



Government of Karnataka

# GADAG INSTITUTE OF MEDICAL SCIENCES, GADAG

Mallasamudra, Gadag – 582103

E-mail : [principalgimgadag@gmail.com](mailto:principalgimgadag@gmail.com)

Website : [www.karnataka.gov.in/gimgadag.org](http://www.karnataka.gov.in/gimgadag.org)

**WELCOME TO ALL THE POST GRADUATE CANDIDATES**

## **IMPORTANT NOTICE:**

**INSTRUCTION FOR THE CANDIDATES TAKING ADMISSION FOR POST GRADUATE DEGREE COURSE AT GADAG INSTITUTE OF MEDICAL SCIENCES, GADAG, ALLOTTED THROUGH NEET A.I.Q / STATE QUOTA FOR THE YEAR 2023-24.**

**Candidates can avail either of the two options for taking admissions at  
Gadag Institute of Medical Sciences, Gadag:**

- 1. The candidates who are residing in and around Gadag can be present physically at the time of admission**
- 2. Those candidates who cannot commute to Gadag can avail the option of online reporting as directed by MCC. For online reporting the candidates should mail scanned copies of all the original documents (scanned copies of Xerox of the documents will not be accepted) as prescribed by MCC, necessary bonds notarized and duly signed by candidates along with the Chelan or online generated messages of banks to the [principalgimgadag@gmail.com](mailto:principalgimgadag@gmail.com).**
- 3. All the documents submitted online by the candidate will be thoroughly screened by a two-tire faculty committee designated by Principal, GIMS, Gadag, to avoid forgery or malpractice.**
- 4. Please check [www.karnataka.gov.in/gimgadag](http://www.karnataka.gov.in/gimgadag) for referring to the notice issued by MCC regarding the documents and bond.**

**NOTE :-**

*For any queries contact principal office GIMS Gadag :- [9663604474](tel:9663604474)*

## **Documents required :**

1. Provisional Allotment letter
2. Rank Letter
3. Admit Card
4. 10<sup>th</sup> Marks Card
5. 12<sup>th</sup> Marks Card
6. 1<sup>st</sup> year MBBS to Final Year MBBS Marks Card.
7. Degree Certificate
8. KMC Certificate ( State Medical Council registration certificate)
9. Attempt Certificate.
10. CRHS certificate.
11. Caste Certificate
12. Income certificate
13. Transfer certificate
14. Eligibility Certificate (candidates studied outside RGUHS, Bangalore)
15. Physical Handicap certificate
16. Physical Fitness Certificate.
17. UG Recognition certificate
18. Five Pass Port size photo (Name should be mentioned behind the photo)
19. Four Bonds Annexure-I, Annexure-II, Annexure-4 and Annexure-4 A
20. Soft copy of all the above documents (1 to 18) in separate single PDF format along with passport size photo in JPG format in DVD or Pen Drive to be submitted.
21. Two attested Xerox copies of all the documents along with one single file to keep their original documents to be submitted.
22. The candidates who have taken admission by online process are informed to submit all the original documents to this office along with single file when the lock down has been relaxed.
23. If the candidate fails to produce any documents the admission to such candidate will not be done by this Institute and this institute will not be held responsible for any further consequences.

## Important Note:

No candidate shall be permitted to take admission without original degree certificate or any other certificate prescribed by MCC. Those candidates whose certificates have not been issued by University at the time of admission shall produce a letter from the concerned university citing the reason for not issuing degree certificate. Further, the degree certificate should be submitted at the earliest after taking admission. Otherwise RGUHS Bangalore, will not give admission approval for such candidates and their candidature will stands cancelled.

### Direction for payment of fees:

All the candidates should pay their fees at Union Bank of India Gadag Branch only

SB Account No	<b>520101227245055</b>
IFSC Code	<b>UBIN0900621</b>
Branch	<b>Gadag</b>

<b>PG FEES STRUCTURE -2023-24</b>							
SL.NO	Fees Details	Pre clinical Subjects		Para Clinical Subjects		Clinical Subjects	
		PG Degree		PG Degree		PG Degree	
		General	SC/ST	General	SC/ST	General	SC/ST
1.	Total Fees of University	13400	13400	13400	13400	13400	13400
2.	Tuition Fees (PG Clinical)	25,000	25,000	50,000	50,000	1,00,000	1,00,000
3.	Admission / Re – Admission fees – OneTime	500	500	500	500	500	500
4.	Medical Examination Fees	300	300	300	300	300	300
5.	Sports Fees – College	1600	1600	1600	1600	1600	1600
6.	Student College ID cardFees	300	300	300	300	300	300
7.	Magazine Fees	600	600	600	600	600	600
8.	Alumni Association Fees –One Time	1200	1200	1200	1200	1200	1200
9.	Caution Deposit – one time (Refundable)	4000	4000	4000	4000	4000	4000
10.	Laboratory Fees (ClinicalLab)	1400	1400	1400	1400	1400	1400
11.	Library Fees	2200	2200	2200	2200	2200	2200
12.	Digital Library Fees	4000	4000	4000	4000	4000	4000
13.	Skill Lab/Similar Facilities	5000	5000	5000	5000	5000	5000
14.	Kannada Sanga	500	500	500	500	500	500
15.	Certificates & logbook	1500	1500	1500	1500	1500	1500
	<b>Total College Fees</b>	<b>61,500</b>	<b>61,500</b>	<b>86,500</b>	<b>86,500</b>	<b>1,36,500</b>	<b>1,36,500</b>

**Further, the candidate has to submit the online receipt by email for conformation.**

The candidates who have completed diploma and they have taken seat in the same subject should bring their diploma certificates (Marks card & Degree Certificate) at the time of admission for claiming 1year exemption from the university.

