

# **SHRI GURU RAM RAI INSTITUTE OF MEDICAL & HEALTH SCIENCES**

## **Important Notice for P.G. aspirants taking admission in our college**

Important notice to PG aspirants applying for PG seats in SHRI GURU RAM RAI INSTITUTE OF MEDICAL & HEALTH SCIENCES through online counseling conducted by HNB Uttarakhand Medical Education University are directed to follow the admission procedure as below:

1. Public, in general, is informed that Shri Guru Ram Rai University or its constituent medical college, Shri Guru Ram Rai Institute of Medical & Health Sciences, Dehradun have never authorized/solicited any person(s) or any agent(s) for admissions in any of the programme offered by its constituent medical college referred herein above. Therefore, public is cautioned to be aware of unscrupulous person(s)/agent(s)/advertisements. None of the Authorities of Shri Guru Ram Rai University and its constituent medical college, Shri Guru Ram Rai Institute of Medical & Health Sciences shall be responsible if students/ wards are cheated on this account.
2. Candidate has to report in person at the college for confirmation of admission. In case of non-reporting by the candidate his or her allotment will be cancelled and seat will be deemed vacant for next round of counseling.
3. Candidates are advised to strictly follow the time line displayed by HNB Uttarakhand Medical Education University in their website ([www.hnbumu.ac.in](http://www.hnbumu.ac.in)) and make necessary arrangement for travel. No extension of time will be given to the candidate.
4. List of Documents to be brought to Shri Guru Ram Rai Institute of Medical & Health Sciences while reporting for PG Medical Admission 2024 (Original along with 02 sets of self attested photocopies)

a. List of Documents to be submitted for PG Medical Admission 2024 are:

<b>S. No.</b>	<b>Documents</b>
1.	Original Allotment letter from appropriate authority
2.	Admit Card of NEET (PG) -2024
3.	Score Card/ Result of NEET (PG)- 2024
4.	High school/Higher secondary certificate for Date of Birth
5.	Mark sheet of the MBBS examination (All Professional)
6.	Internship completion certificate
7.	Recent character certificate
8.	MBBS Degree Certificate
9.	Valid Permanent Registration Certificate from Uttarakhand Medical Council
10.	Valid Permanent Registration Certificate from MCI/Sate Medical Council
11.	Migration Certificate
12.	Domicile/Permanent Resident of Uttarakhand Certificate (If Applicable)
13.	Caste Certificate (If Applicable)
14.	Ten recent colored passport size photographs
15.	Undertaking against ragging from the CANDIDATE (attached)
16.	Undertaking against ragging from the PARENTS (attached)
17.	Affidavit from the CANDIDATE (attached)
18.	Aadhar Card

19.	PAN Card
20.	Hepatitis B Vaccination certificate
21.	One year compulsory service bond to serve as Senior Resident (attached)

**a. List of Postgraduate courses and seats available at Shri Guru Ram Rai Institute of Medical & Health Sciences.**

<b>S.No.</b>	<b>Subjects</b>	<b>Total No of Seats Approved by MCI</b>
1	Anatomy	6
2	Physiology	6
3	Pharmacology	6
4	Microbiology	6
5	Biochemistry	2
6	Community Medicine	6
7	Pathology	9
8	Anesthesia	24
9	Otorhinolaryngology (ENT)	5
10	Psychiatry	5
11	Respiratory	5
12	General Surgery	20
13	Ophthalmology	5
14	DVL	5
15	General Medicine	20
16	Pediatrics	4
17	Radiodiagnosis	16
18	Orthopedics	6
19	Obstetrics & Gynaecology	6
<b>Grand Total</b>		<b>162</b>

**b. Service Bond:** All the successful candidates opting for the admission to the Post Graduate Medical Programmes at the Shri Guru Ram Rai Institute of Medical & Health Sciences shall be required to serve the Shri Guru Ram Rai Institute of Medical & Health Sciences as Senior Residents for a period of one year after passing their MD/MS Programmes and during such period they shall be entitled to such emoluments as may be provided under the University/Institute Rules. In confirmation and pledge to the same, the candidates are required to furnish a service bond of Rs. 10 lacs in favour of the Shri Guru Ram Rai Institute of Medical & Health Sciences and along with a Postdated Bank cheque as a security against the same which shall be only qualified to be en-cashed in event the subject Bond conditions are breached by the candidate.

