



CDSIMER
Dr. Chandramma Dayananda Sagar
Institute of Medical Education and Research
(Unit of Dayananda Sagar University)



I. Admission Process

Step 1: Registration

- Registration at CDSIMER within the duration as specified by Karnataka Examination Authority (KEA).

Step 2: Verification and Collection of Documents

Before reporting to the college candidates are advised to arrange the documents in the below mentioned order without fail

- ❖ Original documents to be submitted at KEA/Institution will be strictly in accordance with Rules & Regulations set by Karnataka Examination Authority (KEA).
- ❖ **Two sets of photocopies of the following documents self-attested** have to be submitted at the time of physical reporting to the College as per the schedule announced by KEA.

1	5 passport size and 5 stamp size color photos (Not older than 2 months) Preferably take the photo with white background
2	KEA Allotment Order (Signature of the Candidate is mandatory)
3	Fee paid receipt at KEA (Only provide the college copy of the fee receipt)
4	KEA document verification acknowledgement
5	Copy of NEET - 2022 Rank / Score card
6	Copy of 10th Std. /SSLC Marks Card (Proof of Date of Birth)
7	Copy of 12th Std. / II PUC Marks card
8	Copy of Transfer Certificate (12th standard)
9	Conduct Certificate (12th standard)
10	Study Certificate (12th standard)
11	Copy of AADHAAR card (Candidate)
12	Copy of the Father's PAN card
13	Caste Certificate (if applicable)
14	Income Certificate (if applicable)
15	Migration Certificate (for candidates other than Karnataka)
16	Copy of General affidavit (Annexure -1) and Rural service bond (Annexure -9) as submitted in KEA
17	Discontinuation bond in original to be submitted at the Institution (sample provided in page 11)
18	Certificate of completion of both the dose of COVID-19 vaccination.

Note: Acknowledgement copy for the documents submitted will be issued to the candidate.



Step 3: Filling of Application Form @ CDSIMER

The following information to be filled in the application form:

1. Personal Information
2. Contact Information
3. Parents Information
4. Education Details
5. NEET Details
6. KEA Admission Details

Note:

- Candidates should ensure that all the information entered in the application form is correct.
- Candidate should upload most recent digital passport size color photograph (not older than 2 months)
Note: Preferably take the photo with white background.
- Candidates should compulsorily carry a scanned copy of the passport size photograph without fail.

Step 4: Signature on the Application & Declaration Forms

- Students and Parent/Guardian should Sign the Application along with all the declaration forms. (The Sample of all declaration forms are available from Page No. 5 to 10 which is only for reference)

Step 5: Payment of Fees

Payment of Miscellaneous Fee and College Caution Deposit

FEE TYPE	1st year	2nd year	3rd year	4th year	last year
Misc. Fee	73500	88500	88500	88500	44250

- ✚ College caution deposit of Rs.15000/- need to be paid at the time of admission

Note: The college caution deposit will be refunded after the completion of course on providing the Original Fee Receipt issued to the Students.

- ✚ Payment of Misc. Fees and College caution deposit for the 1st year is compulsory at the time of admission to the college as per the reporting date specified by KEA.

- ✚ Miscellaneous fees & refundable Caution deposit shall be paid through Demand draft (DD) in favour of **DR. CDSIMER COLLEGE A UNIT OF DSU**

- ✚ Preferable mode of Payment would be Demand Draft (DD).

- ✚ Other Payment modes available are through Net banking / Debit / CreditCard. Note: Please check the card transaction limit.

- ✚ No CASH / CHEQUE will be accepted.

Step 6: Collection of Fee Receipt/s

- ❖ After the completion of payment, candidates should collect the Misc. & Caution deposit fee receipt from the Accounts Department without fail.



