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**VIJAYANAGAR INSTITUTE OF MEDICAL SCIENCES,
BALLARI-583104, KARNATAKA.**



***WELCOME TO THE VIJAYANAGAR INSTITUTE
OF MEDICAL SCIENCES, BALLARI.
FOR ADMISSION TO THE MCh UROLOGY
COURSE.***

*The candidate should fill all the forms and bring the
Bond at the time of admission.*

The Detail of the Fee to be paid by the candidate is as follows:-

- The candidate should bring Two D.D's only.
- The D,D,s Should be Drawn in favour of Director VIMS Ballari.
- The First D.D amount should be Rs. 4068/- (Rupees Four Thousand Sixty Eighty only)
- The Second D.D Amount should be Rs.36,612/- (Rupees Thirty Six Thousand Six Hundred and Twelve only)
- The fee Challan will be given to the candidate only after getting conformation of study in this institute.

The candidate should bring the following documents at the time of admission:

- **ALLOTMENT ORDER ISSUE BY THE UNIVERSITY**
- **PROVISIONAL HALL TICKET**
- **BONDS AS MENTIONED DETAIL BELOW**
- **PRESCRIBED FORMATS**
- **AND THE ORIGINAL DOCUMENTS WITH 03 SETS OF PHOTO COPIES.**

• **ORIGINAL DOCUMENTS :**

- a) *KMC Registration (PG)*
 - b) *10th Marks card (for D.O.B.)*
 - c) *Degree Certificate (UG & PG)*
 - d) *PG Marks Card*
 - e) *Attempt Certificate PG*
 - f) *PG Recognition certificate*
 - g) *First MBBS to Final MBBS Marks Card*
 - h) *If the candidate not studied PG course in RGUHS then he should produce Eligibility Certificate from the university.*
 - i) *If the candidate belongs to in service candidate, He / She should produce the application of applied in service*
 - k) *Reliving order from the concerned Departments as per the norms.*
- The candidate should bring 05 photos (the name should be displayed in the photo) along with 03 sets of photo copies of the original documents.*

Please Note: The MCh Urology course in this institute is Recognized by Medical Council of India New Delhi.(04 SEATS)



ಪÀÉÁõIPÀ ,ÀPÁõgÀ [Web: www.vimsbellary.org.in] GOVERNMENT OF
KARNATAKA

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VIJAYANAGAR INSTITUTE OF MEDICAL SCIENCES, BELLARY

Reg.No:205/1995-96-Recognized by Medical Council of India, New Delhi vide No:MCI-57(3)/79-Med/1912, Dtd.16-04-1979

Director: '08392-242387, PA : '08392-235201, FAX : 08392-235202, Principal : '08392-235204,

e-mail-ids : directorvimsbellary@gmail.com, vims_42366@yahoo.com, principalvimsbellary@gmail.com

No. VIMS/PG-AIQ-ADM/ 17 /2017-18

DATE:-

Candidates Willingness Form

Name of the candidate :
Roll Number :
Seat selected in 1 st / 2 nd / 3 rd /round counseling:
Course : _____ Subject : _____ College : _____

SI No	Particulars	Yes/No
1.	PH certificate	
2.	Provisional allotment letter	
3.	Caste Certificate	
4.	Admit card issued by AllMS	
5.	Rank letter issued by AllMS	
6.	Mark sheet of MBBS 1 st ,2 nd and 3 rd year	
7.	MBBS Degree Certificate	
8.	Internship Completion Certificate	
9.	Permanent or Provisional Registration	
10.	Date of Birth Proof	
11.	Does the candidate satisfy the minimum AIPGMEE qualification	
12.	MBBS Transfer Certificate	

I declare that I was personally present at the time of counseling and the seat **Selected or Surrendered** by me in the 1st /2nd / 3rd is purely my own choice. I have produced all the original documents and I agree to confirm my verification **and Accept/ Surrender** my seat.

The PG Seat which I have surrendered on -----, is purely at my own risk and I am aware that I have no right to hold back the seat and will not claim the seat.

