

Instructions for Super Sepciality admission 2021-22

FOR DETAILED INFORMATION VISIT

www.mcc.nic.in

No.BMCRI/PG/146/2021-22

Date:

OFFICE NOTE**SUB: ADMISSION TO SUPER SPECIALITY COURSE FOR THE ACADEMIC YEAR 2021-22 - REG**

POST GRADUATE DEGREE		QUOTA	AIQ		
SUPER SPECIALITY		SESSION	I	II	MOPI P
PG NEET ROLL NO.		PG NEET RANK			

Dr. _____ S/o/ D/o/ W/o _____

has submitted the following Original certificates.

SL NO	PARTICULARS	FOR OFFICE USE ONLY			
		SUBMITTED	NOT SUBMITTED		
1	NEET PG Admit card				
2	NEET PG Rank card				
3	NEET /KEA Allotment Order and KEA Acknowledgement				
4	SSLC Marks Card / Birth Certificate				
5	2 nd PUC/12 th Standard Marks card				
6	MBBS Marks Card	1st MBBS			
		2nd MBBS			
		Final MBBS Part-1			
		Final MBBS Part-2			
7	PG Mark card				
8	UG/PG Attempt Certificate				
9	UG/PG Study Certificate				
10	Internship Certificate/ Provisional Certificate				
11	UG Degree Certificate/ Provisional Certificate				
	PG Degree Certificate/ Provisional Certificate				
12					
13	Certificate regarding MCI recognition of MBBS degree				
14	State Medical Council Registration Certificate				
	State: _____ Reg No: _____				
15	Caste Certificate (For candidates claiming Reservation)				
16	Domicile Certificate (For SQ candidates only)				
17	PG Transfer Certificate				
18	PG Migration Certificate(For Students from other Universities)				
19	Eligibility Certificate issued by RGUHS (For Students from other Universities)				
20	Penalty Bond (On Rs.100/- E-stamp Paper Duly Notarised) (For Forfeiture of seat)				
21	Service Bond 1 (On Rs.200/- E-stamp Paper Duly Notarised) (1 year)				
22	Service Bond 2 (On Rs.100/- E-stamp Paper Duly Notarised) (3 years)				
23	Physical Fitness Certificate (Issued by Authorised Government Medical officer)				
24	Photograph (3 pass port size and Soft copy in JPG format less than 45KB)				
25	Aadhar card (Photo copy)	No: _____			
	PAN Card (Photo copy)	No: _____			
	Physical Disability Certificate	No: _____			
		Issued by: _____			
	In-service candidates	Probationary Period Declaration letter			
		Relieving Order			
Fee Details	CASH	Bank: SBI, TSP Road, Bengaluru	Amount: _____	Receipt No: _____	Date: _____
	CHEQUE	Bank: _____		No. _____	Date _____
	DD	Bank: _____		No. _____	Date _____

Signature of the Scrutinizing Officer

Signature of candidate

BMC&RI – ACADEMIC YEAR 2021-22

DETAILS OF SUPER SPECIALITY STUDENT

Sl No	PARTICULARS	TO BE FILLED IN CAPITAL LETTERS ONLY	
1	Name of the Student		
2	Father's Name		
3	Mother's Name		
4	Spouse's Name		
5	Date of Birth with Age		
6	Religion		
7	Caste		
8	Sub-caste		
9	Permanent Address		
10	Correspondence Address		
11	Landline No		
12	Mobile No		
13	Email ID		
14	Aadhar No		
15	PAN		
16	Bank Account Details		
	Name of the Bank	Account No	
	Branch	IFS Code	
17	State Medical Council Registration	State :	
		Reg No:	
18	PG NEET Roll No		
19	Marks Obtained in PG NEET		
20	All India PG NEET Rank		
21	KEA/State PG NEET Rank		
22	Allotment Order No.& Date		
23	PG degree/ Super Specialty		
	Discipline/Subject		
24	Type of Allotment	AIQ / SQ /	In-service
25	Reservation Category Claimed	GM/ Cat I/ Cat II A / Cat II B/ Cat II B / Cat III A / Cat III B / OBC / SC / ST	
26	Reservation Category Allotted	GM/ Cat I/ Cat II A / Cat II B / Cat II B / Cat III A / Cat III B / OBC / SC / ST	
27	Counseling session	I Round / II Round / III Round	
28	Hyderabad Karnataka Quota	Yes / No	
29	Physical Handicap Quota	Yes / No	
30	Institution last studied		
31	Date of joining the PG course		

