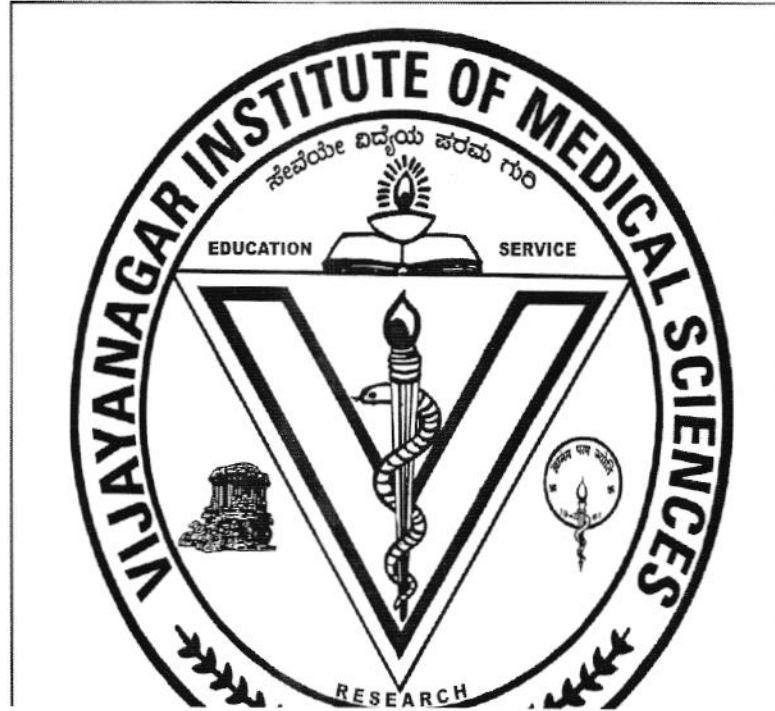


ವಿಜಯನಗರ ವೈದ್ಯಕೀಯ ವಿಜ್ಞಾನ ಸಂಸ್ಥೆ, ಬಳ್ಳಾರಿ

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

**WELCOME TO ALL THE SUPER SPECILTY
CANDIDATES (MCh Urology)**

2018-19



INSTRUCTION FOR THE CANDIDATES WHO
ARE TAKING ADMISSION

FOR POST GRADUATE MEDICAL SUPER
SPECILTY (MCh Urology) COURSE AT VIMS
BALLARI

ALLOTTED THROUGH NEET STATE / A.I.Q
FOR THE YEAR 2018-19.

Candidates must report in Principal office at Vijayanagara Institute of Medical Sciences, Ballari (VIMS) for POST GRADUATE SUPER SPECILTY COURSE admission on or after the date indicated on their selection letter issued by NEET (AIQ & SQ) after 10-30 A.M onwards.

1. The admission process is likely to take two days.
2. The candidates are instructed to keep Photo copies of all original documents submitted to office of the VIMS, Ballari at the time of admission and preserved for future use until they are returned from Rajiv Gandhi University of Health Sciences, Bengaluru after getting approved. And the directions from the Government of Karnataka,
3. The candidates are instructed to DOWNLOAD all the below mentioned forms and filled in by his / her own handwriting in blue or black pen neatly and legibly in English or computer typed in CAPITAL LETTERS ONLY, except for signature and submit the same at the time of admission. Overwriting, strike-through and erasing in the form should be avoided. Submission of incomplete forms will lead to rejection. Check thoroughly whether you have filled all your relevant details truly, correctly in the concerned forms.
4. **Important** :- No forms / proformas will be issued in VIMS office, as they are made available in VIMS website – www.vimsbellary.org.in.
5. The students are informed to submit the original certificates shown below with two sets of attested photo copies of all original documents without fail.
6. The Candidates are here by informed to make arrange of soft copy of all the original documents,
7. The candidates are here by strictly informed to submit their submission of soft copy of the same (Through CD or DVD / Pen Drive) it should contents the marks card of 10th / PUC / First MBBS to Final Year MBBS / M.S Degree certificate / KMC Bond etc.,
8. **FEE STRUCTURE FOR DEGREE CLINICAL DEPARTMENT**

