HASSAN INSTITUTE OF MEDICAL SCIENCES, HASSAN

Admission Instructions for First MBBS students for the academic year 2023 - 24

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. Two Recent Passport size photos in a photo cover
- 2. KEA / MCC Admission/ Allotment Order
- 3. NEET Admit card
- 4. NEET Result Sheet
- 5. SSLC/CBSE (10^{th})/ICSE(10^{th}) Marks Card
- 6. PUC/ CBSE (12th)/ ICSE (12th) Marks Card
- 7. Study Certificate and Kannada Medium Certificate/ Rural Certificate (wherever pplicable)
- 8. Transfer Certificate
- 9. Caste Certificate and Income Certificate (for SC,ST and OBC students only)
- 10. Migration Certificate (for CBSE/ICSE/AIQ students only)

11.Eligibility Certificate issued by RGUHS, Bangalore(for CBSE/ICSE/AIQ students only)

(for details log in to www.rguhs.ac.in/StudentWelfare/ECApplications.htm)

- 12. Physical fitness certificate from any Authorized Government Medical Officer.
- 13. Special Category Certificates (if any)
- 14. 3 Bonds of Rs.100/- in the prescribed formats duly signed by the notary, as mentioned below ,
 - (i) Bond 1- Rural service bond: 1st party Student Name
 (Annexure 9) 2nd party- Government of Karnataka.
 - (ii) Bond 2 Undertaking by the student: 1st party Student Name
 (Annexure I Part I) 2nd party- Director, HIMS, Hassan.
 - (iii) Bond 3 Undertaking by the parent: 1st party Parent Name of the Student (Annexure I Part II)
 2nd party- Director, HIMS, Hassan.
- 15.Copy of Adhaar card (with original for verification)
- 16.Completely filled **Admission Proforma** in Capital Letters (should be printed on both side of the paper (**A4 sheet**)

Note:

1)One of the Parents/Guardian should accompany the student while coming for admission 2)Students are requested to keep one or more sets of attested copies of their documents until the original documents are returned from RGUHS.

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

ANNEXURE - 9

EXECUTION OF BOND BY CANDIDATE WHO SELECTS MBBS SEAT IN MEDICAL COLLEGES OF KARNATAKA (To be deposited after allotment of seats along with other originals)

(On Rs.100/- e-Stamp Paper)

I, Mr / Kum		S/o./]	D/o
			Noresiding at
			have on my on in
			vide admission order
number	da	ated	and do hereby

In accordance with the Amendment to Rule 11 of the Karnataka Selection of Candidates for Admission to MBBS seats in Professional Educational Institution Rules, 2006, vide Government Notification -1 No. HFW 79 RGU 2011 dated 17 07-2017 and Amendment act 2017 dated 6-07-2017 I am prepared on completion of the course to serve in any Primary Health Center or Primary Health unit situated in Rural Areas in the state of Karnataka for a minimum period of ONE year and I will abide to rules and regulation of Government of Karnataka.

What is stated above is true and correct and I and my parent / Guardian hereby undertake to act accordingly.

Signature of the Candidate.

Signature of the Parent

(Father / Mother)

Date:.	•••	•••	•••	•••	 ••	••	•••	•	

Place.....

Witness:

1.

2.

ANNEXURE I - PART I UNDERTAKING BY THE CANDIDATE/STUDENT

1. l,	S/o. D/o. of
Mr./Mrs./Ms	, have carefully read and fully
understood the law prohibiting ragging and the direct	tions of the Supreme Court and the Central/State

Government in this regard.

2. I have received a copy of the MCI Regulations on Curbing the Menace of Ragging in Higher Educational Institutions, 2009.

3. I hereby undertake that –

- I will not indulge in any behavior or act that may come under the definition of ragging
- I will not participate in or abet or propagate ragging in any form,
- I will not hurt anyone physically or psychologically or cause any other harm.

I hereby agree that if I found guilty of any aspect of ragging, I may be punished as per the provisions of the MCI Regulations mentioned above and/or as per the law in force. Signed this _____ day of

_____ month of _____year

1. Witness (Signature & Address)

SIGNATURE:-

ADDRESS: _____

2. Witness (Signature & Address)

SEAL & SIGNATURE OF THE GOVERNMENT NOTARY

ANNEXURE I, PART II UNDERTAKING BY PARENT/GUARDIAN

1. I,			_F/o/M/o/	G/o
		aged	ує	ears,
working	as	(occupation),	Resident	of
		(cor	respondenc	e
address) I	nave ca	refully read and fully understood the law prohibiting	ragging and	the

directions of the Honorable Supreme Court and the Central/State Government in this regard as well as the MCI Regulations on Curbing the Menace of Ragging in Higher Educational Institutions, 2009.

