



Government of Karnataka

**CHIKKAMAGALURU INSTITUTE OF
MEDICAL SCIENCES**

CHIKKAMAGALURU

(Autonomous Institution of Govt. of Karnataka)

ARALAGUPPE MALLEGOWDA

**DISTRICT GOVERNMENT TEACHING
HOSPITAL**

**PROFORMA FOR ADMISSION TO UNDER GRADUATE
(MBBS) COURSE FOR THE
ACADEMIC YEAR 2022-23.**



CHIKKAMAGALURU INSTITUTE OF MEDICAL SCIENCES, CHIKKAMAGALURU

(Autonomous Institution, Government of Karnataka)

Aralaguppe Mallegowda District Hospital, Near Azad park, Chikkamagaluru-577101.

Telephone : 08262-295347

website: <https://cimschikkamagaluru.karnataka.gov.in>

E-Mail :directorcims2020@gmail.com

No:CIMS/Admissions/UG/2022-23

Date:20-09-2022

ADMISSIONS: 2022-23

Requirements for reporting to college:

Following are the details of fees, documents and bonds required to be submitted at the time of reporting to the college.

Attachments:

1. Reporting amount details based on quota and category
2. Admission form
3. Bonds
4. General instructions to students and parents

Sd/-

Director cum Dean
Chikkamagaluru Institute of Medical Sciences
Chikkamagaluru

**DOCUMENTS TO BE SUBMITTED AT THE TIME OF REPORTING TO
COLLEGE FOR 1st Year MBBS ADMISSION TO CIMS
CHIKKAMAGALURU.**

SI NO.	PARTICULARS
Original documents along with Three Sets of Attested Photocopies and a Soft Copy of all the documents along with Photograph on a CD/Pendrive to be submitted in the following order.	
1.	Recent Passport size Photograph (04) (soft copy in JPEG format upto 30 Kb)
2.	Fees by (Demand Draft) (1)At Allotment Centre-(KEA) (2)At College
3.	UG NEET Admission Ticket
4.	KEA/ MCC Admission Order
5.	UG NEET Examination Marks Statement
6.	SSLC / 10 th Standard Marks Statement
7.	II PUC / 12 th Standard Marks Statement
8.	a. Eligibility Certificate (for 10 + 2-for students who have completed from NON PU board- CBSE/ICSE/AIQ Students) b. Migration certificate (CBSE/ICSE/AIQ Students)
9.	Caste Certificate (SC & ST Students Should Produce Caste Certificate in prescribed format Only)
10.	Transfer Certificate
11.	Study Certificate (as applicable)
12.	Kannada Medium /Rural Study Certificate (10 Years)
13.	Undertaking for MBBS Admissions
14.	Undertaking for Anti-ragging (by Student)
15.	Undertaking for Anti-ragging (by Parent)
16.	Affidavit for undertaking Rural Service After Completion of MBBS Course
17.	371 J Eligibility Certificate- if Applicable
18.	Physical Fitness Certificate (Issued by authorized Government Medical Officer)
19.	Physical Disability Certificate. (For differently abled candidates)
20.	Aadhar card (photo copy)

NOTE:

1. CANDIDATES MUST PROVIDE ONE FILE/FOLDER FOR THEIR ORIGINAL DOCUMENTS.



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UNDER GRADUATES 1st Yr MBBS FEES STRUCTURE 2022-23

Sl. No	Particulars	1 st Year Admission AIQ	1 st Year Admission SC/ST (State Quota)	General & Other Category- 1 st Year	
				Paid to KEA + To be paid at college	
	Tuition Fee	Includes tuition fees Rs 50000/-, RGUHS fees Rs 9350/- And college other fee Rs 14750/-	50000	Includes tuition fees Rs 50000/-, RGUHS fees Rs 9350/- And college other fee Rs 14750/-	Students shall pay reporting amount of Rs 14750/- at college after paying tuition and RGUHS fees to KEA
	Helinet		4500		
	Registration		3000		
	Admission		500		
	SWF University(4½ yrs)		450		
	Sports (4½ yrs)		900		
	ID card		250		
	Student Association.		500		
	Sports fee		1200		
	Library		1500		
	Magazine fee		1500		
	Laboratory fee		2500		
	Medical Examination fee		300		
	Caution Deposit		1000		
	Alumni association fee (life time)		1000		
	Kannada Sangh		1000		
	Cultural activities		1700		
	Literary activities		500		
	SWF (college)		300		
	NSS activates		100		
	Skill lab fee	1000			
	Others	400			
	TOTAL	74,100	74100	74,100	