Date :

Signed by me

Name of the Candidate

REGISTER PROFORMA TO BE FILLED BY THE CANDIDATES

(AS PER THE ADMISSION REGISTER) TO MEDICAL COLLEGE VIMS BELLARY.

01	Register Number:-	
02	Date of Admission	
03	Name in Full (Capital Letters)	
04	Father's Name, Occupation & Address (Or Guardian when a father is not alive)	
05.	Mobile No, & Email I.D	
06	Blood Group	
07	Income of parent or Guardian per annum	
08	Place of Birth	
09	Date of Birth	
10	Race of Caste & Religion	
11	Native District	
12	Karnataka or Non-Karnataka	
13	Former School or College length of attendance in it.	
14	Highest Examination passed	
15	Class on entering	
16	Reg.No./ Final PG / Marks Max/Sec, & Passing Date:	
17	Whether vaccinated or had small pox	
18	Amount of admission and other fees paid on admission	
19	Receipt No. and Date	
20	Class on leaving	
21	No.Date of leaving certificate	
22	Remarks	

NOTE: The candidates are required to fill only 1 to 18 columns.

Place:

Date :

Signature of the candidate

VIJAYANAGAR INSTITUTE OF MEDICAL SCIENCES, BELLARY
ADMISSION PROFORMA TO BE FILLED BY THE CANDIDATES
(ADMITTED) TO THE POST GRADUATE DEGREE / DIPLOMA
MEDICAL COLLEGE VIMS BELLARY.
FORM, - II (RGUHS)

01	Course for Admission (CAPITAL) Degree / Diploma	
02	Name of the Candidate NAME IN FULL (CAPITAL)	
03	Father's Name NAME IN FULL (CAPITAL)	
04	Sex	
05	Student Adress NAME IN FULL (CAPITAL)	
06	Cell No.	
07	Email ID	
08	Religion	
09	Mother Tongue	
10	Sub Caste	
11	Nationality	
12	Category	
13	AIQ / PGET Rank	
14	AIQ % / PGET %	
15	Qualifying Exam	
16	Register No.	
17	Passed Year	
18	University	
19	Optional Subjects	
20	MBBS Final Year Max Marks	
21	MBBS Final Year Sec Marks	
22	Date of Admission	
23	Date of Birth	
24	Blood Group	

Signature of the candidate

VIJAYANAGAR INSTITUTE OF MEDICAL SCIENCES, BELLARY
ADMISSION PROFORMA TO BE FILLED BY THE CANDIDATES
(ADMITTED) TO THE POST GRADUATE DEGREE / DIPLOMA
MEDICAL COLLEGE VIMS BELLARY.
FORM, - III (As per the RGUHS Register)

Sl. No	Particulars	To be filled by the candidate
1.	Name	
2.	Age with date of birth	
	Sex	
3.	Fathers Name	
4.	Mothers Name	
5.	Nationality	
6.	Permanent Address	
7.	Contact number of the candidate Mobile : Landline	
8.	Date of Admission	
9.	Contact No of Parent/Guardian/reference of Candidate to contact in case of emergence	
10.	E-mail ID	
11.	Adhar No.	
12.	State Medical Registration No. State	
13.	All NEET Rank	
14.	KEA/State NEET Rank	
15.	Admission order details	
16.	Name of the College to which candidate is admitted	
17.	UG/Superspeciality/PG/Diploma	
18.	Discipline / Subject	
19.	Details of the reservation quota under which candidate is admitted	

Signature of the candidate

VIJAYANAGAR INSTITUTE OF MEDICAL SCIENCES, BELLARY
ADMISSION PROFORMA TO BE FILLED BY THE CANDIDATES
(ADMITTED) TO THE POST GRADUATE DEGREE / DIPLOMA
MEDICAL COLLEGE VIMS BELLARY.
FORM, - IV (As per the MCI)