2. I assure you that my son/ daughter will not indulge in any act of ragging.

3. I hereby agree that if he/she	is found guilty	of indulging in ragging, he/she may be
punished as per the provisions o	of the MCI Reg	ulations mentioned above and/or as per
the law in force. Signed this	_day of	month of
Year		

SIGNATURE & ADDRESS

1. Witness (Signature & Address)

2. Witness (Signature & Address)

SEAL & SIGNATURE OF THE GOVERNMENT NOTARY

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

HIMS/UNI/MBBS-Admission/2023-24

Quota: SQ / AIQ

ADMISSION PROFORMA

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		PINCODE
10	Student's Mobile No.	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 PUC / 12 th studied College	PINCODE
11 12 13 14 15 16	Student's Mobile No.Parent's Mobile No.Student's Email IDParent's Email IDRural / UrbanNEET All India RankPUC / 12 th studied CollegeReg. No. & Pass date	PINCODE
11 12 13 14 15	Student's Mobile No.Parent's Mobile No.Student's Email IDParent's Email IDRural / UrbanNEET All India RankPUC / 12 th studied CollegeReg. No. & Pass dateName of the Board	PINCODE
11 12 13 14 15 16	Student's Mobile No.Parent's Mobile No.Student's Email IDParent's Email IDRural / UrbanNEET All India RankPUC / 12 th studied CollegeReg. No. & Pass dateName of the BoardMarks obtained in PUC / 12 th exam	PINCODE
11 12 13 14 15 16	Student's Mobile No.Parent's Mobile No.Student's Email IDParent's Email IDRural / UrbanNEET All India RankPUC / 12 th studied CollegeReg. No. & Pass dateName of the BoardMarks obtained in PUC / 12 th exam Secured Marks/Maximum Marks and %	PINCODE
11 12 13 14 15 16 17	Student's Mobile No.Parent's Mobile No.Student's Email IDParent's Email IDParent's Email IDRural / UrbanNEET All India RankPUC / 12 th studied CollegeReg. No. & Pass dateName of the BoardMarks obtained in PUC / 12 th examSecured Marks/Maximum Marks and %Marks obtained in NEET exam	PINCODE

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 1st MBBS Course is provisional and subject to the approval of the RGUHS, Bangalore / NMC, 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.

MARKS SCORED IN 12 TH / PUC EXAMINATION							
Subject	Maximum	Secured	% of	Subject	Maximum	Secured	% of
	Marks	Marks	Marks		Marks	Marks	Marks
Physics							
Chemistry				English			
Biology				English			
TOTAL							

Signature of the Parent / Guardian.

Signature of the Candidate.

Date : Place :

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For Office use only

Date of Admission:

Fees Paid:

Receipt No. :

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.

SI. No.	Particulars	Fee details		
1	Tuition Fee	*50,000-00		
-	RGUHS Fee	1		
1	Registration Fee (Uni)	3000-00		
2	Sports Fee (Uni.)	900-00		
3	SWF (Uni.)	450-00		
4	Helinet Fee (Uni.)	4,500-00		
5	Admission Fee (Uni.)	500-00		
*	Total Rs	9350-00		
	At College Offic	e		
1	Admission Fee	500.00		
2	Registration Fee	500.00		
3	Lab Fee	500.00		
4	Library Fee	1500.00		
5	Magazine Fee	500.00		
6	Caution Deposit (Refundable)			
7	Alumni Association Fee	750.00		
8	Medical Exam Fee	300.0		
9	NSS	500.00		
10	ID Card	250.00		
11	SWF	200.00		
12	Exam Fee	400.00		
13	Cultural Fee	500.00		
14	Sports	500.00		
15	Kannada Sangha	500.00		
16	Eco Club	750.00		
17	Annual Bulletin	500.00		
18	Website Activity	- 500.00		
19	Skill Lab	500.00		
	Total Rs	10650.00		
	Grand Total	70,000-00		

HASSAN INSTITUTE OF MEDICAL SCIENCES, HASSAN Fee Structure for 1st MBBS Admission 2023-24

Please pay the admission Fees to this Account No: 64008019654 in favour of DIRECTOR, HIMS, Hassan, State Bank of India IFSC Code: SBIN0040045 N.R.Circle Branch Hassan.

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

Director/ Principal, Hassan Institute of Medical Sciences, Director / Principal Hassan Institute of Medical Sciences Hassan