

Instructions for Super Sepciality admission 2022-23

FOR DETAILED INFORMATION VISIT

www.mcc.nic.in

FILL UP ALL
THE
DOCUMENTS
IN CAPITAL
LETTERS
ONLY

Bangalore Medical College & Research Institute, Bengaluru

Instructions for Admission to Super Specialty Courses (Academic Year 2022-23)

Original documents along with Two Sets of Self Attested Photocopies

to be submitted in the following order.

NEET Admit card

NEET Rank card

NEET Allotment Order /KEA Allotment Order and KEA Acknowledgement

SSLC Marks Card / Birth Certificate

2nd PUC/12th Standard Marks card

MBBS Marks Card (I MBBS, II MBBS, Final MBBS Part-1, Final MBBS Part-2)

PG Marks card

PG Attempt Certificate

Study Certificate

Internship Certificate.

UG Degree Certificate

PG Degree Certificate

Certificate regarding MCI/NMC recognition of MBBS

degree.State Medical Council Registration Certificate

Caste Certificate (For candidates claiming Reservation)

PG Transfer Certificate

PG Migration Certificate (For Students from other Universities)

Eligibility Certificate issued by RGUHS (For Students from other Universities)

Apply Online @ <http://www.ecms.online>

Penalty Bond (On Rs.100/- E-stamp Paper Duly Notarised) (For Forfeiture of seat)

Service Bond 1 (On Rs.200/- E-stamp Paper Duly Notarised) (1years)

Physical Fitness Certificate (Issued by Authorised Government Medical officer)

Photograph (1 pass port size and Soft copy in JPEG format less than 45KB)

Aadhar card

PAN Card

Physical Disability Certificate (Issued by Authorised Competent Government Authority)

Note: Scan each of the above documents and Name and Save as individual pdf File in a single folder bearing the Candidate's name in a also mail it to pgbmcri2022@gmail.com

**REGARDING SUBMISSION OF PENALTY BOND/
COMPULSORY SERVICE BOND**

This has to be submitted without fail along with other original documents at the time of joining college.

Super Specialty Fee Details

| Super Specialty | Fees details |
|------------------------|---------------------|
| All subjects | 2,27,520/- per year |

Changes in the Fee Structure / Penalty for forfeiture of seats / Service Bond and Penalty for non compliance of Service bond conditions will be applicable from time to time as per the orders of the Government of Karnataka

**STATE BANK OF INDIA,
TIPPU SULTAN PALACE ROAD BRANCH
ACCOUNT NUMBER-32021548615
IFSC CODE:SBIN0070242**

THE FOLLOWING DOCUMENT FORMATS TO BE DOWNLOADED

AND FILLED IN CAPITAL LETTERS ONLY

- **OFFICE NOTE.**
- **PARTICULARS OF SUPER SPECIALITY STUDENT.**
- **DECLARATION 3** (In case of candidate who has completed PG diploma)
- **PENALTY BOND** (on e- stamp paper of Rs. 100/- duly notarized)
- **SERVICE BOND 1** (on e- stamp paper of Rs. 200/- duly notarized)
- **(Contents of the above bonds are provided in following pages. Same to be printed on the prescribed value e-stamp papers, signed by candidate, sureties (Parent/ Government official), and witnesses as required, duly notarized and submitted at the time of admission.)**

For all e Stamp papers

1st party is the candidate &

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

OFFICE NOTE**SUB: ADMISSION TO SUPER SPECIALITY COURSE FOR THE ACADEMIC YEAR 2022-23 - REG**

| | | | | | |
|-------------------------|--|----------------|----------|-----------|--------------|
| SUPER SPECIALITY | | SESSION | I | II | MOPUP |
| 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 | | | | |
| 12 | PG Degree Certificate/ Provisional Certificate | | | | |
| 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 2022-23

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

**STAMP PAPER VALUE NOT
LESS THAN Rs.100/-**

DATED: ___/___/_____

KNOW ALL MEN BY THESE PRESENTS THAT WE Dr. _____ S/D/W/o. _____ aged about ___ (_____) years, and residing at _____ (Hereinafter called the Obliger) and _____ S/D/W/o. _____ aged about _____ (_____) years, and resident 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 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 the obliger has been granted a seat for Super Speciality Post Graduate studies in (_____) At Bangalore Medical College & Research Institute, Bangalore 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 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 Super Speciality Post Graduate study in (_____) Bangalore Medical College & Research Institute, Bangalore together with interest thereon from the date of demand at Government rates for the time being 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 he/she 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 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 amounts due hereunder.

