



भारतसरकार/ Government of India

स्वास्थ्य एवंपरिवारकल्याणमंत्रालय /Ministry of Health and Family Welfare

अटल बिहारी वाजपेयीआयुर्विज्ञान संस्थानएवंडॉ. राम मनोहर लोहिया अस्पताल,नई दिल्ली

ATAL BIHARI VAJPAYEE INSTITUTE OF MEDICAL SCIENCES&

Dr. RML HOSPITAL, NEW DELHI



F. No. 215/PG Cell/ABVIMS/ 216

Dated: 18/11/2024

**ADMISSION NOTICE**

Sub: Reporting Schedule for Candidates Allotted Seats in MD/MS Courses at ABVIMS & Dr. RML Hospital, New Delhi–Round 1 for the Academic Year 2024-25–regarding.

All candidates who have been allotted seats in MD/MS courses at ABVIMS & Dr. RML Hospital in Round 1 of Counseling/reporting for the Academic Year 2024-25 are required to report in person according to the schedule below. Please bring all original documents along with one set of self-attested photocopies as listed in the attachment:

Quota	Date of reporting	Courses
State Quota	21.11.2024 (Thursday)	MD [Anaesthesia], MD [Bio-chemistry], MS [ENT], MS [Orthopaedics], MD [Psychiatry], MD [PMR]
	22.11.2024 (Friday)	MS [Surgery], MD [Paediatrics], MD [Microbiology], MS [OBG], MS [Ophthalmology]
	23.11.2024 (Saturday)	MD [Medicine], MD [Dermatology], MD [Radio Diagnosis]
All India Quota	24.11.2024 (Sunday)	MD [Anaesthesia], MD [Bio-chemistry], MS [ENT], MS [Orthopaedics], MD [Psychiatry], MD [PMR]
	25.11.2024 (Monday)	MS [Surgery], MD [Paediatrics], MD [Microbiology], MS [OBG], MS [Ophthalmology]
	26.11.2024 (Tuesday)	MD [Dermatology], MD [Radio Diagnosis]
	27.11.2024 (Wednesday)	MD [Medicine]

Note: The days have been decided for candidates reporting according to the department/programme wise for convenience of the candidates. However, it is not mandatory.

2. Address for reporting: Room Number 104, First Floor, Administrative Block, ABVIMS & Dr. RML Hospital. Time for reporting: 10:00 AM.

(P S Thakur)

Controller of Examination

**Helpline Numbers (9 AM to 5 PM):**

Deputy Registrar–8178988051

Sr. Admin Officer - 9968515636

Sr. Accounts Officer–9599727254

Academic Branch: 011-23404755/011-23365525–4755

For information to:

1. PS to Director & Medical Superintendent, ABVIMS & Dr. RML Hospital
2. PS to Dean, ABVIMS & Dr. RML Hospital
3. All concerned HoDs, ABVIMS & Dr. RML Hospital
4. Sr. Accounts Officer, ABVIMS & Dr. RML Hospital
5. In-charge, e-Governance, ABVIMS & Dr. RML Hospital–with a request to upload it on RML Website and e-Office notice board.

The Candidates are also advised to visit MCC, NMC, GGSIP University and RML Hospital website regularly for any further updates.