The Total fee for Degree general merit candidates for clinical subjects are 2,20,650/-(Two lakh Twenty Thousand Six Hundred and Fifty Only)

The Total fee for Degree SC/ST candidates 20,650/-(Twenty Thousand Six Hundred and Fifty only)

All the candidates of Super Speciality courses for the academic year 2018-19 (irrespective of the department) 10% of the total fee should be one Cheque / D.D and remaining fee should be another cheque / D.D

Ex: If a candidate admitted to the clinical subject and his/her category is General Merit then the total fee the candidate have to pay Rs.2,20,650/- (Rs.Two Lakhs Twenty Thousand Six Hundred and Fifty Only) the cheques / D.D should be in two in number the first cheque / D.D for Rs. 22,065/-(Twenty Two Thousand Sixty Five only) i.e 10% of Rs. 2,20,650/-(and the remaining amount i.e. Rs. (2,20,650-22065= 1,98,585- will be the other cheque / D.D

Admission fees shall be paid through challan in SBI, VIMS, BALLARI, Branch, only and the DD / AT PAR Cheques / will be accepted.

9. The candidates have to bring 05 recent Pass port size photos and it should contains the name of the candidate, date and subject.

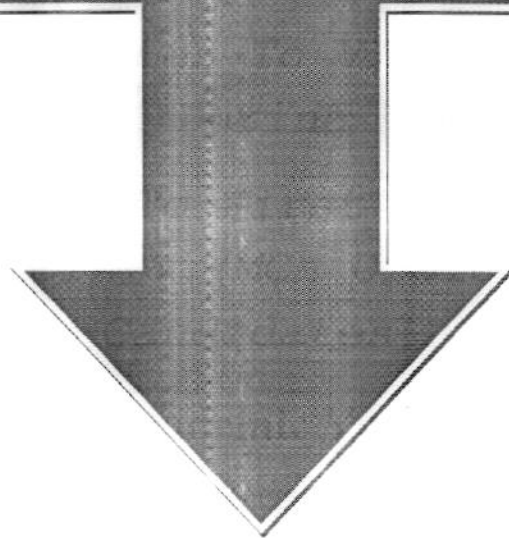
Please Note : The Fee structure and Bond Performa will change as per the guide lines of the Government of Karnataka and Directorate of Medical Education Bangalore and every candidate should bind with the rules and regulation of the Government of Karnataka and DME Bangalore.

Eligibility Certificate : The candidates who have studies other than RGUHS in General Surgery / Post Graduate course are here by informed to submit the same from RGUHS Karnataka Bangalore or the candidates may visit to the www.rguhs.ac.in for getting the same through online.

Please Download The Following
Proformas

And Submit the filled
information Along with Original
Documents & TWO SETS Of Attested
Xerox Copies To VIMS Office
During
Admission To First Year SUPER
SPECILTY (MCh Urology)
Candidates.

For The Academic Year 2018-19





ಕರ್ನಾಟಕ ಸರ್ಕಾರ [Web: www.vimsbellary.org.in] GOVERNMENT OF KARNATAKA

ವಿಜಯನಗರ ವೈದ್ಯಕೀಯ ವಿಜ್ಞಾನ ಸಂಸ್ಥೆ, ಬೆಳ್ಳಾರಿ

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/ 18 /2018-19

DATE:-

Candidates Willingness Form

Name of the candidate :

Roll Number :

Seat selected in 1st / 2nd / 3rd /round counseling:

Course : _____ Subject : _____ College : _____

Sl 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 TOBE FILLED BY THE CANDIDATES

(ADMITTED) TO MEDICAL COLLEGE VIMS BALLARI

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 MBBS/ 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 21 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

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/Super Speciality/PG/Diploma	
17.	Discipline / Subject	
18.	Details of the reservation quota under which candidate is admitted	
19.		

Date:

Signature of the candidate

(Seal and Signature of the Notary)
Annexure 4

Compulsory Rural Service Bond Format for non in-service Candidates

(To be submitted at college at the time of admission)

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/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 amendment dated 22.09.2017.
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 till completion of such service. I shall be abide voluntarily to the said condition.

