



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



***WELCOME TO THE VIJAYANAGAR INSTITUTE
OF MEDICAL SCIENCES, BALLARI.***

***FOR ADMISSION TO MCh UROLOGY COURSE
FOR THE ACADEMIC YEAR 2017-2018***

The candidate should fill all the forms and Bond formats in E-stamp paper and submit at the time of admission at VIMS, Ballari.

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)*

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

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 candidate
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 emergence	
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	
19.		

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 Obtained	
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 Registeration No.	
15.	Registrated council Name	
16.	Date of Admission	

Signature of the candidate

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

I _____ aged _____
S/o, D/o, W/o _____
Permanent of Residing 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 of Karnataka, in Government Hospitals or if such speciality facilities are not available in Health and family welfare Department, than I shall serve in Karnataka Government Autonomous Medical College if the Government Medical college needs the services; for maximum 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.

Provided always that the liability of the surety hereunder shall not of omission of the government of 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 amount due him / her under. The BOND SHALL BE in all respects be governed by the laws of India for the time being in force and rights and liabilities shall where necessary be accordingly determined by the appropriate court in India.

SIGNED AND DATED this _____

SIGNED AND delivered by the obliger above name _____ in the presence of _____

- 1.
- 2.

SIGNED AND DELIVERED by the surety above named _____ in the presence of _____

WITNESS WITH NAME AND ADDRESS.

- 1.
- 2.

SIGNED AND DELIVERED by the surety above named _____ in the presence of _____

WITNESS WITH NAME AND ADDRESS

- 1.
- 2.

Candidate Mobile No.

Email ID:

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.

Provided always that the liability of the surety hereunder shall not of omission of the government of 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 amount due him / her under. The BOND SHALL BE in all respects be governed by the laws of India for the time being in force and rights and liabilities shall where necessary be accordingly determined by the appropriate court in India.

SINGED AND DATED this _____

SINGED AND delivered by the obliger above name _____ in the presence of _____

- 1.
- 2.

SIGED AND DELIVERED by the surety above named _____ in the presence of _____

WITNESS WITH NAME AND ADDRESS.

- 1.
- 2.

SIGED AND DELIVERED by the surety above named _____ in the presence of _____

WITNESS WITH NAE AND ADDRESS

- 1.
- 2.

Candidate Mobile No.

Email ID:

PENALTY BOND (FOR BOTH INSERVICE AND NON INSERVICE)

Date:

KNOW ALL MEN BY THESE PRESENTS THAT WE DR.HUMERA JABEEN D/O M.SAKEEM PASHA, aged about 25 years R/o house No.3/1/60, Beroon Quilla, Raichur Now come over to Ballari.

(hereinafter called obliger) and _____ S/o_____, aged about _____ years R/o _____ Now come over to Ballari (hereinafter called Surety) do hereby joined and ourselves and our respective heirs, executors and administrator to pay to the government of Karnataka (Hereinafter called “ the Government”) on demand the sum of Rs.5,00,000/- (Rupees Five Lakhs only) in case of degree and Rs.2,50,000/- (Rupees Two Lakh Fifty Thousand only) in case of Diploma and Stipend as details herein below together with interest thereon from the date of demand at government rates for the time being in force on government loans. And Together with all costs between attorney and client and all charges and expenses that shall or may have been incurred by the government. Whereas obliger has been granted a seat for post graduate studies in (MCh Urology) at Vijayanagar institute of Medical Science, Ballari now the condition of above written obligation that 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 same sum of Rs.5,00,000/- (Rupees Five Lakhs only) in case of degree and Rs.3,00,000/- (Rupees Three Lakh only) in case of diploma plus stipend drawn by the obliger from government during the period of his/her post graduate study in (MCh Urology) at Vijayanagar institute of Medical sciences, Ballari together with interest thereon from the date of demand at government rates for the time bring in force of government loans. In addition to the prescribed fine, every candidate shall pay the remaining period course fee on his own to the government/private colleges in the event of the he/she leaving the course before its completion. PROVIDED always that the liability of the surety hereunder shall not of omission of the government of 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 amount due her under. THE BOND SHALL BE in all respects be governed by the laws of India for the time being in force and rights and liabilities shall where necessary be accordingly determined by the appropriate court in India.

SINGED AND DATED this _____ day of _____ 2017

SINGED AND delivered by the obliger above name _____ in the presence of _____

WITNESS WITH NAME AND ADDRESS WITH MOBILE NUMBER

1.

2.

SINGED AND DELIVERED by the surety above named _____ in the presence of _____

WITNESS WITH NAME AND ADDRESS WITH MOBILE NUMBER.

1.

2.

Candidate Mobile No.

Email ID:

FOR ANY CLARIFICATIONS YOU
MAY CONTACT TO VIMS
OFFICE DURING WORKING
HOURS TO :-

08392-235210 / 208 / 204



ರಾಜೀವ್ ಗಾಂಧಿ ಆರೋಗ್ಯ ವಿಜ್ಞಾನಗಳ ವಿಶ್ವವಿದ್ಯಾಲಯ, ಕರ್ನಾಟಕ,
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:

1. 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.
2. 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.
3. 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.**
4. 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.
5. 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.
6. 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.
7. 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.
8. 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.
9. 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:

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


REGISTRAR.