**c. Fee Structure:**

S.No.	Programme	Tuition Fee per annum
1	MD-Anatomy MD-Physiology MD -Bio Chemistry MD-Com.Med MD- Pharmacology MD-Microbiology	No Tuition Fee
2.	MD-Pathology	Rs. 12,50,000/-
3.	MD-Anaesthesia	Rs. 17,00,000/-
4.	MS-Otorhinolaryngology (ENT)	Rs. 22,50,000/-
5.	MD-Respiratory Medicine MS- General Surgery	Rs. 25,75,000/-
6.	MD-Psychiatry MS-Ophthalmology	Rs. 26,75,000/-
7.	MD-General Medicine MD-Paediatrics	Rs. 28,00,000/-
8.	MD-Dermatology	Rs. 28,50,000/-
9.	MS-Orthopedics	Rs. 31,00,000/-
10.	MS-OBS GYNAE	Rs. 31,50,000/-
11.	MD-Radio-diagnosis	Rs. 32,00,000/-

**Other Fee (Charges other than tuition fee):**

S.No.	Particulars	Amount in Rs.
1	Admission Fee (One Time)	1,00,000/-
2	Security Refundable (One Time)	2,00,000/-
3	Hostel Fee (per annum)	2,77,200/-
4	Mess Fee (per annum)	2,77,200/-
5	Medical Examination (One Time)	1,500/-
6	Examination Fee (per annum)	20,000/-
7	University Enrolment (One Time)	1,000/-
8	Convocation Charges (One Time)	1,000/-
9	Alumuni Fee (One Time)	1,000/-
10	ACLS/ATLS Training Fees	5,000/-
11	BLS Training Fees	
12	Vaccination	1,500/-
13	Library, Lab and Misc	20,000/-
<b>Grand Total</b>		<b>9,05,400/-</b>

**Note:**

1. For Admission in PG (MD/MS) courses, 30% seats shall be reserved for the permanent residents of the State of Uttarakhand.
2. If the reserved seats are vacant, then the said vacant seats may be filled by other students.
3. For tuition fee fixed for PG (MD/MS) courses, 26% rebate (Discount given to the permanent resident of Uttarakhand) as mentioned above in serial No. 1.

**4. One year compulsory service bond of Rs. 10 lacs for Senior Residency after passing.**

Candidates are requested to deposit their applicable fee as mentioned above at in favour of Shri Guru Ram Rai Institute of Medical & Health Sciences, Dehradun through NEFT/RTGS in below mention account details and bring the **payment reference/UTR number** of payment deposited through NEFT/RTGS.

Name of Account	Shri Mahant IndiresH Hospital – SGRRIMHS
Bank Name	PNB
Branch Name	Patel Nagar, Dehradun
IFSC Code	PUNB0151600
Bank Account No.	1516000110182819

**OR**

Name of Account	SGRR INST OF MEDICAL AND HEALTH SCIENCES
Bank Name	HDFC BANK
Branch Name	32 Arhat Bazar, Dehradun
IFSC Code	HDFC0000893
Type of Bank Account	Saving
Bank Account No.	50100492036196

## AFFIDAVIT BY PARENTS

I \_\_\_\_\_ (father name) Son of \_\_\_\_\_ Resident of \_\_\_\_\_  
\_\_\_\_\_ (full Address) having been duly sworn upon my oath, on  
having affirmed that I will tell the truth, do hereby state, and depose as follows:

1. I \_\_\_\_\_ (father name) am the parent of \_\_\_\_\_ (student name).
2. I am legally authorized to make educational decisions for \_\_\_\_\_ (student name).
3. On the basis of the seat allotted NEET 2024 results, my son/daughter has taken provisional admission in Shri Guru Ram Rai Institute of Medical and Health Sciences, Patel Nagar, Dehradun.
4. I state that son/daughter of the Deponent has carefully read and fully understood the provisions mentioned in the Regulations-2009 regarding ragging in Shri Guru Ram Rai Institute of Medical and Health Sciences, Patel Nagar, Dehradun.
5. Deponent will not withdraw his/her candidature after the last date of admission, failing which deponent agree that he/she will pay to University Tuition fees for the entire duration of the course.
6. That the Deponent knows what ragging means and has read, understood, and signed the Anti-Ragging undertaking form.
7. That the Deponent has read and understood the Rules, Regulations & Code of Conduct for the UG & PG Students (PG JRs), JRs & SRs. I state that I have been made aware that the copy of the same is readily available on the College website for ready perusal.
8. That the Deponent has read and understood the Vehicle Policy of the Institute. I state that I have been made aware that the copy of the same is readily available on the College website for ready perusal.
9. That the Deponent has read and understood the Hostel policy of the College, and the same can be accessed anytime in the Principal Office. I state that the son/ daughter of the Deponent will sign a formal undertaking as per rules, at the time of Hostel allotment.
10. That the son/daughter of the Deponent \_\_\_\_\_ (student name) have passed the NEET examination of 2024, bearing NEET roll number is \_\_\_\_\_ (Neet roll no) and the counseling board has allotted seats for admission in Post Graduate course at Shri Guru Ram Rai Institute of Medical and Health Sciences, Patel Nagar, Dehradun.
11. That the Deponent states that after admission in Shri Guru Ram Rai Institute of Medical and Health Sciences, Patel Nagar, Dehradun if it is found that my son/ daughter has taken provisional admission on the basis of fake permanent residence, caste certificate or other certificate / information, then he will be liable to be dismissed from the admission so taken. I state that Uttarakhand Government / College Administration will be free to take any action against my son / daughter and in such a situation, I or my son / daughter will not submit any claim for the refund of all the fees deposited at the time of admission.
12. That the unsatisfactory conduct and unsatisfactory academic progress, after taking admission in the college by the son/daughter of the deponent, or knowingly taking admission on the basis of forged records and otherwise being expelled from the college, then in such a situation, the entire responsibility will be of the deponent and the son/daughter The action taken by the college administration on the son / daughter of the Deponent will be valid.
13. My permanent address for correspondence is \_\_\_\_\_  
\_\_\_\_\_ (Permanent Address)
14. My registered Mobile number for contact is: \_\_\_\_\_ (Mobile No.)

15. My personnel email ID is \_\_\_\_\_ (email address) which I regularly access.

16. My Aadhar card number is \_\_\_\_\_ (Aadhar Card No.)

Deponent

Verification

Deponent \_\_\_\_\_ (father name) above certify that aforementioned statements have been written to the best of my personal knowledge, true and complete with full confidence and nothing has been concealed. God help me

Verified Location Dehradun Uttarakhand Date \_\_\_/\_\_\_/2024

Deponent

Signature of Witness 1:

(Name of Witness 1):

Address:

Signature of Witness 2:

(Name of Witness 2):

Address:

AFFIDAVIT BY STUDENT

I \_\_\_\_\_ **(student name)** Son of Mr. \_\_\_\_\_ **(father name)** Resident \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ **(Address)**, having been duly sworn upon my oath, on having affirmed  
that I will tell the truth, do hereby state, and depose as follows:

1. That I the deponent \_\_\_\_\_ **(student name)** have passed the NEET examination of 2024, My NEET roll number is \_\_\_\_\_ **(Neet roll no)** Counseling Board has allotted seats for admission in Post Graduate course at Shri Guru Ram Rai Institute of Medical and Health Sciences, Patel Nagar, Dehradun in **MD/MS** course of \_\_\_\_\_ **(subject name)**.
2. On the basis of the seat allotted NEET 2024 results, I \_\_\_\_\_ **(student name)** have taken provisional admission in Shri Guru Ram Rai Institute of Medical and Health Sciences, Patel Nagar, Dehradun.
3. That after admission in Shri Guru Ram Rai Institute of Medical and Health Sciences, Patel Nagar, Dehradun if it is found that I have taken provisional admission on the basis of fake permanent residence, caste certificate or other certificate / information, then I will be liable to be dismissed from the admission so taken. The Uttarakhand Government / College Administration will be free to take any action against me in such a situation, I will not submit any claim for the refund of all the fees deposited at the time of admission.
4. Deponent will not withdraw his/her candidature after the last date of admission, failing which deponent agree that he/she will pay to University Tuition fees for the entire duration of the course.
5. That the unsatisfactory conduct and unsatisfactory academic progress of the deponent after taking admission in the college, or knowingly taking admission on the basis of fake records, or otherwise being expelled from the college; in such a situation, no claim will be presented by the deponent and/or his parent / guardian, for refund of fees.
6. That the Deponent knows what ragging means and has read, understood, and signed the Anti-Ragging undertaking form.
7. That the Deponent has read and understood the Rules, Regulations & Code of Conduct for the UG & PG Students (PG JRs), JRs & SRs. I state that I have been made aware that the copy of the same is readily available on the College website for ready perusal.
8. That the Deponent has read and understood the Vehicle Policy of the Institute. I state that I have been made aware that the copy of the same is readily available on the College website for ready perusal.
9. That the Deponent has read and understood the Hostel policy of the College, and the same can be accessed anytime in the Principal Office. I state that I will sign a formal undertaking as per rules, at the time of Hostel allotment.
10. My permanent address for correspondence is \_\_\_\_\_  
\_\_\_\_\_, **(Address)**
11. My registered Mobile number for contact is: \_\_\_\_\_ **(Mobile No.)**
12. My personnel email ID is \_\_\_\_\_ **(email address)** which I regularly access.
13. My Aadhar card number is \_\_\_\_\_ **(Aadhar no)**