Sl. No	Particulars	To be filled by the candidate
1.	Course	
2.	Name of the Student	
	Date of Birth	
3.	Admitted on seat Recognized / Permitted	Recognized
4.	Category: Eg: SC / ST / OBC / GM	
5.	Physically Handicapped	Yes / No
6.	Exam Name / Roll No. NEET / All India / State Roll No.	
7.	Exam Rank (AIR / State)	
8.	Total Marks	
9.	Marks Optained	
10.	Percentage of Marks	
11.	PG Teacher Uner who the candidate admitted	Dr.Imdad Ali
12.	Stipend Paid (No incase of in service candidate)	Yes / No.
13.	Stipend Amount	As per G.O
14.	Student Registration No.	
15.	Registrated council Name	
16.	Date of Admission	

Signature of the candidate

Personal Details

(Needs to be filled by the candidate online and the copy should be submitted along with the bond)

SL. No.	Particulars	To be filled by the candidates
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.	Adhar 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/Superspeciality/PG/Diploma	
17.	Discipline /Subject	
18.	Details of the reservation quota under which candidate is admitted	

Bond Format for in-service Candidate (RS.200/-)

I _____ aged _____

S/o,D/o,W/o-----

Permanent of Resident of -----at

present residing at -----, do

hereby swear on oath as follows;

1. That I am admitted to -----College for UG /PG/Super-speciality/ Diploma in -----(mention the subject) under ----- quota.
2. I am submitting the bond in compliance with rule 15(3) of Karnataka conduct of entrance test for selection and admission to the Post graduate medical and dental degree and diploma (Amendment) Rules -2013 after reading and fully understanding the provisions of the above mentioned rules.
3. I state that I have admitted under in-service quota and I undertake to work in parent department for minimum period of 10 years from the date of completion of the course.
4. I undertake to complete the course within -----years and incase if I leave the course before its completion I shall pay the penalty of Rs. -----(in words-----) and I fully understand that I shall be debarred for three year from appearing in NEET.

Deponent.

1) Witness along with address and Mobile Number:

2) Withness along with address and Mobile Number

Seal and Signature of the Notry.

Bond Format for non in-service Candidates (RS.200/-)

I ----- aged ----- S/o,D/o,W/o-
-----Permanent of
Resident of -----at present residing at -----
-----, do hereby swear on oath as follows;

1. That I am admitted to -----College for PG/Super-speciality/ Diploma in -----(mention the subject) under ----- quota.
2. I am submitting the bond in compliance with Rule 15(7) of Karnataka Conduct of Entrance Test for Selection and Admission to the Post Graduate Medical and Dental Degree and Diploma (Amendment) Rules -2013 after reading and fully understanding the provisions of the above mentioned rules.
3. I state that I have admitted under non-in-service State quota / All India quota and I undertake to serve the Government Health and family welfare Department, Government of Karnataka, in Government Hospitals or if such speciality facilities are not available in Health and family welfare Department, then I shall serve in Karnataka Government Autonomous Medical Colleges if the Government Medical Collages needs the services; for maximum period of 3 years if Government desires, from the date of completion of my course and successful completion of exam
4. If I fail to comply with the conditions mentioned in Clause 3, of this Bond, I shall pay Rs. 50 lakhs for postgraduate degree / Rs. 25 lakhs for postgraduate diploma to the Government and only after payment of penalty, I shall collect my original documents which are in the custody of the Institution.

Deponent.

- 1) Witness along with address and Mobile Number:
- 2) Withness along with address and Mobile Number

Seal and Signature of the Notry.

FOR ANY QUARY OR THE
DETAIL YOU MAY CONTACT TO
THIS OFFICE

08392-235210 / 208 / 204



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4ನೇ ಬ್ಲಾಕ್, ಜಯನಗರ, ಬೆಂಗಳೂರು - 560 041.

Rajiv Gandhi University of Health Sciences, Karnataka
4th 'T' Block, Jayanagar, Bengaluru - 560 041

No. DSW/COE/2017-18.

