

**FORMS TO BE FILLED UP FOR
UNDERGRADUATE MEDICAL
ADMISSION 2022-2023**

**FOR DETAILED INFORMATION
VISIT**

www.mcc.nic.in

&

www.kea.kar.nic.in

Chikkaballapur Institute of Medical Sciences, Chikkaballapur

INSTRUCTIONS SHEET

ORIGINAL DOCUMENTS along with **THREE SETS OF SELF ATTESTED PHOTOCOPIES** and a **SOFT COPY*** on a **Pendrive** along with **FIVE PHOTOGRAPHS** to be submitted in the following order.

- ❖ OFFICE NOTE
- ❖ UNDER GRADUATE STUDENT DATA SHEET
- ❖ NEET UG Admit card.
- ❖ NEET UG Score card.
- ❖ NEET /KEA Allotment Order.
- ❖ Domicile Certificate (For state quota candidates only).
- ❖ Caste Certificate. (For candidates claiming Reservation)
- ❖ Income Certificate of Parent. (For candidates claiming Reservation)
- ❖ Study Certificate (For state quota candidates only).
- ❖ SSLC/10th Standard Marks Card.
- ❖ II PUC/12th Standard Marks card.
- ❖ Transfer Certificate.
- ❖ Migration Certificate. (For CBSE/ICSE/AIQ Students)
- ❖ Eligibility Certificate issued by RGHHS (For CBSE/ICSE/AIQ Students)
Apply Online @ <http://www.ecms.online>
- ❖ Physical Fitness Certificate. (Issued by authorized Government Medical Officer)
- ❖ Rural Service Bond. (Rs.100/- e stamp paper Duly Notarised) (Format provided to be downloaded)
- ❖ Anti Ragging Bond. (Rs.50/- e stamp paper Duly Notarised) (Format provided to be downloaded)
- ❖ General Affidavit (Rs.20/-)(Format provided to be downloaded)
- ❖ Photograph. (5 Pass Port Size and Soft copy in JPG less than 45KB)
- ❖ Aadhar card. (Photo copy)
- ❖ Physical Disability Certificate. (For differently abled candidates issued by competent authority)
- ❖ Fee Receipt. (To be obtained at the time of admission in the college)

THE FOLLOWING DOCUMENTS TO BE FILLED UP IN CAPITAL LETTERS ONLY

(Format provided to be downloaded)

- OFFICE NOTE.
- STUDENT DATA SHEET.
- DECLARATION.
- FORMAT FOR OBTAINING TRANSFER CERTIFICATE.
- RURAL SERVICE BOND.
- ANTI RAGGING BOND.
- GENRAL AFFIDAVIT

*** 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 CD and also mail it to cimscbpuradmission@gmail.com**

For e Stamp papers

1st party is the candidate &

2nd party is the Director, Directorate of Medical Education, Karnataka for Rural Service Bond

1st party is the candidate &

2nd party is the Director, Directorate of Medical Education, Karnataka for Anti Ragging Bond

1st party is the candidate &

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

OFFICE NOTE**Sub: - Admission to Under Graduate Course for the Academic Year – reg.**

TO BE FILLED IN CAPITAL LETTERS ONLY

DEGREE	MBBS								
QUOTA	AIQ		SEQ		Counseling session(Round)	I	II	III	MOP UP
UG NEET ROLL NO.					UG NEET SCORE				
UG NEET PERCENTAGE					UG NEET PERCENTILE				
ALL INDIA RANK					STATE RANK				
RESERVATION QUOTA CLAIMED	GM / Cat I / Cat II A / Cat II B / Cat II B / Cat III A / Cat III B / OBC / SC / ST								
RESERVATION QUOTA ALLOTTED	GM / Cat I / Cat II A / Cat II B / Cat II B / Cat III A / Cat III B / OBC / SC / ST								

Mr./Miss. _____ has submitted the following Original certificates.

MOTHER'S NAME	Mrs.
FATHER'S NAME	Mr.

