



Government of Karnataka



# **YADGIRI INSTITUTE OF MEDICAL SCIENCES, YADGIRI**

(Autonomous Institution of Govt. of Karnataka)

**YADGIRI INSTITUTE OF MEDICAL SCIENCES  
&  
TEACHING HOSPITAL,  
YADGIRI-585202**

**PROFORMA FOR ADMISSION TO UNDER GRADUATE  
MBBS COURSE FOR THE  
ACADEMIC YEAR 2022-23.**



**YADGIRI INSTITUTE OF MEDICAL SCIENCES, YADGIRI**

(Autonomous Institution, Government of Karnataka)

Chittapur Road, Yadgiri-585202.

Telephone : 9481623299 website: <https://yimsyadgiri.karnataka.gov.in/> E-Mail : [directoryimsyadgir@gmail.com](mailto:directoryimsyadgir@gmail.com)



No:YIMS/Admissions/UG/2022-23

Date:07-10-2022

## **ADMISSIONS: 2022-23**

### Requirements for reporting to college:

Following are the details of fees, documents and bonds required to be submitted at the time of reporting to the college.

#### **Attachments:**

1. Reporting amount details based on quota and category
2. Admission form
3. Bonds
4. General instructions to students and parents

Sd/-  
Dean and Director  
Yadgiri Institute of Medical Sciences  
Yadgiri

**DOCUMENTS TO BE SUBMITTED AT THE TIME OF REPORTING TO  
COLLEGE FOR 1<sup>st</sup> Year MBBS ADMISSION TO YIMS  
Yadgiri.**

**NOTE:**

SI NO.	PARTICULARS
<b>Original documents along with Three Sets of Attested Photocopies and a Soft Copy of all the documents along with Photograph on a CD/Pen drive to be submitted in the following order.</b>	
1.	Recent Passport size Photograph (04) (soft copy in JPEG format up to 30 Kb)
2.	<b>Fees by (Demand Draft)</b> (1) At Allotment Centre-(KEA) (2) At College
3.	UG NEET Admission Ticket
4.	KEA/ MCC Admission Order
5.	UG NEET Examination Marks Statement
6.	SSLC / 10 <sup>th</sup> Standard Marks Statement
7.	II PUC / 12 <sup>th</sup> Standard Marks Statement
8.	a. Eligibility Certificate (for 10 + 2-for students who have completed from NON PU board- CBSE/ICSE/AIQ Students) b. Migration certificate ( CBSE/ICSE/AIQ Students)
9.	Caste Certificate (SC & ST Students Should Produce Caste Certificate in prescribed format Only)
10.	Transfer Certificate
11.	Study Certificate (as applicable)
12.	Kannada Medium /Rural Study Certificate (10 Years)
13.	Undertaking for MBBS Admissions
14.	Undertaking for Anti-ragging (by Student)
15.	Undertaking for Anti-ragging (by Parent)
16.	Affidavit for undertaking Rural Service After Completion of MBBS Course
17.	371 J Eligibility Certificate- if Applicable
18.	Physical Fitness Certificate (Issued by authorized Government Medical Officer)
19.	Physical Disability Certificate. (For differently abled candidates)
20.	Aadhar card (photo copy)

**1. CANDIDATES MUST PROVIDE ONE FILE/FOLDER FOR THEIR ORIGINAL DOCUMENTS.**



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No: YIMS/Admissions/UG/ / 2022-23

Date: 07-10-2022

## UNDER GRADUATES 1<sup>st</sup> Year MBBS FEES STRUCTURE 2022-23

Sl.No	Particulars	1 <sup>st</sup> Year Admission AIQ	1 <sup>st</sup> Year Admission SC/ST (State Quota) (in Rupees)	General & Other Category- 1 <sup>st</sup> Year	
				Paid to KEA + To be paid at college	
1.	Tuition Fee	Includes tuition fess Rs. 50000/- , RGUHS fees Rs. 9350/- And college other fee Rs. 14750/-	50000	Includes tuition fees Rs. 50000/-, RGUHS fees Rs. 9350/- And college other fee Rs. 14750/-	Students shall pay reporting amount of Rs. 14750/- at college after paying tuition and RGUHS fees to KEA
2.	Helinet		4500		
3.	Registration		3000		
4.	Admission		500		
5.	SWF University(4½ yrs)		450		
6.	Sports (4½ yrs)		900		
7.	ID card		250		
8.	Student Association.		500		
9.	Sports fee		1200		
10.	Library		1500		
11.	Magazine fee		1500		
12.	Laboratory fee		2500		
13.	Medical Examination fee		300		
14.	Caution Deposit		1000		
15.	Alumni association fee (life time)		1000		
16.	Kannada Sangh		1000		
17.	Cultural activities		1700		
18.	Literary activities		500		
19.	SWF (college)		300		
20.	NSS activates		100		
21.	Skill lab fee		1000		
22.	Others		400		
	<b>TOTAL</b>	<b>74,100</b>	<b>74,100</b>	<b>74,100</b>	