For the candidates who are upgraded, they have to produce re-allotment letter via [principalgimgadag@gmail.com](mailto:principalgimgadag@gmail.com) along with an application duly signed by the candidate addressed to Principal, GIMS, Gadag, with following information

Name of the Candidate: (account holder)	
Account No:	
Name of the Bank	
Branch Code	
Branch Name	
IFSC CODE	
Deposited amount with date	

**Please Download the following Performs and Submit the filled information along with Original Documents & FOUR SETS Of Attested Xerox Copies to GIMS Principal Office during Admission for the Academic Year 2023-24 Or mail the same to the [gimgadagadmission@gmail.com](mailto:gimgadagadmission@gmail.com)**

**APPLICATION LETTER BY CANDIDATE FOR THE ADMISSION  
OF PG DEGREE THROUGH NEET STATE / AIO**

To,

The Principal,  
Gadag Institute of Medical Sciences,  
Gadag-582103.

Date:

Respected Sir,

Sub:- Application for admission to I Year PG Degree Course at GIMS, Gadag allotted through **NEET** – reg.

Ref:- Letter No. \_\_\_\_\_ dated: \_\_\_\_\_ of the NEET Authorities.

As per the letter cited under reference, I, Dr. \_\_\_\_\_  
S/o/D/o. \_\_\_\_\_, bearing \_\_\_\_\_ Admission Order No. \_\_\_\_\_,  
NEET No. \_\_\_\_\_ Rank No. \_\_\_\_\_ who belong to \_\_\_\_\_ category has been  
allotted PG Degree MD/MS in department of \_\_\_\_\_ seat at Gadag Institute of Medical  
Sciences, Gadag under \_\_\_\_\_ category. I am herewith enclosing the original Online Payment  
receipt bearing No. \_\_\_\_\_ dated / fee challan for having paid college fees along with  
necessary original documents and Soft Copy in Pen Drive (with my name on it).

Hence, I request your kind self to admit me at GIMS, Gadag, for I year PG  
Degree course in the department of \_\_\_\_\_. Admission taken is  
at my own request and risk, I am aware that my admission is subject to the approval of the  
concerned competent authorities for which GIMS, Gadag will not be held responsible for any  
consequences / objections arise in future with regard to my admission. I have not furnished  
any false information.

Yours faithfully,

(Signature of the candidate)

Place : Gadag

Name:

Date :

Address:

Mobile No.

Email.ID:

## Candidates Willingness form

Name of the candidate : \_\_\_\_\_

Roll Number : \_\_\_\_\_

Seat selected in 1<sup>st</sup> / 2<sup>nd</sup> round counseling: \_\_\_\_\_

Course : \_\_\_\_\_ Subject : \_\_\_\_\_

College : \_\_\_\_\_

Sl No	Particulars	Yes/No
1.	PH certificate	
2.	Provisional allotment letter	
3.	Caste Certificate	
4.	Admit card issued by NEET	
5.	Rank letter issued by NEET	
6.	Mark sheet of MBBS 1 <sup>st</sup> , 2 <sup>nd</sup> and 3 <sup>rd</sup> and 4 <sup>th</sup> year	
7.	MBBS Degree Certificate	
8.	Internship Completion Certificate	
9.	Permanent or Provisional Registration	
10.	Date of Birth Proof	
11.	Eligibility Certificate.	
12.	MBBS Transfer Certificate	
13	Does the candidate satisfy the minimum NEET 2023 qualification.	

I declare that I was personally present at the time of counseling and the seat **Selected** by me in the 1<sup>st</sup> / 2<sup>nd</sup> round is purely my own choice. I have produced all the original documents and I agree to confirm my verification **and Accept** my seat.

