para Clinical		Clin	ical
Sl.No	Fee Details	GM/AIQ	SC/ST	GM/AIQ	SC/ST	GM/AIQ	SC/ST
1	Registration Fee	3,000	3,000	3,000	3,000	3,000	3,000
2	Admission Fee	2100	2100	2100	2100	2100	2100
3	Sports	600	600	600	600	600	600
4	Student Welfare Fund	300	300	300	300	300	300
5	Additional Exam Fee	3,000	3,000	3,000	3,000	3,000	3,000
6	Helinet Fee	6,000	6,000	6,000	6,000	6,000	6,000
	Total of RGUHS Fee	15,000/-	15,000/-	15,000/-	15,000/-	15,000/-	15,000/-
1	Admission Fee	500	500	500	500	500	500
2	Tuition Fee	25,000	-	50,000	-	1,00,000	-
3	Library Fee	1500	1500	1500	1500	1500	1500
4	Sports	500	500	500	500	500	500
5	Lab Fee	500	500	500	500	500	500
6	Magazine Fee	500	500	500	500	500	500
7	Medical Examination Fee	250	250	250	250	250	250
8	Alumina Association Fee	750	750	750	750	750	750
9	Caution Deposit (Refundable)	500	500	500	500	500	500
10	ID Card	250	250	250	250	250	250
11	Kannada Sangha	500	500	500	500	500	500
12	Eco club	1250	1250	1250	1250	1250	1250
13	Annual Bulletin	500	500	500	500	500	500
14	Website Activity	500	500	500	500	500	500
15	Skill Lab	1000	1000	1000	1000	1000	1000
	Total of College Fee	34000/-	9000/-	59000/-	9000/-	109000/-	9000/-
	Total Rs	49000/-	24000/-	74000/-	24000/-	124000/-	24000/-

Pay the Admission Fees to this Account No: 64008019654 in favor of DIRECTOR, HIMS, Hassan.

IFSC Code: SBIN0040045, SBI, N.R.Circle Branch, Hassan.

Note:- Fee Structure is subjected to review from the Government of Karnataka from time to time.

* SC/ST students if annual income is less than Rs. Two Lakh and fifty thousand, tuition fee is exempted.

Sd/Principal
Hassan Institute of Medical Sciences,
Hassan.