


HASSAN INSTITUTE OF MEDICAL SCIENCES, HASSAN

Admission Instructions for Postgraduate students for the academic year 2023-24

The students are instructed to submit original documents in a closable file  (with soft copy of each documents scanned separately in PDF format and photo in JPG format) and 1 set of self 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, PAN Card (of both student 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/2023-24

Date:

ADMISSION PROFORMA

Course Name:

Quota: SQ/AIQ

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		
07	Nationality		
	Mother Tongue		
	Religion		
	Caste		
08	Applied Category		
	Allotted Category		
09	Permanent Address :		
	STATE		PINCODE
10	Student's Mobile No.		
	Parent's Mobile No.		
11	Student's Email ID		
	Parent's Email ID		
12	Rural / Urban		
13	NEET All India Rank		
14	MBBS studied College		
15	Reg. No. & Pass date		
16	Name of the Board		
17	Marks obtained in MBBS exam		
	Secured Marks/Maximum Marks and %		
18	Marks obtained in NEET exam		
	Secured Marks/Maximum Marks and %		
19	Transfer Certificate(TC) Submitted	Yes/No	
20	Eligibility Certificate Submitted	Yes / No/ Not Applicable	

P. T. O.

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 / Guardian.

Signature of the Candidate.

Date :

Place :

.....

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.

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-
-----Permanent of
Resident of-----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	

Signed and dated this _____ day of _____ (month), _____ (year)

Signed and delivered by the obliger above named Dr. _____ in the 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	

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-2022.
- 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/oagedyears,
having Aadhar no....., PAN No.....permanent resident of
..... and presently residing at
.....,

2. Name :

S/o, D/O, W/oagedyears,
having Aadhar no....., PAN No. permanent resident of
..... and presently residing at
.....,

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 NEET Rank			
PG SUBJECT				AIQ	SQ	In Service	Round I / II/ III
Category		GM/ Cat I/ Cat II A/ Cat II B/ Cat II B / Cat II IA/ Cat III B/ OBC / SC/ ST					
State Medical council Registration		No:		State:			
Email				Mobile No			

Know all men by these that we:

1. Dr. _____, aged about ____ years, S/D/W/o. _____, and residing at _____
_____ (herein after called the Obliger)

and

2. _____ aged about ____ years, S/D/W/o. _____, and residing at _____
_____ (herein after called the surety)

do hereby jointly and severally bind ourselves and our respective heirs, executors and administrators to pay to the Government of Karnataka (herein after called “the Government”) on demand, the sum of Rs.5,00,000/-(Rupees Five Lakhs only), and stipend as detailed herein below, together with interest thereon from the date of demand at Government rates on Government loans in force at that time, and together with all costs between attorney and client and all charges and expenses that shall or may have been incurred by the Government.

The obliger has been admitted for Post Graduate studies in _____ at Hassan Institute of Medical Sciences, Hassan. In the event of the obliger leaving the course by discontinuance or otherwise and thus failing to complete the course, the obliger and the surety shall forthwith pay to the Government on demand the said sum of Rs.5,00,000/-(Rupees Five Lakhs only), plus stipend drawn by the obliger from Government during the period of his/her Post Graduate study in _____ in Hassan Institute of Medical Sciences, Hassan together with interest thereon from the date of demand, at the rate of interest on Government loans, in force at that time.

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 or 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 obligor 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.

Signed and dated this _____ day of _____ (month), _____ (year)

Signed and delivered by the obligor above named Dr. _____ in the 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

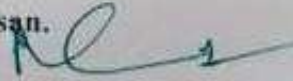
* Fee Structure for 1st Year PG Admission -2023-24

Sl.No	Fee Details	Pre Clinical		Para Clinical		Clinical	
		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/-

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 and Dean,
 Hassan Institute of Medical Sciences,
 Hassan
 Director / Principal
 Hassan Institute of Medical Science
 Hassan