



## PG Admission Process 2024-25

### Step 1: Registration

- ❖ Registration at CDSIMER within the duration as specified by Karnataka Examination Authority (KEA).
- ❖ **Candidate's Mobile Number & Email ID is mandatory for registration.**

### Step 2: Verification and Collection of Documents

- ❖ Original documents to be submitted at KEA / Institution will be strictly in accordance with the Rules & Regulations set by Karnataka Examination Authority (KEA).
- ❖ **Before reporting to the college candidates are advised to arrange the documents in the below mentioned order without fail.**
- ❖ **Two sets of photocopies of the following documents self-attested have to be submitted at the time of physical reporting to the College.**

Sl No.	Documents
1	3 <b>passport size</b> and 2 <b>stamp size color</b> photos (Not older than 2 months)
2	KEA Allotment Order ( <b>Signature of the Candidate is mandatory</b> )
3	Fee paid receipt at KEA ( <b>Only provide the college copy of the fee receipt</b> )
4	KEA document verification Slip
5	Kea Original Documents Submission Acknowledgement
6	Copy NEET Entrance Exam Admit Card
7	Copy of NEET - 2024 Rank / Score card
8	Copy of 10th Std. / SSLC Marks Card ( <b>Proof of Date of Birth</b> )
9	Copy of 12th Std. / 2nd PUC Marks card
10	Copy of Transfer Certificate
11	Copy of First to Final year MBBS marks card
12	Copy of MBBS Internship Completion Certificate
13	Copy of MBBS University Permanent Degree Certificate (Provisional if permanent is not received)
14	Copy of MBBS State Council Registration Certificate
15	Copy of NMC Recognition letter issued by College
16	Copy of Eligibility certificate
17	Copy of AADHAAR card ( <b>Candidate</b> )
18	Copy of the <b>Father's PAN card</b>
19	Copy of the <b>Student's PAN card</b>
20	Caste Certificate ( <b>if applicable</b> )
21	Copy of Income Certificate ( <b>if applicable</b> )
22	Copy of Migration Certificate from the University
23	Copy of <b>Rural service bond</b> (Annexure -1) as submitted in KEA

24	Copy of <b>Undertaking</b> (Annexure -2) as submitted in KEA
25	Copy of <b>Affidavit</b> (Annexure -7) as submitted in KEA
26	Discontinuation bond in original to be submitted at the Institution ( <b>Sample provided at Page 9</b> )
27	Copy of Temporary Registration Certificate to be obtained and submitted for the duration of the PG course from MCI-Foreign Nationals

**Note:** An Acknowledgement copy of the documents submitted will be issued to the candidate.

### Step 3: Filling of Application Form at 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 filled in the application form is correct.
- Candidate should provide recent passport size colour photograph (not older than 2 months). Preferably taken with a white background.

### Step 4: Signature on the Application & Declaration Forms

- Students and Parent / Guardian shall Sign the Application Form along with declaration & Undertaking forms.
- (The Sample of all declaration forms are available from Page No. 5 to 8 which is only for reference)

### Step 5: Payment of Fees

#### Payment of Miscellaneous Fee and College Caution Deposit

- ✚ Tuition fees of the respective category (Government, Private and Others) will be paid along with the miscellaneous fees for every year.
- ✚ Apart of the miscellaneous fee, one time refundable College caution deposit of Rs.15000/- needs to be paid at the time of admission only for the first year.

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

PROGRAM	CATEGORY	FEE TYPE	1 <sup>st</sup> Year	2 <sup>nd</sup> Year	3 <sup>rd</sup> Year	Total Fee
PATHOLOGY	GOVT.	Tuition Fee	207777	192027	192027	591831
		Misc. Fee	77000	92000	92000	261000
		Total Fee	284777	284027	284027	852831
	PRIVATE	Tuition Fee	425750	410000	410000	1245750
		Misc. Fee	77000	92000	92000	261000
		Total Fee	502750	502000	502000	1506750
COMMUNITY MEDICINE	GOVT./ INSERVICE	Tuition Fee	207777	192027	192027	591831
		Misc. Fee	77000	92000	92000	261000
		Total Fee	284777	284027	284027	852831
	PRIVATE	Tuition Fee	340750	325000	325000	990750
		Misc. Fee	77000	92000	92000	261000
		Total Fee	417750	417000	417000	1251750

- + Payment of Misc. Fees and College caution deposit for the 1<sup>st</sup> year is compulsory at the time of admission to the college as per the reporting date specified by KEA.
- + Miscellaneous fees & refundable college 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 Card /UPI.  
Note: **Please check the card transaction limit before paying.**
- + **No CASH / CHEQUE will be accepted.**
- + **The students who have paid less than the above mentioned tuition fee for the first year at KEA, will have to pay the complete tuition fee at the Institution after receiving the scholarship amount. However from second year onwards the complete tuition and Misc. fees have to be paid as per the time schedule notified by the Accounts Department.**
- + As per the University norms the payment of the tuition and miscellaneous fees for the next academic year has to be paid before the commencement of the current year University Examination upon getting a notification from the Accounts Department.

### 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 documents:

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

## **CAUTION**

- All admissions are subject to fulfilment of the 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](http://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

**THIS IS A SAMPLE FORMAT AND IS ONLY FOR REFERENCE**

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

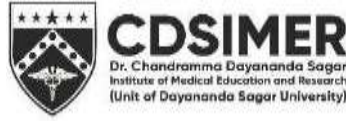
**Tick the appropriate box as mentioned below:**

- 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

**THIS IS A SAMPLE FORMAT AND IS ONLY FOR REFERENCE**

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

Address: \_\_\_\_\_

Name:

a) Witness

b) Witness



## ANTI-RAGGING UNDERTAKING BY PARENT / GUARDIAN

**THIS IS A SAMPLE FORMAT AND IS ONLY FOR REFERENCE**

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.

Signature

Address: \_\_\_\_\_

Name:

a) Witness

b) Witness



## RISK CERTIFICATE / INDEMNITY BOND

**THIS IS A SAMPLE FORMAT AND IS ONLY FOR REFERENCE**

I \_\_\_\_\_ S/o, D/o, W/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



## DISCONTINUATION OF PG MD COURSES FOR ALL CATEGORY CANDIDATES FORMAT FOR SUBMISSION OF BOND

**TO BE SUBMITTED ON RS.100 STAMP PAPER AND NOTARIZED**  
**(Only after final confirmation of allotment of seat)**

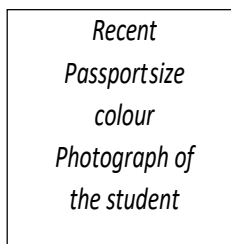
*In Consideration of the Dr. Chandramma Dayananda Sagar Institute of Medical Education and Research (CDSIMER), Devarakaggalahalli, Ramanagar Dist. Karnataka a unit of Dayananda Sagar University, Bangalore having agreed to provide admission in Post-Graduation MD course through common counselling conducted & seat allotted by the Karnataka Examination Authority (KEA) under Government / Private / NRI / other category to Mr/ Miss .....  
.....S/o,.....  
D/o.....W/o.....Resident  
of..... on the basis of NEET PG 2024 All India Rank  
No.....and my KEA allotment order No..... dated.....*

*This agreement bond signed on.....the day of between Mr / Miss.....  
..... S/o, D/o, W/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 Post graduation MD course under common counselling conducted & seat allotted by the Karnataka Examination Authority (KEA) (as the case may be) for the Academic Year 2024-25 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 Post-Graduation 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 / GuardianSignature & Name of the  
candidate & Address