THE BOND SHALL BE 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 _____ two thousand _____

SIGNED AND delivered by the obliger above named Dr. _____ in the presence of

WITNESS WITH NAME 1.

AND ADDRESS 2.

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

WITNESS WITH NAME 1.

AND ADDRESS 2.

Category: GM/ OBC/ SC/ ST _____

State Medical Registration No _____

Candidate Mobile No: +91 _____

Email: _____

NEET Testing Id/Roll No. _____

Form I (A)
SERVICE BOND
UNDERTAKING FROM THE CANDIDATES ADMITTED TO
THE SUPERSPECIALTY COURSES
(To be executed on e- stamp paper of Rs. 300/- duly notarized)

DATE: ___/___/_____

2022-23

| | | | | | |
|------------------------------------|--|--------------|-----------|------------|-------------------|
| Name of the Candidate | | | | | |
| PG NEET Roll No. | | PG NEET Rank | | | |
| PG SUBJECT | | AIQ | SQ | In Service | 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 (herein after 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 Super Speciality medical degree in (Indicate the subject) during the centralized counseling for admission to Super Speciality courses 2018-19 by DGHS.
- 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 one years after completion of my Super Speciality course as required under the provisions of Karnataka Compulsory services training by candidates completed medical courses act 2012 and the amendments there. I have opted for the Government seat after reading and fully understanding the above mentioned rule.
- 3) **I have read and understood the provisions of** Karnataka Compulsory services training by candidates completed medical courses act 2012 and the amendments there to, together with Rules passed there under by Karnataka state Legislation and the obligations of students for availing the "Government" seat.

- 4) In compliance with the above with, I hereby 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 One year in any Government Medical Colleges and Super Speciality Hospitals and has decided by the government of Karnataka after completions of my Super Speciality courses.
- 5) No objections to work for a period of One year at Government medical colleges and Super Speciality Hospitals if the department of Medical Education Desires, at monthly remuneration as fixed by the Medical Education department, Government of Karnataka.
- 6) In case, if fail to comply with undertaking of Compulsory services myself and or my sureties mentioned below do hereby bind ourself and each of us, our and each of heirs, executors and admistrators jointly and severally to pay to the government of Karnataka on demand, that we shall pay penalty of Rs.30.00 Lakhs (RUPEES THIRTY LAKH ONLY) for Super Specilaty courses to the Government and Only after payment of penalty I Shall collect my Original documents which are in the custody of the institution.
- 7) 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

Name: aged years, S/o,D/o,W/o.....
 Aadhar no....., PAN No.

Name: aged years, S/o,D/o,W/o.....
 Aadhar no....., PAN No.

SIGNATURE OF BOUNDEN (CANDIDATE)

SIGNATURE OF SURETIES

| | |
|------|------|
| 1 | 2 |
| Name | Name |

SIGNATURE OF WITNESSES

| | |
|---|---|
| 1 | 2 |
|---|---|

PERSONAL DETAILS

(Needs to be submitted by the candidate along with the bond)

| SI No. | Particulars | To be filled in Capital letters only |
|--------|---|--------------------------------------|
| 1. | Name of Candidate | |
| 2 | Age with date of birth | |
| 3 | Father's Name | |
| 4 | Mother's Name | |
| 5 | Permanent Address | |
| 6 | Correspondence Address | |
| 7 | Contact number of the Candidate | Mobile : Landline: with STD code |
| 8 | Contact No. of Parent/Guardian/reference of candidate to contact in case of emergency | Mobile : Landline: with STD code |
| 9 | E-mail ID | |
| 10 | Aadhaar No | |
| 11 | State Medical Registration No. | Reg. No State.. |
| 12 | Discipline /Subject | |
| 13 | Details of the reservation quota under which candidate is admitted | |

Signature of the Candidate