I hereby declare that I have fully read the terms and conditions of NEET 2023 and I am aware of the facts and I am willing to participate in Second round in AIQ NEET 2023 Willing / Not Willing (indicate  $\sqrt{\quad}$  with your willing and wish)

Note : I am aware of all the fact and read carefully before signed below:

Date :

Place :

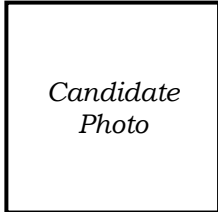
Signed by me :

Name of the Candidate :

**REGISTER PROFORMA TO BE FILLED BY THE CANDIDATE**

ADMITTED TO THE POST GRADUATE DEGREE MD/MS AT: GADAG INSTITUTE OF MEDICAL SCIENCES

(Candidate should fill from Sl. No. 3 to 20 in capital letters only)



01	Register Number	
02	Date of Admission	
03	Name in Full (Capital Letters)	
04	Course for Admission with subject	MD/MS in _____
05	Father's Name, Occupation address with contact number (Or Guardian when a father is not alive)	
06	Mobile No, & Email I.D of Candidate	
07	Blood Group	
08	Income of parent or Guardian per annum	
09	Place of Birth	
10	Date of Birth	
11	Race of Caste & Religion(HK OR NON HK) PH- YES /NO	
12	NEET Rank	AIQ Rank: _____ State Rank: _____
13	NEET percentile of marks	
14	Native District	
15	Karnataka or Non-Karnataka	
16	Former School or College length of attendance in it.	
	Highest Examination passed	
17	Class on entering	
18	KMC Reg. No. / State Council Reg. No.	No. : State :
19	Final MBBS	Marks Secured: _____ Maximum Marks: _____
20	Whether vaccinated or had small pox	
21	Amount of admission and other fees paid on admission	
22	Receipt No. and Date	
23	Class on leaving	
24	No. Date of leaving certificate	
25	Remarks	

Place:

Date:

Signature of the Candidate

**ADMISSION PROFORMA TO BE FILLED BY THE CANDIDATES [ADMITTED] TO  
THE POST GRADUATE DEGREE MD/MS AT GADAG INSTITUTE OF MEDICAL  
SCIENCES, GADAG AFFILIATED TO RGUHS, BANGALORE.**

**FORM - II**

**(Fill in capital letters only)**

01	Course for Admission & Subject	
02	Name of the Candidate (Name In Full)	
03	Sex	
04	Father's Name (Name In Full)	
05	Mother's Name	
06	Student Address	
07	Mobile No.	
08	Email ID	
09	Religion	
10	Mother Tongue	
11	Caste	
12	Sub Caste	
13	Nationality	
14	Rural	
15	Urban	
16	NEET Rank	AIQ Rank: _____ State Rank: _____
17	NEET percentile of marks	
18	Qualifying Exam	
19	KMC Reg. No. / State Council Reg. No.	No. : _____ State : _____
20	Final MBBS Passed Year with Date	
21	University to which candidate UG College/Institute is affiliated to	
22	Final MBBS	Marks Secured: _____ Maximum Marks: _____
23	Date of Admission	
24	Date of Birth	
25	Blood Group	

Place:

Date:

Signature of the Candidate



ADMISSION PROFORMA TO BE FILLED BY THE CANDIDATES [ADMITTED] TO  
THE POST GRADUATE DEGREE MD/MS AT GADAG INSTITUTE OF MEDICAL  
SCIENCES, GADAG AFFILIATED TO RGUHS, BANGALORE.

**FORM - II**

01	Course for Admission (CAPITAL) Degree MD/MS	
02	Name of the Candidate NAME IN FULL ( CAPITAL)	
03	Date of Birth	
04	Admitted Seat (Recognized /Permitted)	
05	Admitted by (AIQ / State)	
06	Category	
07	PH (Yes / No)	
08	NEET Roll No.	
09	NEET AIQ Rank	
10	NEET State Rank	
11	NEET Percentile of Marks	
12	Stipend paid (Yes / No)	
13	Stipend Paid Amount	
14	Stipend Paid Govt Institute	
15	Medical Council Registration No. (Mention the State Council No.)	
16	Medical Council Registration State (Mention the State Council) Ex: Karnataka /TN Etc.,	
17	Date of Admission	

Place :

Date :

Signature of the candidate

**Hand written self-attested undertaking by the candidate**

I, Dr. \_\_\_\_\_ do hereby declare that all the information filled/uploaded by me in the application is factually correct and true to the best of my knowledge and belief. I undertake that in the event any information being found false or incorrect at any stage my candidature is liable to be cancelled and I will have no claim on the seat allotted to me by the competent authority.

Deponent Signature:

Name & Address:

Mobile No.:

Witness: (1) Signature:

Name & Address:

Mobile No.:

(2) Signature:

Name & Address:

Mobile No.:

Place:

Date:

# BOND INFORMATION AS PER GOVERNMENT OF KARNATAKA

ANNEXURE-4

[ BOND RS.200/-]

I, Dr. \_\_\_\_\_ aged \_\_\_\_\_ S/o D/o \_\_\_\_\_ At.Post: \_\_\_\_\_  
\_\_\_\_\_ Taluk \_\_\_\_\_ Present Resident of \_\_\_\_\_ Taluk \_\_\_\_\_ candidate with  
KEA/NEET-2023 Admission Ticket / Roll No. \_\_\_\_\_ hereby swear on oath as  
follows:

1. That I am admitted to GIMS GADAG Medical College for PG Broad-speciality MD/MS Degree in subject \_\_\_\_\_ under All India quota/State quota
2. I am submitting the bond after reading and fully understanding the Karnataka Compulsory service by candidates completing Medical course act 2012 and its amendment dated: 22-09-2017.
3. I state that I have admitted under non-in service State quota/ All India 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 completing the Post Graduate Degree shall under go one-year 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 be abide voluntarily to the said condition.