(Seal and Signature of the Notary and sureties and witness

Annexure 4-A

**UNDERTAKING AS REQUIRED UNDER RULE 15(5) 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 CLINICAL SUBJECTS IN MEDICAL /
DENTAL COURSES.**

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

I

S/o, D/O, W/o

aged years, having Aadhar no....., PAN No.

permanent resident of

and

presently residing at

(herein after referred to as BOUNDEN) do hereby swear on oath as follows:-

- 1) That I am admitted to 'Government'/'Government-quota' seat for 'All India quota'/'State quota' in
.....college for post-graduate medical/dental degree/diploma in
..... (Indicate the subject)during
the centralized counseling for admission to post-graduate courses-
2018.
- 2) I am aware of the fact that the Fees for 'Government'/'Government-
quota' 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(5) 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 above
mentioned Rules, I have opted for the 'Government'/'Government-
quota' seat.
- 3) In compliance with the above Rule 15(5), 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/ Rs. 25.00 lakh (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/o

aged years, having Aadhar no....., PAN No.

permanent resident of

and

presently residing at

2. Name :

S/o, D/O, W/o

aged years, having Aadhar no.....,
PAN No.

permanent resident of

and

presently residing at

BOUNDEN

SURETIES

1.

2.

WITNESS

1.

2.



ಕರ್ನಾಟಕ ಸರ್ಕಾರದ ನಡವಳಿಗಳು

ವಿಷಯ: ವೈದ್ಯಕೀಯ ಶಿಕ್ಷಣ ಇಲಾಖೆಯ ವ್ಯಾಪ್ತಿಯ ಸರ್ಕಾರಿ ಕಾಲೇಜು/ಸಂಸ್ಥೆಗಳಲ್ಲಿನ ಸೂಪರ್ ಸ್ಪೆಷಾಲಿಟಿ ಕೋರ್ಸುಗಳ ವಾರ್ಷಿಕ ಶುಲ್ಕ ಹೆಚ್ಚಿಸುವ ಬಗ್ಗೆ.

ಓದಲಾಗಿದೆ:

ನಿರ್ದೇಶಕರು, ವೈದ್ಯಕೀಯ ಶಿಕ್ಷಣ ನಿರ್ದೇಶನಾಲಯ, ಬೆಂಗಳೂರು ಇವರ ದಿ: 10-07-2018 ರ ಪತ್ರ ಸಂಖ್ಯೆ: ಡಿಎಂಇ/ಪಿಜಿಎಸ್/19/2018-19.

ಪ್ರಸ್ತಾವನೆ:

ರಾಜ್ಯದ ವೈದ್ಯಕೀಯ ಶಿಕ್ಷಣ ಇಲಾಖೆಯ ವ್ಯಾಪ್ತಿಯ ಸರ್ಕಾರಿ ಕಾಲೇಜು/ಸಂಸ್ಥೆಗಳಲ್ಲಿನ ಸೂಪರ್ ಸ್ಪೆಷಾಲಿಟಿ ಕೋರ್ಸುಗಳಿಗೆ ವಾರ್ಷಿಕ ಶುಲ್ಕವು 2017-18 ನೇ ಸಾಲಿನಲ್ಲಿ ಈ ಕೆಳಕಂಡಂತಿರುತ್ತದೆ.

ಕ್ರ.ಸಂ.	ಕಾಲೇಜಿನ ಹೆಸರು	ವಿಷಯ	ವಾರ್ಷಿಕ ಶುಲ್ಕ
1	Bangalore Medical College & Research Institute, Bangalore.	ಎಲ್ಲಾ ವಿಷಯಗಳಿಗೆ	37,020/-
2	Kidwai Memorial Institute of Oncology, Bangalore	ಎಲ್ಲಾ ವಿಷಯಗಳಿಗೆ	1,25,000/-
3	Vijayanagara Institute of Medical Sciences, Bellary	Mch. Urology	40680/-
4	Sri Jayadeva Institute of Cardiovascular Sciences & Research, Bangalore	DM Cardiology	1,50,000/-
		M.Ch Cardio Thoracic Surgery	1,50,000/-
		DM Cardiac Anaesthesia	1,01,975/-
5	Institute of Nephro Urology, Bangalore	ಎಲ್ಲಾ ವಿಷಯಗಳಿಗೆ	75,000/-
6	Indira Gandhi Institute of Child Health, Bangalore	M.Ch in paediatric surgery	37,020/-