Annexure - 1

**DECLARATION BY THE CANDIDATE  
[for Post Graduate Medical Programmes (PGMC)]**

- a. I \_\_\_\_\_ (name) son/daughter of Smt \_\_\_\_\_ and Shri \_\_\_\_\_ resident of \_\_\_\_\_ hereby, solemnly and sincerely affirm that the statement made and information furnished by me in the application form is true and correct. I have not concealed any information. If any information furnished, herein, is found fraudulent, incorrect or untrue, I understand that I am liable to criminal prosecution, and I also agree to forego my seat in SSMC / PGMC. Further I am liable to be punished by the University and the selection and admission to the course is liable to be cancelled. I agree to abide by the Rules and Regulations governing the Examination as contained in the Admission Brochure.
- b. In case, I fail to join the course offered to me and accepted by me within the prescribed date, my selection/ registration to the course be treated as cancelled.
- c. I undertake that in the event of my admission to any SSMC/Degree/Diploma course I will not apply for or accept admission to any course in any University/ Institution till I complete the course to which I am admitted on the basis of this application.
- d. I undertake that in the event of my selection for a SSMC / PGMC, I shall deposit all my original certificates alongwith a Surety Bond of Rs. 10 lacs in case of SSMC / Rs 10 lacs in the case of PGMC. In the event of (i) my not joining the course at the allotted institution on or before the stipulated date (ii) leaving the course before its completion and (iii) cancellation/ termination of my admission/ registration by the University on account of unsatisfactory performance / conduct/ discipline, I will deposit a sum of Rs. 10 lacs / Rs. 10 lacs as applicable in the institution where I am enrolled to redeem my original certificates.
- e. I agree to undergo the said course on full-time basis and shall not engage myself in practice or any part-time/ full-time job during the period of the course and if I do so, my name may be removed from the rolls of University.
- f. I am aware that the University can remove my name from its rolls in case my work is not reported satisfactory by my Supervisor/Head of the Institution.
- g. On admission, I shall submit myself to the disciplinary jurisdiction of the Vice Chancellor and the several authorities of the University who may be vested with the authority to exercise discipline under the Act, the Ordinances, the rules and regulations that have been framed by the University from time to time.

Signature of Candidate \_\_\_\_\_

Name Dr./Ms./Mr. \_\_\_\_\_

Address for communication \_\_\_\_\_

Dated \_\_\_\_\_

Place \_\_\_\_\_

**CERTIFICATE OF DISABILITY FOR NEET ADMISSIONS**(As per MCI Gazette Notification No. MCI-18(1)/2018-Med./187262 dated 5th Feb, 2019/  
14th May,2019 for admission to Medical Courses in All India Quota)

Certificate No :. 2024-Aug/XXXX

Certificate Date :. 00-XXX-2024

Name of the Designated Disability Certification Centre				<b>PHOTOGRAPH</b>
This to certify that Dr. / Mr. / Ms.				
Age		Son/ Daughter of Mr.		
NEET Roll No.		Rank No.		

**Has the following Disability**

Disability Details				
Sr No	Disability Type	Type of Disability	Specified Disability	Disability %
1				

**Conclusion:** Based on quantification of Disability The Disability of candidate is between 40- 80%. Hence, the candidate is eligible to pursue medical education and also eligible to claim PwD reservation.

The Disability Certification Board certifies that the candidate is Eligible for admission in Medical/ Dental courses and to avail 5% PwD reservation as per the NMC/ MCI Gazette Notification.

Eligible for PWD Quota, Eligible for Medical/Dental Course

Functional competency with the aid of **Assistive devices** in case of **Locomotor\*/ Visual\*/ Hearing\* Impairment**, if any.  
No

**Sign & Name:**  
Name:

**Assistant Professor**  
**Neurology**

**Sign & Name:**

**Associate Professor**  
**Orthopedics**

**Sign &**

**Associate Professor**  
**Medicine**

**Disclaimer :** This Certificate is Provisional and will be verified by the allotted college authorities at the time of admission. The candidate may be subjected to diagnostic test to specify the level of disability again at the allotted college in case of any ambiguity. The certificate may be cross verified by the admitting college from the Disability Board from where the certificate has been issued. Hence, the Designated Disability Boards and the candidates are advised to preserve the records for any future reference. The Disability Certificate is valid for this academic session only.

**QR CODE**

Downloading Date: August XX, 2024 00:0

PROFORMA FOR SCHEDULED CASTE AND SCHEDULED TRIBE CERTIFICATE

Form of certificate as prescribed in M.H.A., O.M., No. 42/21/49-N.G.S. dated the 28.1.1952, as revised in Dept. of Per- & A.R. letter No. 36012/6/76-Est. (S.CT), dated the 29.10.1977, to be produced by candidate belonging to a Scheduled Caste or a Scheduled Tribe in support of his/her claim.