**GENERAL INSTRUCTIONS FOR THE STUDENTS WHO ARE TAKING ADMISSION  
FOR 1<sup>st</sup>-MBBS COURSE AT YADGIRI INSTITUTE OF MEDICAL SCIENCES, YADGIRI (YIMS).**

1. Students must report in principal's/Deans office at YIMS for MBBS admission on or before date indicated on their selection letter issued by KEA/ NEET AIQ by 10-00 am. If any student fails to report before the last date indicated in the office letter, his/her admission will stand cancelled and the same will be intimated to concerned authorities.
2. One of the parent / guardian must accompany students at the time of admission or Surrendering seats as certain documents are to be signed by them.
3. The admission process is likely to take more than one day. Outstation candidates are requested to not cause hurry in admission or surrendering seats.
4. The admission offered to a candidate will be only provisional. DME/RGUHS/MCC-DGHS are final authorities.
5. As the original documents will be sent to Rajiv Gandhi University of Health Sciences, Bangalore for admission approval, students are instructed to keep at least 3 Xerox copies of original documents with themselves for future use.
6. Institute working hours: 10.00 am to 1.30 pm and 2.15 pm to 5.30 pm.
7. Each candidate must submit the following original certificates shown below along with three sets of attested copies. The originals and Xerox must be produced in the prescribed sequence. CANDIDATES MUST PROVIDE ONE FILE/FOLDER FOR THEIR ORIGINAL DOCUMENTS.
8. In case of AIQ/NEET seats- seat surrender procedure will be duly followed. Kindly generate online seat surrender receipt and mail to email.id :deanyimsyadgiri@gmail.com. Kindly try to report on working day and take a note of Karnataka holiday schedules. SUNDAY WILL BE HOLIDAY & on any other national holiday, the college office will remain closed.

**Note:**

1. For AIQ candidates full fees shall be paid **through SBI payment gateway**.
2. Students admitting through KEA shall pay fees as prescribed by the KEA and reporting college other fee amount to Institution – Dean & Director, Yadgiri Institute of Medical Sciences, Yadgiri **through Demand Draft or Online Bank : SBI ( A/c No. 41331054670 ,IFSC CODE : SBIN0003754 or SBI payment gateway.**
3. **\*Students belonging to SC/ST category shall also pay tuition fees and register for reimbursement under SSP Karnataka.**
4. **Link for SBI payment gateway will be updated in the college website. <https://dme.karnataka.gov.in> /<https://yimsyadgiri.karnataka.gov.in>**



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### **ADMISSION FORM**

**(DETAILS TO BE ENTERED IN BLOCK LETTERS ONLY)**

Name (As mentioned in SSLC /10 <sup>th</sup> marks card)	
Gender	
Father Name	
Mother Name	
Permanent Address	
Communication Address:	
Phone number	
Email ID	
Nationality	
Religion, Caste & category	
Mother tongue	
Seat type ( AIQ / Karnataka State Quota)	
NEET / All India Rank	
Qualifying Exam (II PUC / 12 <sup>th</sup> )	

Registration No. of Qualifying Exam		
Year of passing		
University/Board		
Date of Admission		
Date of Birth		
Blood group		
State & Native District		
Urban/Rural		
<b>Optional Subjects</b>	<b>Maximum marks</b>	<b>Marks secured</b>
Physics		
Chemistry		
Biology		
Mathematics		
English		
Kannada / Hindi		
TOTAL		
PCB Total		
PCB Percentage		
Annual Income		
NEET Hall Ticket No		
Entrance Marks (Max. Marks - 720)	/ 720	
Entrance Percentage / Percentile		

All the entries made above are true to best of my knowledge and I am directly responsible for any fallacies.