Date:

Deponent Signature

Name:

Address :

Mobile No:

E-mail ID :

## PERSONAL DETAILS

(Need to be submitted by the Candidate along with the bond)

Sl No	Particulars	To be filled by the Candidate
1	Name	
2	Age with date of birth	
3	Fathers Name	
4	Mothers Name	
5	Present Address	
6	Permanent Address	
7	Contact Number of the Candidate	Mobile Landline
8	Contact No. Of Parent/ Guardian/ reference of candidate to contact in case of emergency	Mobile Landline
9	E-mail ID	
10	Aadhar No	
11	State Medical Registration No. And State	
12	All India NEET Rank	
13	KEA/State NEET Rank	
14	Admission order Details	
15	Name of the College to which candidate is admitted	
16	PG Degree	MD/MS in
17	Details of the reservation quota under which candidate is admitted	

Date:

Deponent Signature:

Name:

Address :

Mobile No:

E-mail ID :

# BOND INFORMATION AS PER GOVERNMENT OF KARNATAKA

ANNEXURE-4 -A

[ BOND RS.200/-]

UNDERTAKING AS REQUIRED UNDER RULE 15151 OF THE KARNATAKA CONDUCT OF ENTRANCE TEST FOR SELECTION AND ADMISSION TO THE POST-GRADUATE MEDICAL AND DENTAL DEGREE AND DIPLOMA COURSES RULES, 2006 FOR CLINICAL SUBJECTS IN MEDICAL / DENTAL COURSES.

I, DR. \_\_\_\_\_ S/o. \_\_\_\_\_

Aadhar no. \_\_\_\_\_ PAN No. \_\_\_\_\_ permanent resident of A/p : \_\_\_\_\_  
\_\_\_\_\_ and presently A/p : \_\_\_\_\_

(herein after referred to as BOUNDEN) do hereby swear on oath as follows:-

- 1) That I am admitted to 'Government'/'Government-quota' seat for 'All India quota' /'state quota' in GIMS ,Gadag Medical college for post-graduate medical degree in \_\_\_\_\_ during the centralized counseling for admission to post-graduate courses-2023.
- 2) I am aware of the fact that the Fees for 'Government'/'Government-quota' 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(5) 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'/'Government - quota' seat.
- 3) In compliance with the above Rule 15(5), 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 heirs, executors and administrators jointly and severally to pay to the Governor of Karnataka on demand, we shall pay a penalty of Rs. 50,00,000.00 (FIFTY LAKHS RUPEES ONLY) for post -graduate diploma 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 Aadhar card. Signed this day of by the Bounden

## DETAILS OF SURETIES

1. Name : \_\_\_\_\_ S/o, D/o, W/o : \_\_\_\_\_

Aged : \_\_\_\_\_ Years, having Aadhar No \_\_\_\_\_ PAN No \_\_\_\_\_ Permanent resident of \_\_\_\_\_  
And presently residing at \_\_\_\_\_

2. Name : \_\_\_\_\_ S/o, D/o, W/o : \_\_\_\_\_

\_\_\_\_\_ Aged : \_\_\_\_\_ Years, having

Aadhar No \_\_\_\_\_

PAN No \_\_\_\_\_

Permanent resident of \_\_\_\_\_

And presently residing at \_\_\_\_\_

BOUNDEN

SURETIES

Deponent Signature

1.

Name: \_\_\_\_\_

2.

Address & Mobile No : \_\_\_\_\_

WITNESS

1.

2.

Date :

**AFFIDAVIT BY THE STUENT**

1. I Dr. \_\_\_\_\_, have been admitted to GADAG INSTITUTE OF MEDICAL SCIENCES GADAG have received a copy of UGC regulations of curbing the menace of raging in higher Educational Institution, 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 I am aware as to what constitutes raging.
3. I have also in particular perused clause 7 and clause 9.1 of the regulations and I am fully aware of the penal and administrative action i.e., liable to be taken against to my ward in case, he/she is found guilty of or abetting raging, actively or passively or being part of a conspiracy to promote raging.
4. I hereby solemnly aver and undertake that:
  - a. I will not indulge in any behavior or act that may be constituted as raging under clause 3 of the regulations.
  - b. I will not participate in or abet or propagatate through any act of commission or omission that may be constituted as ragging under clause 3 of the regulation.
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 on account of being found guilty of, abetting or being part of conspiracy to promote ragging and further affirm that, in case the declaration is found to be untrue, admission of my ward is liable to be Cancelled.

Declared this \_\_\_\_\_

Signature of Deponent /Name and  
Address/Date/Mobile No:

**VERIFICATION**

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

Verified at \_\_\_\_\_ on this \_\_\_\_\_

Signature of Deponent /Name and  
Address/Date/Mobile No:

Solemnly affirmed and signed in my presence on this \_\_\_\_\_ after reading the contents of this affidavit.

