



Dr. Chandramma Dayananda Sagar Institution Of Medical Education and Research

I. Admission Process

Step	Admission process
1	<ul style="list-style-type: none"> • Registration at the Institution • Students to fill relevant declarations & Hostel application form
2	Registered Students will receive Login Credentials to fill the online application to the mobile number and the email ID registered
3	<p>The following information pages to be filled in the application form:</p> <ul style="list-style-type: none"> • Admission Details • Academic Information • Personal Information • Parent/Guardian Details <p>No uploading of documents is required at this stage.</p> <p>Note:</p> <ul style="list-style-type: none"> ❖ Students should ensure that all the information entered in the online application form is correct ❖ Upload recent (not older than 2 months) Passport size colour Photograph. Students must carry a scanned copy of the photograph without fail. ❖ The fields marked in yellow colour are mandatory
4	<ul style="list-style-type: none"> ❖ Miscellaneous Fee Amount for 1st Year to be paid at the Institution at the time of Reporting is Rs.73,500/- ❖ Payment of Miscellaneous fees can be paid only through Online (i.e. SBI collect) or offline Mode (DD or Debit/Credit Card). ❖ DD must be in favour of "DR.CDSIMER COLLEGE A UNIT OF DSU" ❖ No CASH / CHEQUE will be accepted.
5	<ul style="list-style-type: none"> • Miscellaneous Fees paid E-Receipt / Challan to be submitted to accounts • College fee paid receipt will be issued
6	Printout of the application form, declaration forms and all the required documents to be submitted at the respective counter
7	Student's admission will be confirmed
8	Final verification Process

II. UG Seat Matrix

- All admissions for M.B.B.S. Programme at CDSIMER will be done through National Eligibility cum Entrance Test (NEET-UG) on merit basis in the form of a rank obtained in NEET by Karnataka Examination Authority (KEA).
- 100% seats i.e. 150 (One Hundred Fifty) of M.B.B.S. Programme at CDSMER will be filled by counselling conducted by Karnataka Examination Authority (KEA).

Sl No	Course	MCI Approved Intake	Seat Category			
			Government	Private	NRI	
1	MBBS	150	60	67		23
				33 (General Merit-Private (Karnataka))	34 (Open Quota -Non Karnataka candidates eligible only for Open quota)	

- Candidates seeking admission for M.B.B.S. Programme at CDSIMER have to register at Karnataka Examination Authority (KEA).
- Subsequent to the registration and payment, candidate will participate in option entry & Locking and Seat Allotment.
- Results of Counselling will be updated in KEA (www.kea.kar.nic.in) website.
- Counselling Round(s) for Government / Private / NRI Category including MOP-UP Round(s) shall be conducted as per the norms laid down by KEA and the rules/ guidelines shall be available on the KEA (www.kea.kar.nic.in) website.
- Institutional Stray Vacancy Round(s) for Government / Private / NRI Category shall be conducted as per norms laid down KEA and the rules/ guidelines shall be available on the KEA (www.kea.kar.nic.in) website.
- For those seat(s) filled from Private under the Institutional Stray Vacancy Round(s), the fees shall be as prescribed for that Category.
- For those seat(s) filled from NRI Category under the Institutional Stray Vacancy Round(s), seat(s) shall be filled from General Category and the fees shall be as prescribed for the NRI Category.
- Candidate who fails to report/ pay prescribed fees/ submit mandatory document(s) within the stipulated time as per KEA shall not be considered for admission under any circumstances.
- The refund of fees policy shall be in accordance with the guidelines/ rules/ regulations of the Karnataka Examination Authority (KEA).
- In case of discrepancy in name including spelling, candidate shall carry original affidavit/ undertaking issued by appropriate authority.
- Submission of original documents to the KEA / Institutions will be strictly in accordance with Rules/ Regulations of Karnataka Examination Authority (KEA).
- Students who have obtained with an overseas qualification must obtain an Equivalence/ Eligibility Certificate from Association of Indian University (AIU).
- Apart from the general documents, the NRI candidates will have to submit specific documents for admission to NRI category seats.

Dated: Notified on 21/11/2020 (Revised on 23/11/2020)

- Cancellation/ Surrendering of Seat will be strictly in accordance with Rules/ Regulations of Karnataka Examination Authority (KEA).
- During the admission process, Candidates are advised to adhere to time of schedule as notified by Karnataka Examination Authority (KEA).
- All candidates are advised to visit: www.kea.kar.nic.in / www.cdsimer.edu.in for regular updates.