**GENERAL INSTRUCTIONS FOR THE STUDENTS WHO ARE TAKING ADMISSION
FOR 1st-MBBS COURSE AT CHIKKAMAGALURU INSTITUTE OF MEDICAL SCIENCES,
CHIKKAMAGALURU (CIMS).**

1. Students must report in principal's/Deans office at CIMS for MBBS admission on or before date indicated on their selection letter issued by KEA/ NEET AIQ by 10-00 am. If any student fails to report before the last date indicated in the office letter, his/her admission will stand cancelled and the same will be intimated to concerned authorities.
2. One of the parent / guardian must accompany students at the time of admission or Surrendering seats as certain documents are to be signed by them.
3. The admission process is likely to take more than one day. Outstation candidates are requested to not cause hurry in admission or surrendering seats.
4. The admission offered to a candidate will be only provisional. DME/RGUHS/MCC-DGHS are final authorities.
5. As the original documents will be sent to Rajiv Gandhi University of Health Sciences, Bangalore for admission approval, students are instructed to keep atleast 3 Xerox copies of original documents with themselves for future use.
6. Institute working hours: 10.00 am to 1.30 pm and 2.15 pm to 5.30 pm.
7. Each candidate must submit the following original certificates shown below along with three sets of attested copies. The originals and Xerox must be produced in the prescribed sequence. CANDIDATES MUST PROVIDE ONE FILE/FOLDER FOR THEIR ORIGINAL DOCUMENTS.
8. In case of AIQ/NEET seats- seat surrender procedure will be duly followed. Kindly generate online seat surrender receipt and contact the NODAL officer of CIMS Chikkamagaluru, Dr. Lohith Kumar. R on 08262-295347. Kindly try to report on working day and take a note of Karnataka holiday schedules. SUNDAY WILL BE HOLIDAY & on any other national holiday, the college office will remain closed.

Note:

1. For AIQ candidates full fees shall be paid **through SBI collect payment gateway.**
2. Students admitting through KEA shall pay fees as prescribed by the KEA and reporting college other fee amount to Institution - **CIMS Chikkamagaluru through SBI collect payment gateway.**
3. ***Students belonging to SC/ST category shall also pay tuition fees and register for reimbursement under SSP Karnataka.**
4. **Link for SB collect payment gateway will be updated in the college website.**



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ADMISSION FORM

(DETAILS TO BE ENTERED IN BLOCK LETTERS ONLY)

Name (As mentioned in SSLC /10 th marks card)	
Gender	
Father Name	
Mother Name	
Permanent Address	
Communication Address:	
Phone number	
Email ID	
Nationality	
Religion, Caste & category	
Mother tongue	
Seat type (AIQ / Karnataka State quota)	
NEET / All India Rank	
Qualifying Exam (II PUC / 12 th)	
Registration No. of Qualifying Exam	

Year of passing		
University/Board		
Date of Admission		
Date of Birth		
Blood group		
State & Native District		
Urban/Rural		
Optional Subjects	Maximum marks	Marks secured
Physics		
Chemistry		
Biology		
Mathematics		
English		
Kannada / Hindi		
TOTAL		
PCB Total		
PCB Percentage		
Annual Income		
NEET Hall Ticket No		
Entrance Marks (Max. Marks - 720)	/ 720	
Entrance Percentage / Percentile		

All the entries made above are true to best of my knowledge and I am directly responsible for any fallacies.

Signature of the Student

**Signature of the Parent or
Guardian**



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1st Yr MBBS ADMISSION CHECKLIST

	Submitted	Remarks
Recent Passport size Photograph (04)		
Fees Paid 1)At Allotment Centre (KEA) 2)At College		
NEET Admission Ticket		
KEA/AIMCC Admission Order		
Entrance Examination Marks Statement		
SSLC / 10 th Standard Marks Statement		
II PUC / 12 th Standard Marks Statement		
Eligibility Certificate (for 10 + 2-for students who have completed from NON PU board)		
Caste Certificate (SC & ST Students Should Produce Caste Certificate in prescribed Format Only)		
Transfer Certificate (10 +2)		
Study Certificate (for 12 Years)		
Kannada Medium /Rural Study Certificate (10 Years)		
Undertaking for MBBS Admissions		
Undertaking for Anti-ragging (by Student)		
Undertaking for Anti-ragging (by Parent)		
Affidavit for undertaking Rural Service After Completion of MBBS Course		
371 J Eligibility Certificate if Applicable		
Physical Fitness Certificate		
Aadhar card copy		
CD / DVD/pendrive of scanned copies of all documents submitted including photo		

NOTE:

(1) Three Sets of Attested Photocopies of Above Mentioned Relevant Certificates.