Step 7: Final Verification

Submission of the below mentioned:

- ✓ Signed Application form
- ✓ Signed Declaration forms
- ✓ Admission copy of fee receipt
- ✓ Document submission Acknowledgement (Office copy)

II. Hostel Admission : 2022-23

Description	Amount
Hostel Accommodation Fee for 1 st Year	Rs.1,00,000/-
Hostel Mess Fee for 1 st Year	Rs.75,000/-
Hostel Refundable Caution Deposit	Rs.15,000/-

- Candidates who require hostel facility need to register at the time of admission and pay the complete Hostel Fees & Caution deposit a week before reporting to the Hostel.
- The Hostel Fees and Caution Deposit for the year 2022-23 (Phase-I M.B.B.S.) shall be paid through Net banking / Debit / CreditCard / Demand draft (DD) in favour of **DR. CDSIMER COLLEGE A UNIT OF DSU**.
- The Room Allocation will be done by the Hostel Office after the complete payment of Hostel Fees.
- The Hostel Accommodation and Mess Fees for the subsequent Year(s) will be notified and shall be communicated prior to the commencement of the subsequent Year
- Hostel caution deposit will be refunded after the completion of course on providing the Original Fee Receipt issued to the Students.
- The rooms have attached toilet and facilities with independent cot / bunker cot, tables, chairs, book racks, cupboards, etc. as per the sharing opted.
- **No electrical induction plates, air-conditioners and refrigerators are provided in the student rooms.**
- Hostel Rules will be notified in **Student Manual** issued to students at the time of admission
- **Students who are admitted in the Hostel should to strictly follow the Hostel rules.**



III. CAUTION

- All admissions are subject to fulfilment of all eligibility criteria by the candidate. If it is found at a later stage, during active verification, that the candidate has given false information/certificate or is found to have concealed some information his/her admission will be cancelled without any prior notice. It is the responsibility of the candidates to ensure that they fulfil all the eligibility criteria for the course/s applied.
- It is also brought to the notice of the candidates that the official website of the CDSIMER is www.cdsimer.edu.in. There are no other sites or accounts except this website. Please ensure that you are on the right website before you progress further.



AUTHORIZATION OF LOCAL GUARDIAN BY PARENT/GUARDIAN

Application Number	
Name of Student	
Name of Parent	
DETAILS OF LOCAL GUARDIAN	
a) Name	
b) Occupation	
c) Relationship with Student	
d) Address	
e) Mobile Number	
f) Email ID	

Tick the appropriate box as mentioned below:

- ☐ I hereby declare that the individual mentioned above will be the Local Guardian for my ward at Bengaluru. In case of subsequent change of local guardian or change in details of the existing local guardian I will intimate the college authorities about the same and update the Local Guardian details.
- ☐ I hereby declare that we do not have any local guardian at Bengaluru

(Signature of Student)

(Signature of Parent/Guardian)

Relation:

Date:



ANTI-RAGGING UNDERTAKING BY THE STUDENT

I _____ S/o. D/o. of Mr. / Mrs.
_____ have carefully read and fully
understood the law prohibiting ragging and the directions of the Supreme Court and the
Central/State Government in this regard.

I have downloaded and gone through NMC (formerly MCI) Regulations on Curbing the Menace of
Ragging in Higher Educational Institutions, 2009.

I hereby undertake that:

- ❖ I will not indulge in any behaviour or act that may come under the definition of ragging,
- ❖ I will not participate in or abet or propagate ragging in any form,
- ❖ I will not hurt anyone physically or psychologically or cause any other harm.

I hereby agree that if found guilty of any aspect of ragging, I may be punished as per the provisions
of the NMC (formerly MCI) Regulations mentioned above and/or as per the law in force.

Signed this _____ day of _____ Month of
_____ Year.

Signature

Name:

a) Witness

Address: _____

b) Witness



ANTI-RAGGING UNDERTAKING BY THE PARENT / GUARDIAN

I, _____ F/o M/o G/o

_____ have carefully read and fully understood the law prohibiting ragging and the directions of the Hon'ble Supreme Court and the Central/State Government in this regard as well as the NMC (formerly MCI) Regulations on Curbing the Menace of Ragging in Higher Educational Institutions, 2009.