FOR OFFICE USE ONLY

SL NO	PARTICULARS	FOR OFFICE USE ONLY	
		SUBMITTED	NOT SUBMITTED
1	NEET UG ADMIT CARD		
2	NEET UG SCORE CARD		
3	NEET /KEA ALLOTMENT ORDER		
4	DOMICILE CERTIFICATE		
5	CASTE CERTIFICATE (FOR CANDIDATES CLAIMING RESERVATION)		
6	INCOME CERTIFICATE OF PARENT (FOR CANDIDATES CLAIMING RESERVATION)		
7	STUDY CERTIFICATE		
8	SSLC/10 th STANDRAD MARKS CARD		
9	II PUC/12 TH STANDARD MARKS CARD		
10	TRANSFER CERTIFICATE		

11	MIGRATION CERTIFICATE (FOR CBSE/ICSE/AIQ STUDENTS)					
12	ELIGIBILITY CERTIFICATE ISSUED BY RGUHS (FOR CBSE/ICSE/AIQ STUDENTS)					
13	PHYSICAL FITNESS CERTIFICATE (ISSUED BY AUTHORIZED GOVERNMENT MEDICAL OFFICER)					
14	RURAL SERVICE BOND (RS.100/- E STAMP PAPER-DULY NOTARISED)					
15	ANTI RAGGING BOND (RS.50/- E STAMP PAPER -DULY NOTARISED)					
16	PHOTOGRAPH (3 PASS PORT SIZE AND SOFT COPY IN JPG LESS THAN 45KB)					
17	AADHAR CARD (PHOTO COPY)	No:				
18	HYDERABAD KARNATAKA QUOTA	No:				
		Issued by:				
19	PHYSICAL DISABILITY CERTIFICATE (for differently abled candidates)	No:				
		Issued by:				
20	Fee Details	Bank		Branch		
		Receipt No.		Amount :	Date	

Signature of Candidate

Signature of Parent/Guardian

Signature of the Scrutinizing Officer

UNDER GRADUATE STUDENT DATA SHEET (MBBS) ACADEMIC YEAR

MBBS 2021-22		AIQ		SEQ		Counseling session (Round)	I	II	III	MOP UP
Sl No	PARTICULARS					TO BE FILLED IN CAPITAL LETTERS ONLY				
1.	NAME OF THE CANDIDATE									
2.	GENDER									
3.	NATIVE PLACE									
4.	DATE OF BIRTH WITH AGE									
5.	MOTHER'S NAME									
6.	FATHER'S NAME									
7.	FATHER'S OCCUPATION									
8.	MOTHER'S OCCUPATION									
9.	PARENTS INCOME PER ANNUM									
10.	RELIGION									
11.	NATIONALITY									
12.	CASTE									
13.	SUB-CASTE									
14.	PERMANENT ADDRESS									
15.	CORRESPONDENCE ADDRESS									
16.	PARENT'S MOBILE No.									
17.	PARENT'S E-MAIL ID									
18.	MOBILE No.									
19.	E-MAIL ID									
20.	AADHAR NUMBER									
21.	PAN NUMBER									
22.	BLOOD GROUP & Rh TYPING									
23.	INSTITUTION LAST STUDIED									

24.	BOARD LAST STUDIED					
25.	HIGHEST EXAMINATION PASSED		II PUC/12 th Standard			
26.	MONTH AND YEAR OF PASSING					
27.	REGISTRATION NO.(II PUC/12TH STD)					
28.	TOTAL MARKS SCORED(II PUC/12 TH STD)				%	
	1st Language		/100		%	
29.	2nd Language		/100		%	
30.	PHYSICS		/100		%	
	CHEMISTRY		/100		%	
	BIOLOGY		/100		%	
	TOTAL IN PCB		/300		%	
31.	UG NEET ROLL No.		UG NEET RANK			
	UG NEET SCORE		UG NEET PERCENTAGE	%	UG NEET PERCENTILE	
32.	TYPE OF ALLOTMENT		AIQ / SEQ			
33.	COUNSELING SESSION		I Round / II Round / III Round/MOP UP Round			
34.	AIQ/KEA ADMISSION ORDER NO.& DATE					
35.	RESERVATION QUOTA CLAIMED		GM/ Cat I/ Cat II A/ Cat II B/ Cat II B / Cat III A / Cat III B / OBC/ SC/ ST			
36.	RESERVATION QUOTA ALLOTTED		GM/ Cat I/ Cat II A/ Cat II B/ Cat II B / Cat III A / Cat III B / OBC/ SC/ ST			
37.	HYDERABAD KARNATAKA QUOTA		Yes / No			
38.	PHYSICAL HANDICAP QUOTA		Yes / No			
39.	DATE OF JOINING THE UG COURSE					
40.	FEES DETAILS		FEES PAID			
			RECEIPT NO.			
			DATE			

Place: Chikkaballapur

Date:

Signature of Candidate

Signature of Parent/Guardian

TO BE FILLED IN CAPITAL LETTERS ONLY

DECLARATION

To
The Director cum Dean,
Chikkaballapur Institute of Medical Sciences,
Chikkaballapur.

Sir,

					MBBS	
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 _____

have joined the I MBBS course at Chikkaballapur Institute Of Medical Sciences, Chikkaballapur at my own risk.

