



## Dr. Chandramma Dayananda Sagar Institution Of Medical Education and Research

### I. Admission Process

#### Step 1:

- Registration at the Institution

#### Step 2:

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

- ❖ Submission of original documents to the KEA / Institutions will be strictly in accordance with Rules/ Regulations of Karnataka Examination Authority (KEA).
- ❖ **One set 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.
- ❖ Along with the below mentioned documents the candidate's should submit **declaration forms that would be provided by the institution**. The sample of the declaration forms are enclosed in the document for your reference.

1	KEA ALLOTMENT ORDER (Signature of the Candidate is mandatory)
2	FEE PAID RECEIPT AT KEA (Only provide the college copy of the fee receipt)
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 <sup>th</sup> Standard)
12	COPY OF PHOTO ID PROOF AADHAR CARD (Candidate / PARENT)
13	COPY OF THE PARENT PAN CARD
14	KEA VERIFICATION ACKNOWLEDGEMENT OF DOCUMENT SUBMISSION
15	COPY OF GENERAL AFFIDAVIT (Annexure -1) AND RURAL SERVICE BOND (Annexure -9)
16	5 PASSPORT SIZE AND 5 STAMP SIZE PHOTOS
17	<b>DISCONTINUATION BOND IN ORIGINAL TO BE SUBMITTED AT THE INSTITUTION (Provided in Page 10 )</b>

### Step 3:

The following information pages to be filled in the application form:

1. Admission Details
2. Academic Information
3. Personal Information
4. Parent/Guardian Details

#### Note:

- Candidates 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.
- Candidates should compulsorily carry a scanned copy of the passport size photograph without fail.

### Step 4:

#### Payment of Miscellaneous / Hostel / Caution Deposit Fee

Miscellaneous Fee Amount for 1 <sup>st</sup> Year is <b>Rs.73,500/-</b>
Hostel Fee Amount for 1 <sup>st</sup> Year is <b>Rs.1,75,000/-</b>
Refundable Caution Deposit is <b>Rs.30,000 /-</b>

- ✚ Miscellaneous fees / Hostel / Caution deposit shall 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.**
- ✚ *Payment of Misc. Fees is compulsory at the time of admission.*

### Step 5:

- ❖ Issue of Misc. fee, Hostel fee & Caution deposit receipt.

### Step 6:

- ❖ Submission of all the documents in the respective counter.

### Step 7:

- ❖ Final verification Process

## **II. Caution Deposit**

- ❖ Caution deposit of Rs.30, 000/- (Rs.15, 000/- for College and Rs.15, 000/- for Hostel) needs to be paid.
- ❖ The college caution deposit will be refunded after the course completion and the Hostel caution deposit will be refunded after vacating the hostel on provision of the Original Receipt.

### 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 cot, tables, 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 will be issued separately.

### IV. CAUTION.

- 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 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 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

### 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**

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

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.



- 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 counselling 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