## CASTE CERTIFICATE

This is to certify that Shri/Smt./Kum.\* ----- son/daughter\* of ----- of village/town\* ----- in district/Division\* ----- of the State/Union Territory\* ----- belongs to the ----- Caste/ Tribe which is recognized as a Scheduled Caste/Scheduled Tribe\* under:

- The Constitution (Scheduled Caste) Order, 1950
- The Constitution (Scheduled Tribe) Order, 1950
- The Constitution (Scheduled Caste) (Union Territories) Order, 1951
- The Constitution (Scheduled Tribe) (Union Territories) Order, 1951

1. (as amended by the Scheduled Caste and Scheduled Tribe Lists (Modification) order, 1956, the Bombay Re-organization Act, 1960, the Punjab Re- organization Act, 1966, the State of Himachal Pradesh Act, 1970 the North Eastern Areas (Re-organization) Act, 1971 and the Scheduled Castes and Scheduled Tribes Orders, (Amendment) Act, 1976).

- The Constitution (Jammu and Kashmir) Scheduled Caste Order, 1956.
- The Constitution (Andaman and Nicobar Islands) Scheduled Tribes Order, 1959.
- The Constitution (Dadra and Nagar Haveli) Scheduled Caste Order, 1962.
- The Constitution (Dadra and Nagar Haveli) Scheduled Tribes, Order, 1962.
- The Constitution (Puducherry) Scheduled Caste Order, 1964
- The Constitution (Uttar Pradesh) Scheduled Tribes, Order, 1967.
- The Constitution (Goa, Daman & Diu) Scheduled Caste Order, 1968.
- The Constitution (Goa, Daman & Diu) Scheduled Tribes, Order, 1968.
- The Constitution (Nagaland) Scheduled Tribes Order, 1970.
- The Constitution (Sikkim) Scheduled Caste Order, 1978.
- The Constitution (Sikkim) Scheduled Tribes Order, 1978.

2. Applicable in the case of Scheduled Caste/Schedule Tribe persons who have migrated from one State/Union Territory Administration:

This certificate is issued on the basis of the Scheduled Caste/Scheduled Tribe\* certificate issued to Shri/Smt\* ----- -father/mother of Shri/Smt/Kum\* - ----- of village/town\* ----- in District/Division\* ----- of the State/Union Territory\* ----- who belongs to the ----- caste/tribe which is recognized as a Scheduled Caste/Scheduled Tribe\* in the State/Union Territory\* ----- issued by the ----- (name of prescribed authority) vide their No ----- - date

3. Shri\*/Smt.\* /Kum\* ----- and/or his/her\* family ordinary reside (s) in village/town\* ----- of the State/Union Territory of -----.

Signature \_\_\_\_\_

Place ----- State/Union Territory

\*\* Designation -----

Date ----- (With seal of Office)

\* Please delete the words which are not applicable.

- Please quote specific Presidential Order.
- Delete the paragraph which is not applicable.

\*\* Should be signed by the Authorities empowered to issue Scheduled Caste/Scheduled Tribe certificates as specified above.

## ANNEXURE-4

### PROFORMA FOR OTHER BACKWARD CLASS (OBC-NCL) CERTIFICATE

(Certificate to be produced by Other Backward Class applying for admission to Central Educational Institute (CEIS) under the Government of India)

This is to certify that Shri/Smt./Kum./Dr. \_\_\_\_\_ Son/Daughter of Shri/Dr. \_\_\_\_\_ of Village/Town \_\_\_\_\_ District/Division \_\_\_\_\_ in the \_\_\_\_\_ State belongs to the \_\_\_\_\_ Community which is recognized as a backward class under:

- (i) Resolution No. 12011/68/93-BCC(C) dated 10/09/93 published in the Gazette of India Extraordinary part I Section I No. 186 dated 13/09/93.
- (ii) Resolution No. 12011/9/94-BCC dated 19/10/94 published in the Gazette of India Extraordinary part I Section I No. 163 dated 20/10/94.
- (iii) Resolution No. 12011/7/95-BCC dated 24/05/95 published in the Gazette of India Extraordinary part I Section I No. 88 dated 25/05/95.
- (iv) Resolution No. 12011/96/94-BCC dated 09/03/96.
- (v) Resolution No. 12011/44/96-BCC dated 06/12/96 published in the Gazette of India Extraordinary part I Section I No. 120 dated 11/12/96.
- (vi) Resolution No. 12011/13/97-BCC dated 03/12/97.
- (vii) Resolution No. 12011/99/94-BCC dated 11/12/97.
- (viii) Resolution No. 12011/68/98-BCC dated 27/10/99.
- (ix) Resolution No. 12011/88/98-BCC dated 06/12/99 published in the Gazette of India Extraordinary part I Section I No. 270 dated 06/12/99.
- (x) Resolution No. 12011/36/99-BCC dated 04/04/2000 published in the Gazette of India Extraordinary part I Section I No. 71 dated 04/04/2004.
- (xi) Resolution No. 12011/44/99-BCC dated 21/09/2000 published in the Gazette of India Extraordinary part I Section I No. 210 dated 21/09/2000.
- (xii) Resolution No. 12015/09/2000-BCC dated 06/09/2001.
- (xiii) Resolution No. 12011/01/2001-BCC dated 19/06/2003.
- (xiv) Resolution No. 12011/04/2002-BCC dated 13/01/2004.
- (xv) Resolution No. 12011/09/2004-BCC dated 16/01/2006 published in the Gazette of India Extraordinary part I Section I No. 210 dated 16/01/2006.
- (xvi) Resolution No. 20012/129/2009/-BC-II dated 04/03/2014 published in the Gazette of India Extraordinary Part I section I no. 63 dated 04/03/2014.
- (xvii) Resolution No. F.No.12015/05/2011-BC-II dated 17th February, 2014

Shri/Smt./Kum. \_\_\_\_\_ and/or his family ordinarily reside(s) in the \_\_\_\_\_ District/Division of \_\_\_\_\_ State.

This is also to certify that he/she does not belong to the persons/section (creamy layer) mentioned in Column 3 of the Scheduled to the Government of India. Department of Personnel & Training O.M. No. 36012/22/93-Estt. (SCT) dated 08/09/93 which is modified vide OM No. 36033/3/2004 Estt. (Res.) dated 09.03.2004 or the latest notification of the Government of India.

Dated:

District Magistrate/Competent Authority Seal

**NOTE: Any Resolution Number not mentioned/ corrective Ness in above list (1-17) may be verified from central list at national commission for Backward classes website and be may accepted as valid after confirmation from site by verifying institutes.**

- (a) **The Term Ordinarily used here will have the same meaning as in Section 20 of the Representation of the People Act, 1950.**
- (b) **The authorities competent to issue Caste Certificates are indicated below:**
  - ⊖ **District Magistrate/Additional Magistrate/1st Class Stipendiary Magistrate/Sub-Divisional Magistrate/Taluka Magistrate/Executive Magistrate/Extra Assistant Commissioner (not below the rank of 1<sup>st</sup> Class Stipendiary Magistrate.)**
  - ⊖ **Chief Presidency Magistrate/Additional Chief presidency Magistrate/Presidency magistrate.**
  - ⊖ **Revenue Officer not below the rank of Tehsildar.**
  - ⊖ **Sub-Divisional Officer of the area where the candidate and/or his family resides.**
- (c) **The annual income/status of the parents of the applicant should be based on financial year ending March 31, 2024.**

## Form for EWS Certificate

Government of .....

(Name & Address of the authority issuing the certificate)

### INCOME & ASSEST CERTIFICATE TO BE PRODUCED BY ECONOMICALLY WEAKER SECTIONS

Certificate No. \_\_\_\_\_

Date: \_\_\_\_\_

VALID FOR THE YEAR \_\_\_\_\_

This is to certify that Shri/Smt./Kumari \_\_\_\_\_ son/daughter/wife of \_\_\_\_\_ permanent resident of \_\_\_\_\_, Village/Street \_\_\_\_\_ Post Office \_\_\_\_\_ District \_\_\_\_\_ in the State/Union Territory \_\_\_\_\_ Pin Code \_\_\_\_\_ whose photograph is attested below belongs to Economically Weaker Sections, since the gross annual income\* of his/her 'family\*\*\*' is below Rs. 8 lakh (Rupees Eight Lakh only) for the financial year \_\_\_\_\_. His/her family does not own or possess any of the following assets\*\*\* :

- I. 5 acres of agricultural land and above;
- II. Residential flat of 1000 sq. ft. and above;
- III. Residential plot of 100 sq. yards and above in notified municipalities;
- IV. Residential plot of 200 sq. yards and above in areas other than the notified municipalities.