Deponent

Verification

Deponent \_\_\_\_\_ (**student name**) above certify that aforementioned statements have been written to the best of my personal knowledge, true and complete with full confidence and nothing has been concealed. God help me

Verified Location Dehradun Uttarakhand Date \_\_\_/\_\_\_/2024.

Deponent

Signature of Witness 1:

(Name of Witness 1):

Address:

Signature of Witness 2:

(Name of Witness 2):

Address:



## UNDERTAKING BY THE STUDENT

I \_\_\_\_\_ (Full Name in Block Letters) Son/ Daughter of Mr./Mrs./Ms. \_\_\_\_\_ (Full Name in Block Letters) admitted to the course of \_\_\_\_\_ (Name of Course) with Admission No. \_\_\_\_\_ at **Shri Guru Ram Rai Institute of Medical & Health Sciences, Patel Nagar , Dehradun** affiliated to **Shri Guru Ram Rai University, Patel Nagar Dehradun, Uttarakhand** hereby declare that I have received a copy of the National Medical Commission (Prevention and Prohibition of Ragging in Medical Colleges and Institutions) Regulations, 2021 (hereinafter referred to as the said regulations).

2. I have carefully read and fully understood the provisions in the said regulations.

3. I have particularly perused the provisions of regulations 3 and 4 of the said regulations and have fully understood what constitutes —ragging.

4. I have also in particular perused the provisions of Chapter IV and read and understood the administrative and penal actions that may be taken against me in case I am found guilty of ragging or abetting ragging, actively or passively, or being part of a conspiracy to promote ragging.

5. I hereby undertake that—

(i) I will not indulge in any behaviour or act that may come under the definition of ragging as may be constituted under regulation 3 of the said regulations;

(ii) I will not participate in or abet or propagate ragging in any form included but not limited to those that may be constituted under regulation 3 of the said regulations;

(iii) I will not hurt anyone physically or psychologically or cause any other harm.

6. I hereby agree that if found guilty of any aspect of ragging, I may be punished as per the provisions of the said regulations or as per the applicable laws for the time being in force.

7. I also declare that I have never been found to be guilty of ragging or abetting ragging, actively or passively, or being part of a conspiracy to promote ragging and have never been punished in any manner for these offences and further affirm that if this declaration is incorrect or false, my admission is liable to be cancelled / withdrawn.

Signed on this the \_\_\_\_\_ day of \_\_\_\_\_ month \_\_\_\_\_ of year.

Signature

Name:

Address:

Tel/ Mobile No:

Signature of Witness 1:

(Name of Witness 1):

Address:

Signature of Witness 2:

(Name of Witness 2):

Address:

## UNDERTAKING BY PARENT

I \_\_\_\_\_(Full Name in Block Letters) Father / Mother/ Guardian of Mr./Mrs./Ms. \_\_\_\_\_(Full Name of Student in Block Letters) admitted to the course of \_\_\_\_\_ (Name of Course) with Admission No.\_\_\_\_\_at **Shri Guru Ram Rai Institute of Medical & Health Sciences, Patel Nagar, Dehradun, Uttarakhand** affiliated to **Shri Guru Ram Rai University, Patel Nagar, Dehradun, Uttarakhand** hereby declare that I have received a copy of the National Medical Commission (Prevention and Prohibition of Ragging in Medical Colleges and Institutions) Regulations, 2021(hereinafter referred to as the said regulations).

2. I have carefully read and fully understood the provisions in the said regulations

3. I have particularly perused the provisions of regulations 3 and 4 of the said regulations and have fully understood what constitutes —ragging.