**Annexure-II**

**AFFIDAVIT BY THE PARENT / GUARDIAN**

I, \_\_\_\_\_ father of Dr. \_\_\_\_\_, who has been admitted to GADAG INSTITUTE OF MEDICAL SCIENCES GADAG have received a copy of UGC regulations of curbing the menace of ragging in higher Educational Institution, 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 I am aware as to what constitutes ragging.
2. I have also in particular perused clause 7 and clause 9.1 of the regulations and I am fully aware of the penal and administrative action i.e., liable to be taken against to 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. I will not indulge in any behavior 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 regulation.
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 on account of being found guilty of, abetting or being part of conspiracy to promote ragging and further affirm that, in case the declaration is found to be untrue, admission of my ward is liable to be Cancelled.

Declared this \_\_\_\_\_

Signature of Deponent /Name and  
Address/Date/Mobile No:

**VERIFICATION**

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

Verified at \_\_\_\_\_ on this \_\_\_\_\_

Signature of Deponent /Name and  
Address/Date/Mobile No:

Solemnly affirmed and signed in my presence on this \_\_\_\_\_ after reading the contents of this affidavit.



ವೈದ್ಯಕೀಯ ಶಿಕ್ಷಣ ನಿರ್ದೇಶನಾಲಯ  
Directorate of Medical Education.

ಆನಂದರಾವ್ ವೃತ್ತ, ಬೆಂಗಳೂರು-9  
Ananda Rao Circle, Bangalore-9  
email: [dmekarnataka@yahoo.com](mailto:dmekarnataka@yahoo.com)

ಸಂಖ್ಯೆ: ವೈಶಿನಿ/ಪಿಜಿಎಸ್/38/2017-18

ದಿನಾಂಕ: 19-04-2018

ಅಧಿಕೃತ ಜ್ಞಾಪನಾ ಪತ್ರ

ವಿಷಯ:- 2018-19ನೇ ಸಾಲಿನ ವೈದ್ಯಕೀಯ ಸ್ನಾತಕೋತ್ತರ ಪ್ರವೇಶ ಬಯಸಿರುವ ಅಭ್ಯರ್ಥಿಗಳಿಂದ ಕಡ್ಡಾಯ ಗ್ರಾಮೀಣ ಸೇವೆ ಮಾಡುವ ಬಗ್ಗೆ ಅನುಬಂಧ-4 ರಂತೆ ಮತ್ತು ಮೂರು ವರ್ಷ ಸೇವೆ ಮಾಡಲು ಅನುಬಂಧ-4 ಎ ಪ್ರಕಾರ ಬಾಂಡ್‌ಗಳನ್ನು ಪಡೆದು ಕೆ.ಇ.ಎ ಪೋರ್ಟಲ್‌ಗೆ ಅಪ್‌ಲೋಡ್ ಮಾಡುವ ಬಗ್ಗೆ.

ಉಲ್ಲೇಖ:- ಸಂಖ್ಯೆ ಅಕುಕ (ವೈಶಿನಿ) / 91/ ಅಮುಕಾ / 2018 ದಿನಾಂಕ:06-04-2018.

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ಮೇಲ್ಕಂಡ ವಿಷಯಕ್ಕೆ ಸಂಬಂಧಿಸಿದಂತೆ ಈ ಮೂಲಕ ತಿಳಿಯಬಯಸುವುದೇನೆಂದರೆ 2018-19ನೇ ಸಾಲಿನಲ್ಲಿ ವೈದ್ಯಕೀಯ ಸ್ನಾತಕೋತ್ತರ ಪ್ರವೇಶಗಳಿಗೆ ಕರ್ನಾಟಕ ಪರೀಕ್ಷಾ ಪ್ರಾಧಿಕಾರದ ವತಿಯಿಂದ ಆಯ್ಕೆ ಪಡೆದಿರುವ ಸರ್ಕಾರಿ ಕೋಟಾದಡಿಯಲ್ಲಿನ ಅಭ್ಯರ್ಥಿಗಳು ಸರ್ಕಾರಿ ವೈದ್ಯಕೀಯ ಕಾಲೇಜುಗಳಿಗೆ ಮತ್ತು ಖಾಸಗಿ ಹಾಗೂ ಡೀಮ್ಡ್ ವೈದ್ಯಕೀಯ ಕಾಲೇಜುಗಳಿಗೆ ಪ್ರವೇಶ ಪಡೆಯುವ ಅಭ್ಯರ್ಥಿಗಳು ನೋಟರಿಯಿಂದ ದೃಢೀಕರಣ ಮಾಡಲಾದ ಮೂಲ ಬಾಂಡುಗಳನ್ನು ಸಲ್ಲಿಸುವಂತೆ ಈಗಾಗಲೇ ಸೂಚಿಸಲಾಗಿದೆ.