2. Shri/Smt./Kumari \_\_\_\_\_ belongs to the \_\_\_\_\_ caste which is not recognized as a Scheduled Caste, Scheduled Tribe and Other Backward Classes (Central List)

Signature with seal of Office \_\_\_\_\_  
Name \_\_\_\_\_  
Designation \_\_\_\_\_

Recent Passport size  
attested photograph of  
the applicant

\*Note1: Income covered all sources i.e. salary, agriculture, business, profession, etc.

\*\*Note 2: The term "Family" for this purpose include the person, who seeks benefit of reservation, his/her parents and siblings below the age of 18 years as also his/her spouse and children below the age of 18 years

\*\*\*Note 3: The property held by a "Family" in different locations or different places/cities have been clubbed while applying the land or property holding test to determine EWS status.

**SURETY BOND**  
**[For Post Graduate Medical Programmes (PGMC)]**  
 (On a Non-Judicial Stamp Paper of Rs. 100/-)

In pursuance of my undertaking given on \_\_\_\_\_ (date) this Surety Bond, hereafter the bond, is executed at Delhi on this \_\_\_\_\_ (date & month) day of \_\_\_\_\_ (year) by Ms. Mr. Dr. \_\_\_\_\_ son/daughter of Smt. \_\_\_\_\_ and Sh. \_\_\_\_\_ hereafter the student, admitted in \_\_\_\_\_ (name of the course), hereafter the course at \_\_\_\_\_ (name of the institution) hereafter the institution, in favour of Registrar, Guru Gobind Singh Indraprastha University and the Principal Dean Director of \_\_\_\_\_ (Name of the institution).

Whereas, the student has applied and has been admitted in the course, a SSMC / PGMC, being conducted by the Guru Gobind Singh Indraprastha University, Delhi.

Whereas on the basis of the merit, the student was offered various course(s) at various institution(s) available at the time of his/her counselling and he/she has voluntarily opted for the course at the \_\_\_\_\_ (name of the institution) and he/she admitted in the course at the institution with the understanding and subject to the undertaking that the student shall undergo the course on full-time and regular basis and shall maintain the required standard of performance and shall not indulge in indiscipline/misconduct.

The student has, therefore, agreed to be liable to pay a sum of Rs. 10 lacs (for PGMC) to the institution under any of the following circumstances:-

- A. If the student does not join the course at the allotted institution on or before the stipulated date.
- B. If the student leaves the course before its completion.
- C. If the admission/registration of the student is cancelled/terminated by the University on account of unsatisfactory performance/misconduct/indiscipline.

Whereas the student undertakes that till the entire surety amount Rs. 10 lacs (for PGMC) is paid, the institution and/or the Guru Gobind Singh Indraprastha University shall have the right to retain the original certificates of the student.

Whereas I have requested Ms. Mr. \_\_\_\_\_ son/daughter of Smt. \_\_\_\_\_ and Sh. \_\_\_\_\_ resident of \_\_\_\_\_ and \_\_\_\_\_

Ms. Mr. \_\_\_\_\_ son/daughter of Smt. \_\_\_\_\_ and Sh. \_\_\_\_\_ resident of \_\_\_\_\_ to stand as sureties severally and jointly, for me for the payment of the said amount.

Signature of the Student Name \_\_\_\_\_  
 Date \_\_\_\_\_  
 Place \_\_\_\_\_

That I Dr./ Ms/ Mr. \_\_\_\_\_ son/daughter of Smt. \_\_\_\_\_ and Sh. \_\_\_\_\_ resident of \_\_\_\_\_, the student aforesaid acknowledge my indebtedness to the Registrar, Guru Gobind Singh Indraprastha University and the Principal/Dean/Director of \_\_\_\_\_ (name of the institution) to a sum of Rs. 10 Lacs (for SSMC) / Rs. 10 lacs (for PGMC), which, I hereby promise to pay on demand to the institution.