- ❖ I assure you that my son/ daughter/ward will not indulge in any act of ragging.
- ❖ I hereby agree that if he/she is found guilty of any aspect of ragging, he/she may be punished as per the provisions of the NMC (formerly MCI) and/or as per the law in force.

Signed this _____ day of _____ month of _____ Year.

Signature

Name:

a) Witness

Address: _____

b) Witness



RISK CERTIFICATE / INDEMNITY BOND

I, _____ S/o, D/o Mr./ Mrs.

_____ resident of _____

_____ admitted for training as a Medical student at the CDSIMER hereby certify that, I fully, understand that I /my son/ daughter will do so with my full and free consent and at my own risk and that I / my son/ daughter or any of my legal heirs shall not be entitled to claim any compensation or other relief from the CDSIMER and/ or the DSU in respect of any injury/ infirmity/ death, which I / my son/ daughter may sustain in the course of or as a result of training/ sports/ other activities or where bodily infirmity or death results in the course of or as result of surgical procedures/ operation performed upon me/ him or anaesthesia administered to me/ him for treatment of any injury received as aforesaid or otherwise at the CDSIMER.

Place: CDSIMER

Date:

(Signature of Student)

(Signature of Parent/Guardian)

Relation:

a) Witness

b) Witness



COVID INDEMNITY AGREEMENT FROM STUDENTS / PARENTS / GUARDIANS

1. The novel coronavirus ("COVID-19") is a disease that includes several symptoms according to the Centres for Disease Control ("CDC"), such as fever or chills, cough, shortness of breath, nausea, and can lead to death. COVID-19 is contagious and means that contact with others, even those who are asymptomatic, or contact with surfaces that have been exposed to the virus, can lead to infection.
2. Aware of the foregoing, I am voluntarily agreeing to enter the property of Dr. Chandramma Dayananda Sagar Institute of Medical Education and Research and its associated hospital and other areas within the premises of the Institution
3. I am familiar with the CDC guidelines regarding COVID-19. I acknowledge and understand that the circumstances regarding COVID-19 are changing from day to day and that, accordingly, the CDC guidelines are regularly modified and updated. I accept full responsibility for familiarizing myself with the most recent updates and complying with the same at all times while on the Institution's property.
4. The Institution is dedicated to providing a safe community to its faculty, staff, students, parents and visitors. However, I understand that it is impossible for the Institution to prevent all risk of infection. I acknowledge that the Institution has done its best to implement recommended CDC, Department of Public Health, National, State and local guidelines and put in place preventive measures to reduce the spread of COVID-19; however, the Institution cannot guarantee that I will not become infected with COVID-19.
5. I understand that the Institution has put in place new policies and protocols in order to mitigate the spread of COVID-19. I have read and agree to abide by the Institution policies and protocols for COVID-19 at all times while on the Institution property.
6. By signing this agreement, I acknowledge the contagious nature of COVID-19, the fact that it can be difficult to identify in another, and the inherent risk of exposure in service to the Institution to those who may be infected with COVID-19. I voluntarily assume full responsibility for the risk that I may be exposed to or infected by COVID-19 by my presence on the property or in service of the Institution and that such exposure or infection may result in personal injury, illness, permanent disability, and/or death.
7. I understand and acknowledge that given the unknown nature of COVID-19, it is not possible to fully list each and every individual risk of contracting COVID-19. I understand that the risk of becoming exposed to or infected by COVID-19 at the Institution may result from the actions, omission, or negligence of myself and others, including but not limited to, Institution management, employees, agents, contractors, volunteers, and students. I acknowledge that the Institution is an open campus, which limits the Institution's ability to control students and visitors on campus. I recognize that the Institution cannot limit all potential sources of COVID-19 infection. I acknowledge that I have asked for and/or been given any information that I may need to determine the risks associated with returning to the premises of the College and to make an informed decision of those risks.
8. I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of the patients or others. For myself and on behalf of my heirs, assignees, personal



representatives and next of kin, I hereby release and hold harmless the Institution and its past, present, and future officers, directors, trustees, employees, attorneys, and agents, with respect to any and all illness, disability, death or damage to person or property associated with exposure to COVID- 19, whether arising from the negligence of patients or otherwise, to the fullest extent permitted by law.