ಮೇಲ್ಕಂಡ ಉಲ್ಲೇಖದ ಪತ್ರದಂತೆ ಸರ್ಕಾರಿ ವೈದ್ಯಕೀಯ ಕಾಲೇಜುಗಳ ನಿರ್ದೇಶಕರು ಹಾಗೂ ಡೀನ್‌ರವರು ಮತ್ತು ಖಾಸಗಿ ವೈದ್ಯಕೀಯ ಕಾಲೇಜುಗಳ ಹಾಗೂ ಡೀಮ್ಡ್ ವೈದ್ಯಕೀಯ ಕಾಲೇಜುಗಳ ಪ್ರಾಂಶುಪಾಲರುಗಳು ನಿಮ್ಮ ನಿಮ್ಮ ಕಾಲೇಜುಗಳಲ್ಲಿ ಸರ್ಕಾರಿ ಕೋಟಾದಡಿಯಲ್ಲಿ ಕ್ಲೀನಿಕಲ್ ಕೋರ್ಸ್‌ಗಳಿಗೆ ಪ್ರವೇಶ ಪಡೆಯುವ ವಿದ್ಯಾರ್ಥಿಗಳಿಂದ ನಿಗದಿತ ನಮೂನೆಯಲ್ಲಿ ನೋಟರಿಯವರಿಂದ ದೃಢೀಕರಣ ಮಾಡಲಾದ ಬಾಂಡುಗಳನ್ನು ಪಡೆದು ಅದನ್ನು ಕರ್ನಾಟಕ ಪರೀಕ್ಷಾ ಪ್ರಾಧಿಕಾರದ ಪೋರ್ಟಲ್‌ಗೆ ಅಪ್‌ಲೋಡ್ ಮಾಡುವಂತೆ ಈ ಮೂಲಕ ಸೂಚಿಸಲಾಗಿದೆ.

- 1) ಕರ್ನಾಟಕ ರಾಜ್ಯದಲ್ಲಿ ವೈದ್ಯಕೀಯ ವೃತ್ತಿಯನ್ನು ಮಾಡಲಿಚ್ಛಿಸುವ ಸ್ನಾತಕೋತ್ತರ ಅಭ್ಯರ್ಥಿಗಳು ಕರ್ನಾಟಕ ಮೆಡಿಕಲ್ ಕೌನ್ಸಿಲ್‌ನಲ್ಲಿ ಕಾಯಂ ನೋಂದಣಿ ಮಾಡಲು ಬ್ಯೂಚರ್ ಕ್ರಮಸಂಖ್ಯೆ 4 ರಂತೆ ಕಡ್ಡಾಯವಾಗಿ ಒಂದು ವರ್ಷದ ಗ್ರಾಮೀಣ ಸೇವೆ ಮಾಡುವ ಬಗ್ಗೆ ಬಾಂಡು ನೋಟರಿಯವರಿಂದ ದೃಢೀಕರಿಸಿ ಸಲ್ಲಿಸುವಂತೆ ಸೂಚಿಸಲಾಗಿದೆ.



2) ಸರ್ಕಾರಿ ವೈದ್ಯಕೀಯ ಕಾಲೇಜುಗಳ ನಿರ್ದೇಶಕರು ಹಾಗೂ ಡೀನ್‌ರವರು ಮತ್ತು ಖಾಸಗಿ ವೈದ್ಯಕೀಯ ಕಾಲೇಜುಗಳ ಹಾಗೂ ಡೀಮ್ಡ್ ವೈದ್ಯಕೀಯ ಕಾಲೇಜುಗಳ ಪ್ರಾಂಶುಪಾಲರುಗಳು ನಿಮ್ಮ ನಿಮ್ಮ ಕಾಲೇಜುಗಳಲ್ಲಿ ಸರ್ಕಾರಿ ಕೋಟಾದಡಿಯಲ್ಲಿ ಕ್ಲಿನಿಕಲ್ ಕೋರ್ಸ್‌ಗಳಿಗೆ ಪ್ರವೇಶ ಪಡೆಯುವ ವಿದ್ಯಾರ್ಥಿಗಳಿಂದ ಬೋರ್ಡರ್ ಅನುಬಂಧ-4ಎ ಪ್ರಕಾರ ಮೂರು ವರ್ಷಗಳು ಸೇವೆ ಸಲ್ಲಿಸಲು ಒಪ್ಪಿರುವುದಾಗಿ ನಿಗದಿತ ನಮೂನೆಯಲ್ಲಿ ನೋಟರಿಯವರಿಂದ ದೃಢೀಕರಣ ಮಾಡಲಾದ ಬಾಂಡುಗಳನ್ನು ಪಡೆದು ಅದನ್ನು ಕರ್ನಾಟಕ ಪರೀಕ್ಷಾ ಪ್ರಾಧಿಕಾರದ ಪೋರ್ಟ್‌ಗೆ ಅಪ್‌ಲೋಡ್ ಮಾಡುವಂತೆ ಈ ಮೂಲಕ ಸೂಚಿಸಲಾಗಿದೆ.