Signature of the Student Name \_\_\_\_\_  
Date \_\_\_\_\_  
Place \_\_\_\_\_

In consideration of the bond executed by the student Dr. \_\_\_\_\_ son/daughter of Smt. \_\_\_\_\_ and Sh. \_\_\_\_\_ resident of \_\_\_\_\_, in favour of Registrar, Guru Gobind Singh Indraprastha University and the Principal/Dean/Director of \_\_\_\_\_ (name of the institution) for a sum of Rs. 10 lacs (for PGMC).

I \_\_\_\_\_, hereby stand as surety, jointly and severally, for the payment of the said amount on the terms mentioned above in case the student fails to pay on demand a sum of Rs. 10 Lacs (for SSMC) / Rs. 10 lacs (for PGMC). I, the said surety, shall without any objection, pay the said due amount to the institution on demand.

Date \_\_\_\_\_  
Place \_\_\_\_\_

Signature \_\_\_\_\_  
Name of the Surety (1): \_\_\_\_\_  
Designation : \_\_\_\_\_  
PAN : \_\_\_\_\_  
Present Address: \_\_\_\_\_  
Permanent Address: \_\_\_\_\_  
Phone/Mobile No.: \_\_\_\_\_

In consideration of the bond executed by the student Dr. \_\_\_\_\_ son/daughter of Smt. \_\_\_\_\_ and Sh. \_\_\_\_\_ resident of \_\_\_\_\_, in favour of Registrar, Guru Gobind Singh Indraprastha University and the Principal/Dean/Director of \_\_\_\_\_ (name of the institution) for a sum of Rs. 10 lacs (for PGMC). I \_\_\_\_\_, hereby stand as surety, jointly and severally, for the payment of the said amount on the terms mentioned above in case the student fails to pay on demand a sum of Rs. 10 lacs (for PGMC), I, the said surety, shall without any objection, pay the said due amount to the institution on demand.

Date \_\_\_\_\_  
Place \_\_\_\_\_

Signature \_\_\_\_\_  
Name of the Surety (2): \_\_\_\_\_  
Designation : \_\_\_\_\_  
PAN : \_\_\_\_\_  
Present Address: \_\_\_\_\_  
Permanent Address: \_\_\_\_\_  
Phone/Mobile No.: \_\_\_\_\_

**Note:**

1. The Surety Bond must be signed by either the Govt Official of Class - I or Class -II Rank, or the Persons who regularly file the Income Tax Return. The Designation and the Permanent Account Number (PAN) of the Sureties should be invariably mentioned.
2. The bond surety value shall be notified together with the detailed counseling schedule. The format shall be as above.



**Gap Affidavit**

I, Dr. \_\_\_\_\_ S/o \_\_\_\_\_  
R/o \_\_\_\_\_ do hereby solemnly affirms and declares that during the  
Bap period from Date /Month /Year till date, I did not join any College/University/Institution as I was  
preparing myself for PG Entrance Exam. During the above gap period, I was not involved in any  
Criminal activities and also that I was not working during the gap period anywhere.

Deponent

**Verification**

My above statement is true and correct to the best of my knowledge and belief.

Deponent

**EMPLOYER'S CERTIFICATE FORM  
(FOR CANDIDATES WHO ARE IN SERVICE)**

I am forwarding, herewith, the application for admission to the SSMC / PGMC Programmes in respect of Dr./Mr/ Ms. \_\_\_\_\_ who is a full-time employee in this organization w.e.f. \_\_\_\_\_ and has been working as \_\_\_\_\_ (Please give designation) and his/her emoluments, including D.A., C.C.A. and H.R.A. etc. are Rs. \_\_\_\_\_.

If he/she is selected by the University for admission, he/she will be relieved to join the above course as a full time/ regular student in the institution assigned to him/her by the stipulated date of joining the course concerned.

Note: The relieving certificate will also be sent to the University before the candidate joins the course concerned by the stipulated date.

Dated. \_\_\_\_\_  
Place. \_\_\_\_\_

Signature of the Officer

Name \_\_\_\_\_  
Designation \_\_\_\_\_  
Official Seal

**UNDERTAKING BY THE STUDENT WITH RESPECT TO ANTI RAGGING**

1. (full name of student with admission/registration/enrolment number) s/o d/o Mr./Mrs./Ms.  
(name of the institution), having been admitted to (name of the institution),  
have received 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.
- 2) I have, in particular, perused clause 3 of the Regulations and am aware as to what constitutes ragging.
- 3) I have also, in particular, perused clause 5 and clause 6.1 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.
- 4) 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.
- 5) 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.
- 6) 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.