NOTIFICATION

Date: 21-03-2017

Calendar of Events for admission to SUPER SPECIALITY COURSES for the academic year 2017-2018 is hereby notified as follows:

Sl. No.	DESCRIPTION OF EVENTS	SCHEDULE
1.	Last date of admission and a) Online uploading of admission statement on RGUHS website www.rguhs.ac.in , along with the latest students' clear colour photos b) email the list of students admitted to registrar@rguhs.ac.in and swf@rguhs.ac.in	31-08-2017
2.	Commencement of academic session	01-08-2017
3.	Online payment of admission fees payable to the University in full (partial payment is NOT allowed)	02-09-2017
4.	Getting admission register certified by the Registrar or his designated official of the University and producing the proof of having remitted the prescribed fee in full to the university (attested photocopies of the same to be left with university).	06-09-2017 before 5 pm
5.	Last date for submission of online entered printed admission statement with originals of the required documents including eligibility certificate (wherever applicable)	17-9-2017 before 5 pm.
6.	College-wise verification of documents for Admission approval	24-09-2017 to 10-10-2017
7.	Last date of submission of deficient documents as pointed out during verification	Ten working days from the date of verification
8.	Tentative last date for hosting Admission approval statement in the University website www.rguhs.ac.in	Ten working days from the last date prescribed for receipt of deficient documents
9.	Tentative last date for posting the hard copy of Admission approval statement to the Principal of the concerned institute.	Five working days from the date of hosting
10.	Submission of Synopsis to RGUHS	31-12-2017
11.	Submission of Dissertation to RGUHS	30-11-2019
12.	Submission of Dissertation to RGUHS With fine of Rs. 1,500/- per candidate With fine of Rs. 4,000/- per candidate	15-12-2019 31-12-2019

Note:

- The admitting college should have been notified as affiliated to the University with permission to admit students for the concerned course for the year 2017-18 before the last date of admission.
- Request for correction of name in the online admission statement will not be entertained. Entry of names in the online admission statement, by itself does not vest the right of admission approval. Number and the name of students uploaded in the online admission statement and e mail must match and not exceed the number of admissions approved. All excess admissions beyond the approved number will be rejected.
- If any of the above dates happens to be a holiday, the following working day shall be taken into consideration **except for payment of fees and fine which is available through online payment.**
- Admission Register shall contain the date, amount and number of the receipt corresponding to the name of the student with the signature of the student. Admission of those Students who have not paid the admission fees in full will not be approved.
- Those names that could not be uploaded in the online admission statement for whatever reason should be indicated in bold letters in the e-mail to be sent and in the admission register to be submitted to the University. Hard copies of the same must be submitted to the office of the Registrar and Vice-Chancellor in person in duplicate and an acknowledgement be obtained from the designated official of the respective offices during the office hours of the next working day. Otherwise, such admissions will not be accepted.
- Exact date of verification of documents for admission approval will be intimated to the college by the university. The Principal and the concerned officials of the college must be present on the specified date and time without fail with any other document that they may wish to submit. University will go ahead with verification of documents pertaining to their college even in their absence.
- No correspondence shall be made to the college regarding deficient documents except during verification Principal is expected to keep track of the deficiencies and fulfill them well before the last date prescribed without any prompting.
- Principals of the institutions should download admission approval of students and display the same in the college's notice board and website and discharge all disapproved students immediately. The University shall not entertain any further correspondence from any anybody regarding disapproved students.
- Exact dates of commencement of Theory & Practical examinations and date of declaration of results will be notified by the Registrar (Evaluation) separately.

TO
ALL CONCERNED THROUGH www.rguhs.ac.in.

Copy to:

- Secretary to Governor, Raj Bhavan, Bangalore 560 001.
- Secretary to Medical Education, Dept. of H & FW, Govt. of Karnataka, Vikasa Soudha, Bangalore 560 001.
- Director of Medical Education, Ananda Rao Circle, Bangalore 560 009.
- All officers of the University / All Sections in the University / ARS Regional Centers.
- PA to Vice- Chancellor, Registrar, Registrar (Eva), and Finance Officer, RGUHS, Bengaluru


REGISTRAR.