9. I have read and fully understand the foregoing Agreement and I am aware that by signing this Agreement I may be waiving certain legal rights, including the right to sue. This Agreement shall be binding upon me and my heirs, legal representatives, and assignees, and shall inure to the benefit of the Institution and its successors and assignees.
10. I, Student and Parent / Guardian of the student whose name is mentioned below intend to be legally bound by the terms of this Agreement

(Signature of Student)

Date:

(Signature of Parent/Guardian)

Relation:



DISCONTINUATION OF UG MEDICAL (MBBS) COURSES FOR ALL CATEGORY CANDIDATES FORMAT FOR SUBMISSION OF BOND

TO BE SUBMITTED ON RS.200 STAMP PAPER AND NOTARIZED
(Only after final confirmation of allotment of seat)

*In Consideration of the Dr. Chandramma Dayananda Sagar Institute of Medical Education and Research (CDSIMER), Devarakaggalahalli, Ramanagar Dist. Karnataka a unit of Dayananda Sagar University, Bangalore having agreed to provide admission in UG Medical MBBS course through common counselling conducted & seat allotted by the Karnataka Examination Authority (KEA) under **Government / Private / NRI / other category** to Mr/ Miss.....S/o,.....D/o..... Resident of..... on the basis of NEET UG 2022 All India Rank Noand my KEA allotment order No..... dated.....*

This agreement bond signed on.....the day of between Mr / Miss..... S/o, D/o..... (his/her heirs, administrators, executors and legal representatives) on the one part and the Dr. Chandramma Dayananda Sagar Institute of Medical Education and Research (CDSIMER), Devarakaggalahalli, Ramanagar Dist. Karnataka on the other part do hereby solemnly affirm and declare as under:

- 1) That I have been provisionally selected for admission to Under graduation Medical MBBS course under common counselling conducted & seat allotted by the Karnataka Examination Authority (KEA) (as the case may be) for the Academic Year 2022-23 at the Dr. Chandramma Dayananda Sagar Institute of Medical Education and Research (CDSIMER), Devarakaggalahalli, Ramanagar Dist. and I will be joining as such on.....*
- 2) That I have not joined / doing any UG course at any other Medical Institute / college in India / Abroad.*
- 3) That after getting admission in Dr. Chandramma Dayananda Sagar Institute of Medical Education and Research (CDSIMER), Devarakaggalahalli, Ramanagar Dist., if I discontinue / leave the training course, then I will be bound to deposit the required balance fee of the entire course to the Dr. Chandramma Dayananda Sagar Institute of Medical Education and Research (CDSIMER), Devarakaggalahalli, Ramanagar Dist. The institution will have the right to recover such money from the defaulter/ defaulters/Sureties in accordance with the law of the land.*
- 4) That i as the student will be entitled for tapping outside sources providing scholarship, with prior permission of the college and will be entirely responsible for commitment made to the scholarship authorities and college shall not be responsible.*
- 5) That all the original documents submitted to the Institute at the time of admission and mark sheet, passing certificate and other related documents of the course in which i was admitted (issued by Board / University) will be in custody of Dr. Chandramma Dayananda Sagar Institute of Medical Education and Research (CDSIMER), Devarakaggalahalli, Ramanagar Dist. till the completion of the bond period.*

Place:

Dated:

Signature & name of the
Parents / Guardian

Recent Passport
size color
Photograph of
the student

Signature & Name of the candidate
& Address