**Signature of the Student**

**Signature of the Parent or  
Guardian**



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## 1<sup>st</sup> Year MBBS ADMISSION CHECKLIST

	Submitted	Remarks
Recent Passport size Photograph (04)		
<b>Fees Paid</b> 1)At Allotment Centre (KEA) 2)At College		
NEET Admission Ticket		
KEA/AIMCC Admission Order		
Entrance Examination Marks Statement		
SSLC / 10 <sup>th</sup> Standard Marks Statement		
II PUC / 12 <sup>th</sup> Standard Marks Statement		
Eligibility Certificate (for 10 + 2-for students who have completed from NON PU board)		
Caste Certificate (SC & ST Students Should Produce Caste Certificate in prescribed Format Only)		
Transfer Certificate (10 +2)		
Study Certificate (for 12 Years)		
Kannada Medium /Rural Study Certificate (10 Years)		
Undertaking for MBBS Admissions		
Undertaking for Anti-ragging (by Student)		
Undertaking for Anti-ragging (by Parent)		
Affidavit for undertaking Rural Service After Completion of MBBS Course		
371 J Eligibility Certificate if Applicable		
Physical Fitness Certificate		
Aadhar card copy		
CD / DVD/pendrive of scanned copies of all documents submitted including photo		

### NOTE:

(1) Three Sets of Attested Photocopies of Above Mentioned Relevant Certificates.

(2)The original records submitted for MBBS admissions are correct to best of our knowledge and we also accept that our admission to 1st MBBS course at this institution is provisional and subject to approval from RGUHS/KEA/MCC-DGHS New Delhi.

**Signature of the Student**

**Signature of the Parent or  
Guardian**



# **BOND FORMATS**

## DECLARATION

To  
The Dean & Director,  
Yadgiri Institute of Medical Sciences,  
Yadgiri.

Sir/Madam,

**MBBS 2022-23**

NAME OF THE CANDIDATE					
FATHER'S NAME					
UGNEET ROLLNO.			UGNEET Rank		
TYPE OF ALLOTMENT	AIQ/ SQ	I Round	II Round	III-Round	MOP UP Round
CATEGORY CLAIMED	GM / Cat-I/ Cat-II A/ Cat IIB / Cat IIB / Cat-III A / Cat-III B / OBC / SC / ST				
CATEGORY ALLOTTED	GM / Cat-I/ Cat-II A/ Cat-IIB / Cat-IIB / Cat-III A / Cat-III B / OBC / SC / ST				
E Mail			Mobile No		

I S/o,D/o \_\_\_\_\_ residing at \_\_\_\_\_ have joined the allotted MBBS seat at Yadgiri Institute of Medical Sciences during the Academic year 2022-23 on \_\_\_\_\_ (date) do hereby undertake as follows.

I have submitted all the required Original Certificate at time of admission for the approval of MBBS admission seat. If the documents are found fake or colour Xeroxed, I will be held responsible for the same and I will be liable for criminal proceedings if any one of the above information/documents produced by me is found to be false/incorrect.

Place: Yadgiri

Date:

Signature of Parent/Guardian

Signature of Candidate

**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**

<b>MBBS 2022-23</b>					
NAME OF THE CANDIDATE					
FATHER'S NAME					
UGNEET ROLLNO.		UGNEET Rank			
TYPE OF ALLOTMENT	AIQ/ SQ	I Round	II Round	III Round	MOP UP Round
CATEGORY CLAIMED	GM / Cat-I/ Cat-II A/ Cat IIB / Cat-IIB / Cat-III A / Cat-IIIB /OBC / SC / ST				
CATEGORY ALLOTTED	GM / Cat-I/ Cat-II A/ Cat IIB / Cat-IIB / Cat-III A / Cat-IIIB /OBC / SC / ST				
eMail				Mobile No	

IS/o/D/o

( hereinafter called the Natural Guardian of the Student) Resident of on my own volition have joined the allotted MBBS seat at Yadgiri Institute of Medical Sciences, during the Academic year 2022-23 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 RGU2011, 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 Units 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: Yadgiri

Date:

Signature of Candidate

Signature of Parent/Guardian

Witness:

1		2	
	Signa		Signa
Name		Name	
Address		Address	

**For all e- Stamp papers**

- 1<sup>st</sup> party is the candidate &
- 2<sup>nd</sup> party is the Director, Directorate of Medical Education, Karnataka

NAME OF THE CANDIDATE					
FATHER'S NAME					
UGNEET ROLLNO.			UGNEET Rank		
TYPE OF ALLOTMENT	AIQ/ SQ	I Round	II Round	III Round	MOP UP Round
CATEGORY CLAIMED	GM / Cat-I/ Cat-II A/ Cat-IIB / Cat- IIB / Cat-III A / Cat-IIIB /OBC / SC / ST				
CATEGORY ALLOTTED	GM / Cat-I/ Cat-II A/ Cat-IIB / Cat IIB / Cat-III A / Cat-IIIB /OBC / SC / ST				
eMail			Mobile No		

Rs. 100/- E-stamp paper

**ANNEXURE I**  
**AFFIDAVIT BY THE STUDENT**

I, \_\_\_\_\_ (full name of student with Institute Roll Number) s/o d/o Mr./Mrs./Ms. \_\_\_\_\_, having been admitted to \_\_\_\_\_ (name of the institution), have received or downloaded 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.

- 1) I have, in particular, perused clause 3 of the Regulations and am aware as to what constitutes ragging.
- 2) I have also, in particular, perused clause 7 and clause 9.1 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.
- 3) 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.
- 4) 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.
- 5) 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.
- 6) Along with the above mentioned points I do hereby declare that
  - a) I will obey the code of conduct of the institute and do not indulge in any kind of in-disciplined activity while in and off the institution campus.
  - b. I will be solely responsible for any kind of accident/mishap caused on account of the above mentioned clause (6.a).

Declared this \_\_\_ day of \_\_\_\_\_ month of \_\_\_\_\_ year.

\_\_\_\_\_  
Signature of deponent  
Name: \_\_\_\_\_

**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

Solemnly affirmed and signed in my presence on this the -----(day) of -----(month), -----(year) after reading the contents of this affidavit.

OATH COMMISSIONER

*Note : It is mandatory to submit this affidavit in the above format, if you desire to register for the forthcoming academic session.*

**Rs. 100/- e-stamp paper :-**

- 1<sup>st</sup> party is the candidate &
- 2<sup>nd</sup> party is the Director, Yadgiri Institute of Medical Sciences, Yadgiri.

**MBBS 2022-23**

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 / CatI/ CatII A/ Cat IIB / Cat IIB / Cat III A / Cat III B / OBC / SC / ST				
CATEGORY ALLOTTED	GM / CatI/ CatII A/ Cat IIB / Cat IIB / Cat III A / Cat III B / OBC / SC / ST				
eMail				Mobile No	

Rs. 100/- E-stamp paper

**ANNEXURE II  
AFFIDAVIT BY PARENT/GUARDIAN**

I, Mr./Mrs./Ms. \_\_\_\_\_ (full name of parent/guardian) father/mother/guardian of, (full name of student with University Roll Number), having been admitted to \_\_\_\_\_ (name of the institution), have received or downloaded 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.

- 1) I have, in particular, perused clause 3 of the Regulations and am aware as to what constitutes ragging.
- 2) I have also, in particular, perused clause 7 and clause 9.1 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.
- 3) I hereby solemnly aver and undertake that
  - a) My ward will not indulge in any behaviour 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.
- 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 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.
- 6) Along with the above mentioned points I do hereby declare that
  - a) My ward will obey the code of conduct of the institute and do not indulge in any kind of in-disciplined activity while in and off the institution campus.
  - b) My ward will be solely responsible for any kind of accident/mishap caused on account of the above mentioned clause (6.a).

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

Solemnly affirmed and signed in my presence on this the \_\_\_\_\_ (day) of \_\_\_\_\_ (month), \_\_\_\_\_ (year) after reading the contents of this affidavit.

**OATH COMMISSIONER**

*Note: It is mandatory to submit this affidavit in the above format, if you desire to register for the forthcoming academic session.*

**Rs. 100/- e-stamp paper :-**

- 1<sup>st</sup> party is the Parent &
- 2<sup>nd</sup> party is the Director, Yadgiri Institute of Medical Sciences, Yadgiri.