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

## UNDERTAKING BY PARENT/GUARDIAN WITH RESPECT OF ANTI RAGGING

I, Mr./Mrs./Ms. \_\_\_\_\_ (full name of parent/guardian) father/mother/guardian of, (full name of student with admission/registration/enrolment number) , having been admitted to \_\_\_\_\_ (name of the institution) , have received 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.

2) I have, in particular, perused clause 3 of the Regulations and am aware as to what constitutes ragging.

3) I have also, in particular, perused clause 5 and clause 6.1 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.

4) I hereby solemnly aver and undertake that

a) My ward will not indulge in any behave our 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.

5) 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.

6) 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.

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

## LIST OF DOCUMENT REQUIRED FOR ADMISSION

1. Fee Receipt Rs. 51,000/- (Rupees fifty one thousand only).
2. Passport size Photograph – 06
3. Seat Allotment Letter issued by MCC.
4. Admit Card issued by NBE.
5. Rank Letter/Score Card issued by NBE.
6. High School Certificate/Date of Birth Certificate for verification of date of birth.
7. Higher Secondary Certificate
8. MBBS Mark sheets of 1<sup>st</sup>, 2<sup>nd</sup> & 3<sup>rd</sup> Professional Examinations.
9. MBBS Degree Certificate/Provisional Certificate.
10. Internship Completion Certificate (Completion on for before 15/08/2024).
11. Medical Registration Certificate from Medical Council of India/State Medical Council (Provisional Registration Certificate is acceptable only in cases of completion of internship on or before 15/08/2024).
12. Copy of Identification Proof (ID Proof) i.e. Aadhar Card/PAN Card/Driving License/Voter ID/Passport.
13. PAN CARD (if available)
14. Character Certificate from the head of the institutional from where the qualifying examination was passed.
15. Declaration (**Annexure –A**)
16. The following certificate, if applicable:
17. SC/ST certificate issued by the competent authority in English of Hindi language. Sub caste should be clearly mentioned in the certificate. The translated certificate must be certified by a Gazette Officer (**Annexure – B**).
- a) OBC certificate issued by the competent authority. The Sub-caste should tally with the Central List of OBC. The OBC candidates should not belong of Creamy Layer. The OBC certificate must be in the prescribed format as mentioned in the prospectus only and applicable for the year 2024-24. The translated certificates must be certified by a Gazette Officer (**Annexure – C**).
- b) Disability Certificate issued from a duly constituted and authorized Medical Board for 21 Benchmark Disabilities as per the Rights of Persons with disability Act, and NMC Norms. No other PwD Certificate, issued by any other Authorities/Hospital will be entertained (**Annexure – D**)
- c) EWS certificate as per the Central Govt. Norms and should be in English of Hindi Language. The translated certificate must be issued by Gazette Officer (**Annexure –C**).
- d) The Surety Bond of Rs. 10, 00,000/- (Rupees ten lakhs only) on Non-Judicial Stamp Paper of Rs. 100/- (**only on Delhi stamp paper and notarized by Delhi notary only**) filled and signed by two sureties either by the Gazetted Officer of Class-1 or Class-2 Rank, or the person who regularly files the Income Tax Return and having annual income about Rs. 10 Lakh (Other than Parents/ resident/doctors/retired officers) along with the copies of Pan card & IT returns of both sureties for last two years (Annexure – F).
18. Affidavit on Non-Judicial stamp paper of Rs. 10/- for gap period (Annexure – G), if applicable.
19. Employer's Certificate Form in the prescribed format (Annexure –H), if applicable.
20. Duly signed hard copies of undertaking submitted online by the student and their parents at [www.antiragging.in](http://www.antiragging.in) or [www.amanmovement.org](http://www.amanmovement.org) and affidavits (Annexure – I) one each on Non Judicial Stamp Paper of Rs. 10/-.