(2)The original records submitted for MBBS admissions are correct to best of our knowledge and we also accept that our admission to 1st MBBS course at this institution is provisional and subject to approval from RGUHS/KEA/MCC-DGHS New Delhi.

Signature of the Student

**Signature of the Parent or
Guardian**

BOND FORMATS

DECLARATION

To
The Director,
Chikkamagaluru Institute of Medical Sciences,
Chikkamagaluru

Sir/Madam,

MBBS 2022-23					
NAME OF THE CANDIDATE					
FATHER'S NAME					
UG NEET ROLL NO.			UG NEET Rank		
TYPE OF ALLOTMENT	AIQ / SQ	I Round	II Round	III Round	MOP UP Round
CATEGORY CLAIMED	GM / Cat I / Cat II A / Cat II B / Cat II B / Cat III A / Cat III B / OBC / SC / ST				
CATEGORY ALLOTTED	GM / Cat I / Cat II A / Cat II B / Cat II B / Cat III A / Cat III B / OBC / SC / ST				
e Mail			Mobile No		

I S/o D/o _____ residing at _____ have joined the allotted MBBS seat at Chikkamagaluru Institute of Medical Sciences during the Academic year 2022-23 on _____ (date) do hereby undertake as follows.

I have submitted all the required Original Certificate at time of admission for the approval of MBBS admission seat. If the documents are found fake or colour Xeroxed, I will be held responsible for the same and I will be liable for criminal proceedings if any one of the above information/documents produced by me is found to be false/incorrect.

Place: Chikkamagaluru

Date:

Signature of Parent/Guardian

Signature of Candidate

NOTARISED BOND TO BE EXECUTED ON A STAMP PAPER OF RS.100/-

**FOR CANDIDATES WHO SELECT MBBS SEATS IN
GOVERNMENT MEDICAL COLLEGE OR GOVERNMENT
SEATS IN PRIVATE MEDICAL COLLEGES**

MBBS 2022-23

NAME OF THE CANDIDATE						
FATHER'S NAME						
UG NEET ROLL NO.		UG NEET Rank				
TYPE OF ALLOTMENT		AIQ / SQ	I Round	II Round	III Round	MOP UP Round
CATEGORY CLAIMED		GM / Cat I / Cat II A / Cat II B / Cat II B / Cat III A / Cat III B / OBC / SC / ST				
CATEGORY ALLOTTED		GM / Cat I / Cat II A / Cat II B / Cat II B / Cat III A / Cat III B / OBC / SC / ST				
e Mail				Mobile No		

I _____ S/o/D/o _____
(herein after called the Natural Guardian of the Student)
Resident of _____ on my own volition have joined the allotted
MBBS seat at Chikkamagaluru Institute of Medical Sciences during the Academic year 2022-23
on _____ (date) do hereby undertake as follows.

In accordance with the Amendment to Rule 11 of the Karnataka Selection of Candidates for admission to MBBS seats in Professional Educational Institutions Rules, 2006, vide Government Notification-1. No. HFW 79 RGU 2011, dated: 17.07.2012 and amendment act 2017 dated:

06.07.2017 on completion of the course I am prepared 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 regulations of Government of Karnataka.

The above statement is true and correct. My parent and I hereby undertake to act accordingly.

Place: Chikkamagaluru

Date:

Signature of Candidate

Signature of Parent/Guardian

Witness:

1		2	
Name		Name	
Address		Address	

For all e- Stamp papers

- 1st party is the candidate &
- 2nd party is the Director, Directorate of Medical Education, Karnataka

MBBS 2022-23

NAME OF THE CANDIDATE			
FATHER'S NAME			
UG NEET ROLL NO.		UG NEET Rank	
CATEGORY CLAIMED			
CATEGORY ALLOTTED			
e Mail		Mobile No	

Rs. 100/- E-stamp paper

ANNEXURE I
AFFIDAVIT BY THE STUDENT

I, _____ (full name of student with Institute Roll Number) s/o d/o Mr./Mrs./Ms. _____, having been admitted to _____ (name of the institution), have received or downloaded a copy of the UGC Regulations on Curbing the Menace of Ragging in Higher Educational Institutions, 2009, (hereinafter called the "Regulations") carefully read and fully understood the provisions contained in the said Regulations.