III. Hostel Fee structure : 2020 - 2021

- **Candidates admitted to CDSIMER will compulsorily have to stay in hostel within the college campus.**

Sl No	Category	Hostel Fee
1	Male	1,75,000/- (All Categories)
2	Female	1,75,000/- (All Categories)

- The Hostel and Mess Fees for the subsequent Year(s) will be notified.
- The Hostel and Mess Fees of Government / Private / NRI Category for the Academic Year 2020-21 (M.B.B.S. Phase-I) shall be paid through Online/Offline Mode. The process for payment of Hostel/ Mess Fees of subsequent Year(s)/ Semester(s)/ Repeater(s) shall be communicated prior to the commencement of the subsequent Semester/ Year.
- The students will be provided with rooms accommodating 3 students in each room. The rooms have attached toilet and facilities with independent beds, table chairs, book racks, cupboards, etc.
- No electrical induction plates, air-conditioners and refrigerators are provided in the students' rooms. However, Common Rooms at alternate floors are provided with one each of the fridge, oven, induction plate, electric kettle, TV, electric Iron, Ironing table, RO and water cooler. The Hostel Rules are available on www.cdsimer.edu.in

IV. Document Checklist

- **Submission of original documents to the KEA / Institutions will be strictly in accordance with Rules/ Regulations of Karnataka Examination Authority (KEA).**
- **The following documents in original/ attested photocopies by the gazetted officer (one set)** have to be submitted at the time of physical reporting to the College as per Schedule announced by KEA. Along with the below mentioned documents the students should submit certain declaration forms that would be provide at the institution at the time of reporting and Affidavit. The sample of all these are attached in this document for reference

Note: Candidates are required to arrange the documents in below mentioned order

1	KEA ALLOTMENT ORDER
2	FEE PAID RECEIPT AT KEA
3	NEET - 2020 RANK / SCORE CARD
4	CERTIFICATE FOR THE PROOF OF DATE OF BIRTH (10TH MARKS CARD / BIRTH CERTIFICATE)

5	12TH / II PUC MARKS CARD
6	MIGRATION CERTIFICATE (FOR CANDIDATES OTHER THAN KARNATAKA)
7	CASTE CERTIFICATE (IF APPLICABLE)
8	INCOME CERTIFICATE (IF APPLICABLE)
9	TRANSFER CERTIFICATE
10	CONDUCT CERTIFICATE
11	STUDY CERTIFICATE
12	COPY OF PHOTO ID PROOF AADHAR CARD (STUDENT / PARENT)
13	COPY OF THE PARENT PAN CARD
14	5 PASSPORT SIZE AND 5 STAMP SIZE PHOTOS
15	AFFIDAVITS

- In addition to the above documents, for candidates who have been allotted a seat under NRI/ NRI Sponsored Category, the following documents in original/ **attested photocopies by the gazetted officer (one set)** must be submitted at the time of reporting and admission to the college.

1	AFFIDAVIT OF THE PERSON WHO IS NRI AND THE SPONSORER
2	EMBASSY - NRI STATUS CERTIFICATE OF THE SPONSORER
3	IN CASE OF SPONSORSHIP, SPONSORSHIP AFFIDAVIT FROM THE SPONSORER SHOULD BE COMPULSORILY LEGALIZED/NOTARIZED AND CLEARLY STATING THE DECLARATION FOR SPONSORING THE ENTIRE FEES FOR THE WHOLE UNDER GRADUATE COURSE
4	DOCUMENTS CLAIMING THAT THE SPONSORER IS AN NRI (PASSPORT, VISA OF THE SPONSORER)
5	CITIZENSHIP OF THE SPONSOR / CANDIDATE IF HOLDING OCI/PIO DOCUMENT
6	INCOME TAX DOCUMENTS REQUIRED AS PER THE INCOME TAX ACT 1961 OF THE SPONSORER
7	CANDIDATES STUDY CERTIFICATE FOR HAVING STUDIED OUTSIDE INDIA WHERE APPLICABLE FOR THE QUALIFYING EXAMINATION
8	IF ANY OTHER DOCUMENTS PRESCRIBED BY KEA