ಆದರೆ ಸುಮಾರು ವರ್ಷಗಳಿಂದ ಸರ್ಕಾರಿ ಕಾಲೇಜುಗಳಲ್ಲಿನ ಶುಲ್ಕವು ಪರಿಷ್ಕೃತವಾಗಿರುವುದಿಲ್ಲ ಹಾಗೂ ಮೂಲಭೂತ ಸೌಕರ್ಯಗಳ ವೆಚ್ಚ, ಪ್ರಯೋಗಾಲಯ ವೆಚ್ಚ ಮತ್ತು ಸಿಬ್ಬಂದಿ ವೇತನದಲ್ಲಿಯೂ ಸಹ ಭಾರಿ ಹೆಚ್ಚಳ ಕಂಡು ಬಂದಿರುವುದರಿಂದ 2018-19 ನೇ ಸಾಲಿಗೆ ಈ ಕೆಳಗಿನಂತೆ ಶುಲ್ಕವನ್ನು ಪರಿಷ್ಕರಿಸಬಹುದಾಗಿದೆಯೆಂದು ತಿಳಿಸಿರುತ್ತಾರೆ.

ಕ್ರ.ಸಂ.	ಕಾಲೇಜಿನ ಹೆಸರು	ವಿಷಯ	ಪರಿಷ್ಕೃತ ಶುಲ್ಕ (ರೂ. ಲಕ್ಷಗಳಲ್ಲಿ)
1	Bangalore Medical College & Research Institute, Bangalore	ಎಲ್ಲಾ ವಿಷಯಗಳಿಗೆ	2.00 / Year

No circulation
19/07
Director of Medical Education
Ananda Rao Circle, Bangalore

K. N. N. N.

2	Kidwai Memorial Institute of Oncology, Bangalore	ಎಲ್ಲಾ ವಿಷಯಗಳಿಗೆ	2.00 / Year
3	Vijayanagara Institute of Medical Sciences, Bellary	Mch. Urology	2.00 / Year
4	Sri Jayadeva Institute of Cardiovascular Sciences & Research, Bangalore	DM Cardiology DM Cardiac Anaesthesia	2.00 / Year
		M.Ch Cardio Thoracic Surgery	1.50 / Year
5	Institute of Nephro Urology, Bangalore	ಎಲ್ಲಾ ವಿಷಯಗಳಿಗೆ	2.00 / Year
6	Indira Gandhi Institute of Child Health, Bangalore	M.Ch in paediatric surgery	1.50 / Year

ವಿಷಯವನ್ನು ಸಂಬಂಧಿಸಿದ ದಾಖಲೆಗಳೊಂದಿಗೆ ಕೂಲಂಕಷವಾಗಿ ಪರಿಶೀಲಿಸಿದ ನಂತರ ರಾಜ್ಯದ ವೈದ್ಯಕೀಯ ಶಿಕ್ಷಣ ಇಲಾಖೆಯ ವ್ಯಾಪ್ತಿಯ ಸರ್ಕಾರಿ ಕಾಲೇಜು/ಸಂಸ್ಥೆಗಳಲ್ಲಿನ ಸೂಪರ್ ಸ್ಪೆಷಾಲಿಟಿ ಕೋರ್ಸುಗಳಿಗೆ ಮೇಲೆ ನಮೂದಿಸಿರುವಂತೆ ವಾರ್ಷಿಕ ಶುಲ್ಕ ನಿಗದಿಪಡಿಸಲು ಸರ್ಕಾರವು ತೀರ್ಮಾನಿಸಿ, ಈ ಕೆಳಗಿನಂತೆ ಆದೇಶವನ್ನು ಹೊರಡಿಸಿದೆ.

ಸರ್ಕಾರಿ ಆದೇಶ ಸಂಖ್ಯೆ: ಆಕುಕ 218 ಆರ್‌ಜಿಯು 2018, ಬೆಂಗಳೂರು ದಿನಾಂಕ 18-07-2018.