ಮುಂದುವರೆದು ಸರ್ಕಾರಿ / ಖಾಸಗಿ ವೈದ್ಯಕೀಯ ಕಾಲೇಜುಗಳಿಗೆ ಕರ್ನಾಟಕ ಪರೀಕ್ಷಾ ಪ್ರಾಧಿಕಾರದಿಂದ ವೈದ್ಯಕೀಯ ಸ್ನಾತಕೋತ್ತರ ಪ್ರವೇಶಕ್ಕೆ ಹಂಚಿಕೆ ಪತ್ರವನ್ನು ಪಡೆದವರಿಂದ ಆರ್‌ಜಿಯುಎಚ್‌ಎಸ್ ಶುಲ್ಕವನ್ನು ಪಡೆಯಲಾಗಿರುತ್ತದೆ ಎಂದು ತಿಳಿಸಲಾಗಿದೆ ಆದುದರಿಂದ ಕಾಲೇಜುಗಳಲ್ಲಿ ಆರ್‌ಜಿಯುಎಚ್‌ಎಸ್ ಶುಲ್ಕವನ್ನು ವಿದ್ಯಾರ್ಥಿಗಳಿಂದ ಪಡೆಯಬಾರದೆಂದು ಈ ಮೂಲಕ ಸೂಚಿಸಲಾಗಿದೆ.

ಈ ಮೇಲ್ಕಂಡ ಆದೇಶದನ್ವಯ ಆಯಾ ಕಾಲೇಜಿನವರು ವಿದ್ಯಾರ್ಥಿಗಳ ಬಾಂಡುಗಳನ್ನು ಕೆ.ಇ.ಎ ಪೋರ್ಟ್‌ಗೆ ಅಪ್‌ಲೋಡ್ ಮಾಡುವಂತೆ ಸೂಚಿಸಿದೆ.



ನಿರ್ದೇಶಕರು, ವೈದ್ಯಕೀಯ ಶಿಕ್ಷಣ.

ಪ್ರತಿಯನ್ನು :-

1. ನಿರ್ದೇಶಕರು ಹಾಗೂ ಡೀನ್ ಮತ್ತು ಪ್ರಾಂಶುಪಾಲರುಗಳಿಗೆ ಮಾಹಿತಿಗೆ ಮತ್ತು ಸೂಕ್ತ ಕ್ರಮಕ್ಕಾಗಿ ರವಾನಿಸಲಾಗಿದೆ.
2. ಪ್ರತಿಯನ್ನು ಕಾರ್ಯನಿರ್ವಾಹಕ ವ್ಯವಸ್ಥಾಪಕರು ಕರ್ನಾಟಕ ಪರೀಕ್ಷಾ ಪ್ರಾಧಿಕಾರ, 18 ಕ್ರಾಸ್, ಮಲ್ಲೇಶ್ವರಂ, ಬೆಂಗಳೂರು ರವರಿಗೆ ಮಾಹಿತಿ ಹಾಗೂ ಮುಂದಿನ ಸೂಕ್ತ ಕ್ರಮಕ್ಕಾಗಿ ಕಳುಹಿಸಲಾಗಿದೆ.
3. ಪ್ರತಿಯನ್ನು ಕುಲಸಚಿವರು, ರಾಜೀವ್ ಗಾಂಧಿ ಆರೋಗ್ಯ ವಿಜ್ಞಾನಗಳ ವಿಶ್ವವಿದ್ಯಾಲಯ, ಟಿ ಬ್ಲಾಕ್, ಜಯನಗರ, ಬೆಂಗಳೂರು ಇವರಿಗೆ ಕಳುಹಿಸುತ್ತಾ ತಾವು ಕರ್ನಾಟಕ ಪರೀಕ್ಷಾ ಪ್ರಾಧಿಕಾರದೊಂದಿಗೆ ಸಂಪರ್ಕವನ್ನು ಪಡೆದು ಅವರ ಪೋರ್ಟ್‌ನಲ್ಲಿರುವ ಮಾಹಿತಿಯಂತೆ 2018ನೇ ಸಾಲಿನ ವೈದ್ಯಕೀಯ ಸ್ನಾತಕೋತ್ತರ ಪ್ರವೇಶಗಳನ್ನು ಅನುಮೋದಿಸಲು ಕ್ರಮಕೈಗೊಳ್ಳಲು ಕೋರಲಾಗಿದೆ.
4. ಪ್ರತಿಯನ್ನು ಮಾನ್ಯ ಅಪರ ಮುಖ್ಯ ಕಾರ್ಯದರ್ಶಿಗಳು, ವೈದ್ಯಕೀಯ ಶಿಕ್ಷಣ ಇಲಾಖೆ, ಬೆಂಗಳೂರು ರವರ ಮಾಹಿತಿ ಮತ್ತು ಅವಗಾಹನೆಗಾಗಿ ಸಲ್ಲಿಸಿದೆ.
5. ಕಛೇರಿ ಪ್ರತಿ.



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**DIRECTORATE OF MEDICAL EDUCATION**

ಆನಂದರಾವ್ ವೃತ್ತ, ಬೆಂಗಳೂರು-560 009.  
Ananda Rao Circle, BANGALORE-560 009.