Signature of the Candidate

PENALTY BOND

(To be executed on e-stamp paper of Rs. 100/- and duly notarized)

DATE: _____

2021-22

Name of the Candidate			
SUPER SPECIALITY NEET Roll No.		SUPER SPECIALITY NEET Rank	
SUPER SPECIALITY SUBJECT		AIQ	Round I / II / III
Category	GM Cat I / Cat II A / Cat II B / Cat II B / Cat II A / 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 Bangalore Medical College & Research Institute, Bengaluru. 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 Bangalore Medical College & Research Institute, Bengaluru 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 discharged 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 obliger 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), two thousand nineteen.

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	

For all e Stamp papers

1st party is the candidate &

2nd party is the Director, Directorate of Medical Education, Karnataka

SERVICE BOND 1

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

Compulsory Government Service Bond Format for Non In service Candidates

DATE: / /

2021-22

Name of the Candidate			
SUPER SPECIALITY NEET Roll No.		SUPER SPECIALITY NEET Rank	
SUPER SPECIALITY SUBJECT		AIQ	
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	

I, Dr _____, aged _____ years, 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 Degree Super Specialty 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 am admitted under non-in-service All India quota/ State 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 courses and successfully complete the Post Graduate Degree 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 abide voluntarily to the said condition.

Executed and signed in the presence of witnesses on this _____ day of _____ (month) 2019
_____ (place)

Signature of the Candidate

Witnesses:

1	2
Name	Name

For all e Stamp papers

1st party is the candidate &

2nd party is the Director, Directorate of Medical Education, Karnataka

SERVICE BOND 2

(To be executed on e- stamp paper of Rs. 100/- duly notarized)

UNDERTAKING AS REQUIRED UNDER RULE 15 (6) OF THE KARNATAKA CONDUCT OF ENTRANCE TESTS FOR SELECTION AND ADMISSION TO THE POST-GRADUATE MEDICAL AND DENTAL DEGREE AND DIPLOMA COURSES RULES, 2006 FOR MEDICAL DEGREE / DIPLOMA COURSES

DATE: _____
2021-22

Name of the Candidate			
SUPER SPECIALITY NEET Roll No.		SUPER SPECIALITY NEET Rank	
SUPER SPECIALITY SUBJECT		AIQ	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	

I, Dr. _____, aged _____ years, S/o, D/o, W/o _____, having Aadhar no. _____, PAN No. _____ Permanent resident of _____ and _____ Presently resident at _____, (hereafter referred to as BOUNDEN) do hereby swear on oath as follows:-

- 1) That I am admitted to 'Government' seat for 'All India quota' in _____ college for post-graduate medical degree in _____ (Indicate the subject) during the centralized counseling for admission to post-graduate courses- 2020.
- 2) I am aware of the fact that the Fees 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 above mentioned 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 our 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) 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: aged years.
 S/o,D/o,W/o.....
 Aadhar no.....
 PAN No.
2. Name: aged years.
 S/o,D/o,W/o.....
 Aadhar no.....
 PAN No.

SIGNATURE OF BOUNDEN (CANDIDATE)

SIGNATURE OF SURETIES

1		2	
Name		Name	
Address		Address	

SIGNATURE OF WITNESSES

1		2	
Name		Name	

For all e Stamp papers

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