ಪ್ರಸ್ತಾವನೆಯಲ್ಲಿ ವಿವರಿಸಿರುವ ಅಂಶಗಳ ಹಿನ್ನೆಲೆಯಲ್ಲಿ, ರಾಜ್ಯದ ವೈದ್ಯಕೀಯ ಶಿಕ್ಷಣ ಇಲಾಖೆಯ ವ್ಯಾಪ್ತಿಯ ಸರ್ಕಾರಿ ಕಾಲೇಜು/ಸಂಸ್ಥೆಗಳಲ್ಲಿನ ಸೂಪರ್ ಸ್ಪೆಷಾಲಿಟಿ ಕೋರ್ಸುಗಳ ವಾರ್ಷಿಕ ಬೋಧನಾ ಶುಲ್ಕವನ್ನು ಈ ಕೆಳಕಂಡಂತೆ ನಿಗದಿಪಡಿಸಿ ಆದೇಶಿಸಿದೆ.

ಕ್ರ.ಸಂ.	ಕಾಲೇಜಿನ ಹೆಸರು	ವಿಷಯ	ಪರಿಷ್ಕೃತ ಶುಲ್ಕ (ರೂ. ಲಕ್ಷಗಳಲ್ಲಿ)
1	Bangalore Medical College & Research Institute, Bangalore	ಎಲ್ಲಾ ವಿಷಯಗಳಿಗೆ	2.00 / Year
2	Kidwai Memorial Institute of Oncology, Bangalore	ಎಲ್ಲಾ ವಿಷಯಗಳಿಗೆ	2.00 / Year
3	Vijayanagara Institute of Medical Sciences, Bellary	Mch. Urology	2.00 / Year
4	Sri Jayadeva Institute of Cardiovascular Sciences & Research, Bangalore	DM Cardiology DM Cardiac Anaesthesia	2.00 / Year
		M.Ch Cardio Thoracic Surgery	1.50 / Year

5	Institute of Nephro Urology, Bangalore	ಎಲ್ಲಾ ವಿಷಯಗಳಿಗೆ	2.00 / Year
6	Indira Gandhi Institute of Child Health, Bangalore	M.Ch in paediatric surgery	1.50 / Year

ಕರ್ನಾಟಕ ರಾಜ್ಯಪಾಲರ ಆದೇಶಾನುಸಾರ
ಮತ್ತು ಅವರ ಹೆಸರಿನಲ್ಲಿ,

K. Murali
(ಕೆ. ಮುರಳಿ) 18/07/18

ಸರ್ಕಾರದ ಅಧೀನ ಕಾರ್ಯದರ್ಶಿ-2,
ಆರೋಗ್ಯ ಮತ್ತು ಕುಟುಂಬ ಕಲ್ಯಾಣ ಇಲಾಖೆ,
(ವೈದ್ಯಕೀಯ ಶಿಕ್ಷಣ)

ಇವರಿಗೆ:

ಸಂಕಲನಕಾರರು, ಕರ್ನಾಟಕ ರಾಜ್ಯ ಪತ್ರ, ಬೆಂಗಳೂರು - ವಿಶೇಷ ರಾಜ್ಯಪತ್ರದಲ್ಲಿ ಪ್ರಕಟಿಸಿ 25 ಪ್ರತಿಗಳನ್ನು ಒದಗಿಸುವಂತೆ ಕೋರಿದೆ.

ಪ್ರತಿ:

- 1) ಪ್ರಧಾನ ಮಹಾಲೇಖಪಾಲರು (ಜಿ&ಎಸ್‌ಎಸ್‌ಎ), ಕರ್ನಾಟಕ, ಹೊಸ ಕಟ್ಟಡ, "ಆಡಿಟ್ ಭವನ", ಅಂಚೆಪೆಟ್ಟಿಗೆ ಸಂಖ್ಯೆ: 5398, ಬೆಂಗಳೂರು-560001.
- 2) ಪ್ರಧಾನ ಮಹಾಲೇಖಪಾಲರು (ಇ&ಆರ್‌ಎಸ್‌ಎ), ಕರ್ನಾಟಕ, ಹೊಸ ಕಟ್ಟಡ, "ಆಡಿಟ್ ಭವನ", ಅಂಚೆಪೆಟ್ಟಿಗೆ ಸಂಖ್ಯೆ: 5398, ಬೆಂಗಳೂರು-560001.
- 3) ಪ್ರಧಾನ ಮಹಾಲೇಖಪಾಲರು (ಎ&ಇ), ಕರ್ನಾಟಕ, ಪಾರ್ಕ್ ಹೌಸ್ ರಸ್ತೆ, ಅಂಚೆಪೆಟ್ಟಿಗೆ ಸಂಖ್ಯೆ: 5329, ಬೆಂಗಳೂರು-560001.
- 4) ಕುಲಸಚಿವರು, ರಾಜೀವ್‌ಗಾಂಧಿ ಆರೋಗ್ಯ ವಿಜ್ಞಾನಗಳ ವಿಶ್ವವಿದ್ಯಾಲಯ, 4ನೇ ಟಿ ಬ್ಲಾಕ್, ಜಯನಗರ, ಬೆಂಗಳೂರು-560041.
- 5) ನಿರ್ದೇಶಕರು, ವೈದ್ಯಕೀಯ ಶಿಕ್ಷಣ ನಿರ್ದೇಶನಾಲಯ, ಆನಂದರಾವ್ ವೃತ್ತ, ಬೆಂಗಳೂರು-560009.
- 6) ಸಂಬಂಧಿಸಿದ ಸರ್ಕಾರಿ ಕಾಲೇಜುಗಳಿಗೆ (ವೈದ್ಯಕೀಯ ಶಿಕ್ಷಣ ನಿರ್ದೇಶಕರ ಮುಖಾಂತರ)
- 7) ಶಾಖಾ ರಕ್ಷಾ ಕಡತ / ಹೆಚ್ಚುವರಿ ಪ್ರತಿಗಳು.
- 8) ಸರ್ಕಾರದ ಅಪರ ಮುಖ್ಯ ಕಾರ್ಯದರ್ಶಿಯವರ ಆಪ್ತ ಕಾರ್ಯದರ್ಶಿ, ಆರೋಗ್ಯ ಮತ್ತು ಕುಟುಂಬ ಕಲ್ಯಾಣ ಇಲಾಖೆ, ಬಹುಮಹಡಿ ಕಟ್ಟಡ, ಬೆಂಗಳೂರು.
- 9) ಸರ್ಕಾರದ ಉಪ ಕಾರ್ಯದರ್ಶಿರವರ ಆಪ್ತ ಸಹಾಯಕರು, ಆರೋಗ್ಯ ಮತ್ತು ಕುಟುಂಬ ಕಲ್ಯಾಣ ಇಲಾಖೆ, ಬಹುಮಹಡಿ ಕಟ್ಟಡ, ಬೆಂಗಳೂರು.

K. Murali.



ರಾಜೀವ್ ಗಾಂಧಿ ಆರೋಗ್ಯ ವಿಜ್ಞಾನಗಳ ವಿಶ್ವವಿದ್ಯಾಲಯ, ಕರ್ನಾಟಕ

4ನೇ "ಟಿ" ಬ್ಲಾಕ್, ಜಯನಗರ, ಬೆಂಗಳೂರು - 560 041.

RAJIV GANDHI UNIVERSITY OF HEALTH SCIENCES, KARNATAKA

4th 'T' Block, Jayanagar, Bangalore - 560 041

Phone : 080 - 2696 1934, 080 - 2696 1935, Fax : 080 - 2696 1929

website : www.rguhs.ac.in, E-mail : rguhsregistrar@gmail.com

Ref. : No.RGUHS/AC2-ADM/COE/UG-PG-SS/2018-19

Date :30.12.2017.....