VI. CAUTION

- Applicants are warned against possible cheating by unscrupulous agencies that may put out misleading advertisements in newspapers or approach by other means, promising and assuring seats for various courses for monetary considerations or by extracting large sum of money from candidates / parents. CDSIMER wishes to authoritatively disprove all such misleading false claims and advertisements. We have no agents or middlemen for admissions.
- All admissions are subject to fulfilment of all the eligibility conditions by the candidate. If it is found at a later stage, during active verification, that the candidate has given false

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information/certificate or is found to have concealed some information his/her admission will be cancelled without any notice. It is the responsibility of the candidates to ensure that they fulfil all the eligibility requirements for the course/s applied.

- It is also brought to the notice of the students 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

Kindly Note

- All Central Govt., State Government and local Administrative Authorities guidelines w.r.t COVID protocol will be followed strictly.
- The Inter-state travellers / candidates / parents accompanied by candidates coming into Karnataka are directed to download the “Aarogya Setu App” which must be shown to state and local Administrative Authorities & CDSIMER authorities compulsorily during traveling and during reporting process
- **All the candidates and parents should compulsorily wear masks.**
- All documents and details pertaining to traveling must be maintained during traveling and reporting.



AUTHORIZATION OF LOCAL GUARDIAN

Application Number	
Name of Student (in block capitals)	
Name of Parent	
a) Details of Local Guardian	
b) Name (in block capitals)	
c) Occupation	
d) Relationship with Student	
e) Address	
f) Telephone No Residence	
g) Telephone No Office	
h) Mobile Number	
i) Email ID	
j) Specimen signatures of Local Guardian	

I hereby declare that the individual mentioned above will be my Local Guardian at Bengaluru. In case of subsequent change of local guardian or change in details of existing local guardian I will intimate the college authorities about the same and update the Local Guardian details.

(Signature of Student)

(Signature of Parent/Guardian)



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 received a copy of the 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

(To be signed by Parent if candidate is a minor / to be signed by candidate if he / she is a major)

I, _____ Parent/Guardian or
 son/daughter of _____ resident of _____
 _____ who / am / is
 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)

Signature, Name & Address of Witness-1

Signature, Name & Address of Witness-2



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. Currently, no vaccine has been developed for COVID-19. 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.

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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. My signature below indicates that I am at least eighteen (18) years of age and intend to be legally bound by the terms of this Agreement

OR

I, Parent / Guardian of the student whose name is mentioned below intend to be legally bound by the terms of this Agreement

Name: _____

Signature of the Student: _____

Date: _____ Phone: _____ Place: _____

Name of Parent/Legal Guardian (if student is a minor): _____

Parent / Legal Guardian / Visitor signature: _____

Date: _____ Phone: _____ Place: _____

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 & 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 2020 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..... (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 counseling conducted & allotted by the Karnataka Examination Authority (KEA) (as the case may be) for the Academic Year 2020-2021 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 colour
Photograph of
the student

Signature & Name of the candidate
& Address

GENERAL AFFIDAVIT

(To be submitted on Rs. 20/- Bond paper (To be deposited after allotment of seats along with other originals))

I.....son/daughter of.....

residing at have appeared for UG NEET 2020 conducted by CBSE, New Delhi with Roll Number.....and Register Number and have secured Score in the said test.

I hereby solemnly declare that during 2020, 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

Deponent

Signature of the Candidate

Sworn Before Me

**EXECUTION OF BOND BY CANDIDATE WHO SELECTS MBBS SEAT IN MEDICAL COLLEGES
OF KARNATAKA (To be deposited after allotment of seats along with other originals)
(On Rs.100/- e-Stamp Paper)**

I, Mr / KumS/o./ D/o..... a candidate with UGNEET
2020 Admission Ticket No.....residing at.....
.....have on my own volition allotted a
MBBS seat on invide admission order
numberdatedand 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 Institution Rules, 2006, vide Government
Notification -1 No. HFW 79 RGU 2011 dated 17 07-2017 and Amendment act 2017 dated 6-07-
2017.

I am prepared on completion of the course 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 regulation of Government of Karnataka.

What is stated above is true and correct and I and my parent / Guardian hereby undertake to
act accordingly.

Signature of the Candidate.

Signature of the Parent

Date:

(Father/Mother)

Place.....

Witness:

1.

2.