I agree that I will submit the Migration Certificate/Transfer Certificate from the previous School or College which I have studied within one month from the date of my admission.

Further I have claimed the seat under reservation category _____ and I will be submitting the Validity Certificate and Caste Certificate within one month from the date of my admission.

Place: Chikkaballapur

Date:

Signature of Candidate

Signature of Parent/Guardian

FORMAT FOR OBTAINING TRANSFER CERTIFICATE

Sl.NO.	PARTICULARS	TO BE FILLED IN CAPITAL LETTERS ONLY
1	Name of the Candidate	
2	Gender	
3	Date of Birth with Age	/ years
4	Father's Name	
5	Mother's Name	
6	Nationality	
7	Religion	
8	Caste	
9	Sub-caste	
10	Category	
11	Institution last studied	
12	Highest examination passed	II PUC/12 th Standard
13	Registration No.(II PUC/12 th Standard)	
14	Month & Year Of Passing	
15	Date of joining the Chikkaballapur Institute Of Medical Science	

Place:

Date:

Signature of Candidate

Signature of Parent/Guardian

OFFICE NOTE (For office use only)

The above candidate has been admitted to I MBBS Course at Chikkaballapur Institute Of Medical Sciences, Chikkaballapur on _____. The Transfer certificate of the candidate to be sent to the address mentioned below.

Office of the Principal,
Chikkaballapur Institute of Medical Sciences,
Chikkaballapur

Principal
Chikkaballapur Institute of Medical Sciences
Chikkaballapur

TO BE FILLED IN CAPITAL LETTERS ONLY
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	
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 _____
 (hereinafter called the Natural Guardian of the Student) Resident
 of _____ on my own volition have joined the allotted MBBS seat at
 Chikkaballapur Institute Of Medical Sciences, Chikkaballapur during the Academic year 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: Chikkaballapur.

Date:

Signature of Candidate

Signature of Parent/Guardian

Witness

1		2	
	Signature		Signature
Name		Name	
Address		Address	

TO BE FILLED IN CAPITAL LETTERS ONLY

NOTARISED BOND TO BE EXECUTED ON e STAMP PAPER OF RS.50/-

ANTI RAGGING BOND

					MBBS	
NAME OF THE CANDIDATE						
FATHER'S NAME						
UG NEET ROLL NO.				UG NEET Rank		
TYPE OF ALLOTMENT		AIQ / SEQ	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 _____
(hereinafter called the Natural Guardian of the Student) resident of _____

hereby give an undertaking that on admission to I MBBS at Chikkaballapur Institute Of Medical Sciences, Chikkaballapur during the Academic year , have understood the Rule No.11 of the Ordinance Governing M.B.B.S Degree Course of Rajiv Gandhi University of Health Sciences, Karnataka, Bengaluru vide Notification No. ACA/BOS-27/97-98 Dated: 24-03-1998 and I shall abide by the ordinance.

That no student shall be permitted to join Phase-II (Para Clinical & Clinical) Group of subjects until he/she passes in the Phase-I (Pre-Clinical) Subject for which he/she will be permitted not more than four chances (Actual Examination) provided four chances are completed within three years from the date enrolment.

I shall abide by the Rules of Conduct and Discipline of the institution and abstain from practicing ragging in any form.

Place: Chikkaballapur

Date:

Signature of Candidate

Signature of Parent/Guardian

Witnesses

1	Signature	2	Signature
Name		Name	
Address		Address	

ANNEXURE - 1
GENERAL AFFIDAVIT
(To be submitted on Rs 20/- Bond paper at the time of verification)

I, son /daughter of
.....residing at
..... have appeared for UG NEET 2022
conducted bywith Roll Number _____ and Register Number
..... and have secured score in the said test. I hereby solemnly declare that
during 2022, I have not taken MBBS / BDS admission in any college allotted by other exam
conducting bodies. I have not surrendered any seat in past UG exams/other UG entrance
exams conducted by central / state Government and various other authorities.

I shall immediately notify the Karnataka Examinations Authority, Bangalore if I am
getting admission in any college through other exam conducting bodies. I shall also not
surrender any seat after the admission at institute level through any seat allotting bodies, if I
need to surrender I shall do so at Karnataka Examinations Authority, Bangalore.

I shall produce all required original documents for verification and submit the same
after allotment of seat to concerned college. I shall not produce/submit fake/concocted
documents for verification or admission. I will forfeit the seat allotted to me and also I am
liable for criminal proceedings if any one of the above information/documents produced by
me is found to be false / incorrect.

Date:
Place: Chikkaballapur

Deponent

Signature of the Candidate

Sworn Before Me