NOTIFICATION

Calendar of Events for admission to UG / PG / SS COURSE of MEDICAL FACULTY for the academic year 2018-19 is hereby notified as follows:

Sl. No.	DESCRIPTION OF EVENTS	SCHEDULE		
		MBBS	PG - MD/MS/ DIPLOMA	SUPER SPECIALITY
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 vo@rguhs.ac.in	31-08-2018	31-05-2018	31-08-2018
2	Commencement of academic session	01-08-.2018	02-05-2018	01-08-.2018
3	Online payment of admission fees payable to the University in full (partial payment is NOT allowed)	06-09-2018 before 5:30.pm	07-06-2018	06-09-2018 before 5:30.pm
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).	07-09-2018 before 5:00.pm	08-06-2018 before 5:00.pm	07-09-2018 before 5:00.pm
5	Last date for submission of online entered printed admission statement with originals of the required documents including eligibility certificate (wherever applicable)	07-09-2018 before 5:00.pm	08-06-2018 before 5:00.pm	07-09-2018 before 5:00.pm
6	Credit confirmation of the admission fees paid by the colleges from RGUHS	17.09.2018	18.06.2018	17.09.2018
7	College-wise verification of documents for Admission approval	18-09-2018 to 12-10-2018	20-06-2018 to 13-07-2018	15-10-2018 to 22.10 -2018
8	Last date of submission of deficient documents as pointed out during verification	Ten working days from the date of verification	Ten working days from the date of verification	Ten working days from the date of verification
9	Tentative last date for hosting Admission approval statement in the University website www.rguhs.ac.in	Fifteen days working days from the last date prescribed for receipt of deficient documents	Ten working days from the last date prescribed for receipt of deficient documents	Ten working days from the last date prescribed for receipt of deficient documents

PTO



ರಾಜೀವ್ ಗಾಂಧಿ ಆರೋಗ್ಯ ವಿಜ್ಞಾನಗಳ ವಿಶ್ವವಿದ್ಯಾಲಯ, ಕರ್ನಾಟಕ

4ನೇ "ಟ" ಬ್ಲಾಕ್, ಜಯನಗರ, ಬೆಂಗಳೂರು - 560 041.

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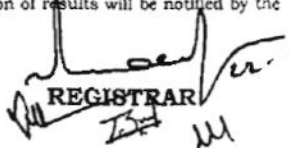
Ref. : No.RGUHS/AC2-ADM/COE/UG-PG-SS/2018-19

Date : 30.12.2017.....

10	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.	Five working days from the date of hosting.	Five working days from the date of hosting
11	Submission of Synopsis to RGUHS	Not applicable	31-11-2018	Not applicable
12	Submission of Dissertation to RGUHS		31-07-2020	
13	Submission of Dissertation to RGUHS with fine of Rs. 1,500/- per candidate with fine of Rs. 4,000/- per candidate		15-08-2020 30-08-2020	

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 2018-19 before the last date of admission.
2. Request for correction of name in the online admission statement will not be entertained without a valid reason and administrative approval.
3. Entry of names in the online admission statement, by itself does not vest the right of admission approval.
4. Number and the name of students uploaded in the online admission statement and e mail must match.
5. All excess admissions beyond the sanctioned intake by the RGUHS and apex body will be rejected.
6. 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.**
7. Admission Register shall contain the date, amount and fees receipt number against the corresponding names of the students with their signature and photo. Admission of those Students who have not paid the admission fees of the university in full will not be approved.
8. Admission register should contain NEET Rank Number and NEET Register Number/ Unique ID against the names of the corresponding student.
9. 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 should be present in the admission register to be submitted to the University. Presence of the names of the student in the admission register will not ensure the right of admission approval. 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.
10. 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. University will go ahead with verification of documents pertaining to their college even in their absence.
11. 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 as per the prescribed date above, without any prompting.
12. Principals of the institutions should download admission approval of students and display the same in the college's notice board and website.
13. Discharge all the students whose admissions are not approved for any reason and, Principal should intimate the same in writing to the respective students, and such intimation copy should reach the university within one week from the date of hosting the approval and non approval list in the RGUHS website. The University shall not entertain any further correspondence from any anybody regarding disapproved students.
14. Exact dates of commencement of Theory & Practical examinations and date of declaration of results will be notified by the Registrar (Evaluation) separately.


REGISTRAR

TO

ALL CONCERNED THROUGH www.rguhs.ac.in.

Copy to:

1. Secretary to Governor, Raj Bhavan, Bengaluru - 560 001.
2. Secretary to Medical Education, Dept. of H & FW, Govt. of Karnataka, Vikasa Soudha, Bengaluru -560 001.
3. Director of Medical Education, Ananda Rao Circle, Bengaluru 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