- 1) I have, in particular, perused clause 3 of the Regulations and am aware as to what constitutes ragging.
- 2) I have also, in particular, perused clause 7 and clause 9.1 of the Regulations and am fully aware of the penal and administrative action that is liable to be taken against me in case I am found guilty of or abetting ragging, actively or passively, or being part of a conspiracy to promote ragging.
- 3) I hereby solemnly aver and undertake that
 - a) I will not indulge in any behaviour or act that may be constituted as ragging under clause 3 of the Regulations.
 - b) I will not participate in or abet or propagate through any act of commission or omission that may be constituted as ragging under clause 3 of the Regulations.
- 4) I hereby affirm that, if found guilty of ragging, I am liable for punishment according to clause 9.1 of the Regulations, without prejudice to any other criminal action that may be taken against me under any penal law or any law for the time being in force.
- 5) I hereby declare that I have not been expelled or debarred from admission in any institution in the country on account of being found guilty of, abetting or being part of a conspiracy to promote, ragging; and further affirm that, in case the declaration is found to be untrue, I am aware that my admission is liable to be cancelled.
- 6) Along with the above mentioned points I do hereby declare that
 - a) I will obey the code of conduct of the institute and do not indulge in any kind of in-disciplined activity while in and off the institution campus.
 - b. I will be solely responsible for any kind of accident/mishap caused on account of the above mentioned clause (6.a).

Declared this ___ day of _____ month of _____ year.

Signature of deponent
Name: _____

VERIFICATION

Verified that the contents of this affidavit are true to the best of my knowledge and no part of the affidavit is false and nothing has been concealed or misstated therein.

Verified at -----(place) on this the -----(day) of -----(month) , -----(year) .

Signature of deponent
Solemnly affirmed and signed in my presence on this the -----(day) of -----(month) , -----(year) after reading the contents of this affidavit.

OATH COMMISSIONER

Note : It is mandatory to submit this affidavit in the above format, if you desire to register for the forthcoming academic session.

Rs. 100/- e-stamp paper :-

- 1st party is the candidate &
- 2nd party is the Director, Chikkamagaluru Institute of Medical Sciences, Chikkamagaluru

MBBS 2022-23

NAME OF THE CANDIDATE			
FATHER'S NAME			
UG NEET ROLL NO.		UG NEET Rank	
CATEGORY CLAIMED			
CATEGORY ALLOTTED			
e Mail		Mobile No	

Rs. 100/- E-stamp paper

ANNEXURE II
AFFIDAVIT BY PARENT/GUARDIAN

I, Mr./Mrs./Ms. _____ (full name of parent/guardian) father/mother/guardian of _____, (full name of student with University Roll Number), having been admitted to _____ (name of the institution), have received or downloaded a copy of the UGC Regulations on Curbing the Menace of Ragging in Higher Educational Institutions, 2009, (hereinafter called the "Regulations"), carefully read and fully understood the provisions contained in the said Regulations.

- 1) I have, in particular, perused clause 3 of the Regulations and am aware as to what constitutes ragging.
- 2) I have also, in particular, perused clause 7 and clause 9.1 of the Regulations and am fully aware of the penal and administrative action that is liable to be taken against my ward in case he/she is found guilty of or abetting ragging, actively or passively, or being part of a conspiracy to promote ragging.
- 3) I hereby solemnly aver and undertake that
 - a) My ward will not indulge in any behaviour or act that may be constituted as ragging under clause 3 of the Regulations.
 - b) My ward will not participate in or abet or propagate through any act of commission or omission that may be constituted as ragging under clause 3 of the Regulations.
- 4) I hereby affirm that, if found guilty of ragging, my ward is liable for punishment according to clause 9.1 of the Regulations, without prejudice to any other criminal action that may be taken against my ward under any penal law or any law for the time being in force.
- 5) I hereby declare that my ward has not been expelled or debarred from admission in any institution in the country on account of being found guilty of, abetting or being part of a conspiracy to promote, ragging; and further affirm that, in case the declaration is found to be untrue, the admission of my ward is liable to be cancelled.
- 6) Along with the above mentioned points I do hereby declare that
 - a) My ward will obey the code of conduct of the institute and do not indulge in any kind of in-disciplined activity while in and off the institution campus.
 - b) My ward will be solely responsible for any kind of accident/mishap caused on account of the above mentioned clause (6.a).

Declared this _____ day of _____ month of _____ year.

Signature of deponent

Name:
Address:
Telephone/ Mobile No.:

VERIFICATION

Verified that the contents of this affidavit are true to the best of my knowledge and no part of the affidavit is false and nothing has been concealed or misstated therein.

Verified at (place) on this the (day) of (month), (year).

Signature of deponent

Solemnly affirmed and signed in my presence on this the _____ (day) of _____ (month), _____ (year) after reading the contents of this affidavit.

OATH COMMISSIONER

Note: It is mandatory to submit this affidavit in the above format, if you desire to register for the forthcoming academic session.

Rs. 100/- e-stamp paper :-

- 1st party is the Parent &
- 2nd party is the Director, Chikkamagaluru Institute of Medical Sciences, Chikkamagaluru