ಸಂಖ್ಯೆ: ವೈ.ಶಿ/ಆಪ್/ 102 /2019-20

ದಿನಾಂಕ: 1f.02.2020

**ಸುತ್ತೋಲೆ**

ವಿಷಯ: ಸರ್ಕಾರಿ ಕೋವಾದಡಿ ಕರ್ನಾಟಕ ವೈದ್ಯಕೀಯ ಮಹಾವಿದ್ಯಾಲಯಗಳಲ್ಲಿ ಎಂಜಿಎಸ್ / ಸ್ನಾತಕೋತ್ತರ ವೈದ್ಯಕೀಯ ಕೋರ್ಸ್‌ಗಳ ಪೂರ್ಣಗೊಳಿಸಿದ ಅಭ್ಯರ್ಥಿಗಳನ್ನು ಒಂದು ವರ್ಷ ಕಡ್ಡಾಯ ಗ್ರಾಮೀಣ ಸರ್ಕಾರಿ ಸೇವೆಗೆ ಒಳಪಡಿಸುವ ಬಗ್ಗೆ.

\* \* \* \* \*

Karnataka Compulsory Service Training by candidates completed medical Courses act 2012 & the 2015 rules ಕಾಯ್ದೆಯ ಸಂವಿಧಾನಾತ್ಮಕ ಕ್ರಮಬದ್ಧತೆಯನ್ನು ಪ್ರಶ್ನಿಸಿದ್ದ, ಅರ್ಜಿಗಳನ್ನೆಲ್ಲಾ ಪರಿಗಣಿಸಿದ ಕರ್ನಾಟಕ ಉಚ್ಚ ನ್ಯಾಯಾಲಯವು ದಿನಾಂಕ: 03.08.2019 ರಂದು ವಜಾಗೊಳಿಸಿ ಸಂವಿಧಾನಾತ್ಮಕ ಕ್ರಮಬದ್ಧತೆಯನ್ನು ಎತ್ತಿಹಿಡಿದು ಆದೇಶ ಹೊರಡಿಸಲಾಗಿರುತ್ತದೆ.

ಈ ಹಿನ್ನೆಲೆಯಲ್ಲಿ ಸರ್ಕಾರಿ ಕೋವಾದಡಿ ಕರ್ನಾಟಕ ವೈದ್ಯಕೀಯ ಮಹಾವಿದ್ಯಾಲಯಗಳಲ್ಲಿ ಎಂಜಿಎಸ್ / ಸ್ನಾತಕೋತ್ತರ ವೈದ್ಯಕೀಯ ಕೋರ್ಸ್‌ಗಳ ಪೂರ್ಣಗೊಳಿಸಿದ ಅಭ್ಯರ್ಥಿಗಳು ಒಂದು ವರ್ಷ ಕಡ್ಡಾಯ ಸರ್ಕಾರಿ ಸೇವೆ ಪೂರೈಸುವುದು ಅನಿವಾರ್ಯವಾಗಿದ್ದು, ಇಂತಹ ಅಭ್ಯರ್ಥಿಗಳಿಗೆ NMC Guidelines ಹೊರಬಂದ ನಂತರ ವಿವಿಧ ವೈದ್ಯಕೀಯ ವಿಜ್ಞಾನಗಳ ಸಂಸ್ಥೆಗಳು ಹಾಗೂ ಸೂಪರ್ ಸ್ಪೆಷಾಲಿಟಿ ಆಸ್ಪತ್ರೆಗಳಿಗೆ ಮೆರಿಟ್ ಆಧಾರದ ಮೇಲೆ ಕೌನ್ಸಿಲಿಂಗ್‌ನಲ್ಲಿ ಆಯ್ಕೆ ಮಾಡಿದ ಸ್ಥಳಗಳಿಗೆ ನಿಯೋಜಿಸಲಾಗುವುದು ಹಾಗೂ ಇಂತಹ ನಿಯೋಜನಾ ಆದೇಶಗಳನ್ನು ವೈದ್ಯಕೀಯ ನಿರ್ದೇಶನಾಲಯದ ನಿರ್ದೇಶಕರ ಸಹಿಯೊಂದಿಗೆ ಹೊರಡಿಸಲಾದ ಆದೇಶಗಳಿಗೆ ಮಾತ್ರ ಮಾನ್ಯತೆ ನೀಡಿ ಸಂಬಂಧಿಸಿದ ವೈದ್ಯಕೀಯ ಶಿಕ್ಷಣ ಸಂಸ್ಥೆಗಳು ಹಾಗೂ ಸೂಪರ್ ಸ್ಪೆಷಾಲಿಟಿ ಆಸ್ಪತ್ರೆಗಳ ಸಚ್ಚನು ಪ್ರಾಧಿಕಾರಗಳು ನಿಯೋಜಿತ ಅಭ್ಯರ್ಥಿಗಳ ಸೇವೆಯನ್ನು ನಿರಂತರವಾಗಿ ಪಡೆಯುವಂತೆ ಸ್ಪಷ್ಟಪಡಿಸಿ ಈ ಸುತ್ತೋಲೆಯನ್ನು ಹೊರಡಿಸಲಾಗಿದೆ.

  
ನಿರ್ದೇಶಕರು  
ವೈದ್ಯಕೀಯ ಶಿಕ್ಷಣ ನಿರ್ದೇಶನಾಲಯ  
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