4. I have also in particular perused the provisions of Chapter IV and read and understood the administrative and penal actions that may be taken against my son/ daughter/ward in case he /she is found guilty of ragging or abetting ragging, actively or passively, or being part of a conspiracy to promote ragging.

5. I hereby undertake that my (son/ daughter/ ward)\_\_\_\_\_ (Name)

- i. Will not indulge in any behaviour or act that may come under the definition of ragging as may be constituted under regulations 3 and 4 of the said regulations;
- ii. Will not participate in or abet or propagate ragging in any form included but not limited to those that may be constituted under regulations 3 and 4 of the said regulations;
- iii. Will not hurt anyone physically or psychologically or cause any other harm. I hereby agree that if my son/ daughter/ ward is found guilty of any aspect of ragging, he/ she may be punished as per the provisions of the said regulations or as per the applicable law for the time being in force.

6. I also declare that he/she has never been found to be guilty of ragging or abetting ragging, actively or passively, or being part of a conspiracy to promote ragging and have never been punished in any manner for these offences and further affirm that if this declaration is incorrect or false, his/her admission is liable to be cancelled /withdrawn.

Signed on this the \_\_\_\_\_ day of \_\_\_\_\_ month of \_\_\_\_\_ year.

Signature

Name:

Address: Tel/ Mobile No.

Signature of Witness 1:

(Name of Witness 1):

Address:

Signature of Witness 2:

(Name of Witness 2):

Address:

**Agreement to serve**

This indenture is made at Dehradun on this \_\_\_\_\_ day of \_\_\_\_\_, 2024.

I .....

S/o /Do/Shri.....R/o.....

.....(hereinafter referred as "First party")

**AND**

Shri Guru Ram Rai University, a university having its Registered office at Patel Nagar, District Dehradun represented herein through its Registrar.....(hereinafter referred as "Second party").

The terms "First Party" and "Second Party", unless repugnant to the context shall always include their respective heirs, legal representatives, assigns successors, representatives etc.

**WHEREAS** first Party is pursuing .....Course at Shri Guru Ram Rai Institute of medical & Health Sciences a constituent college of SGRRU and is well aware of the policy of SGRRU which states that admitted candidates are required to sever the institute as Senior Residents for a minimum period of one year after completion of their course.

**AND WHEREAS** the first party is fully aware of the providing public service objective of the second party i.e. the University and wishes to contribute in supporting the same by offering his/her services to the second party.

**AND WHEREAS** at the time of admission the first party was made aware vide notification dated \_\_\_\_\_ that the first party shall be required to serve the second party as senior Resident for a period of one year after passing their MD/MS Course and the first party shall also furnish a service bond in favour of the second Party.

**AND WHEREAS** the first party on his/her free will binds himself to serve the university by working on the post deemed to be fit according to his/her qualification & experience for uninterrupted minimum period of 01 (one) year commencing immediately after the successful completion of his/her course.

**AND WHEREAS** the first party is willing to execute and 'Agreement to serve' with the second party to the effect that on completion of his/her.....course, he/she shall work in the institute of second party for an uninterrupted minimum period of 01 (one) year failing which he/she shall pay sum of Rs. 10 (Ten) lacs as compensation to the second party and the first party has also agreed to pay the sum of Rs. 10 (Ten) lacs as compensation to the second party

NOW THIS DEED WITHNESSETH AS UNDER

1. That the first party commence his/her work with the Shri Guru Ram Rai Institute Of Medical & Health Sciences (SGRRIM&HS) a constituent college of Shri Guru Ram Rai University (SGRRU) on the post offered immediately on completion of the said .....course.
2. That the first party shall be entitled to receive salary as per the norms of the university.
3. That the first party shall bound by all the terms & conditions pertaining to his/her appointment letter.
4. That the first party shall not have any right to claim promotion re-appointment or regularization of his/her services after the end of bond period.
5. That the first Party should not indulge in any activity of indiscipline and misconduct and abide by all rule & regulations of the university.
6. That the first party shall neither apply, nor seek any employment in any other institute during his/her tenure in the institution of the second party the first party shall sincerely & faithfully serve the university minimum for an uninterrupted period of 01 (one) year and in case of any violation or creating such circumstances that may compel the second party to dispense with the said arrangement the first party shall pay a sum of Rs 10 (ten Lacs as compensation to the second party
7. That in case the first party wishes to discontinue his/her service with University anytime during the tenure his/her request shall only be considered by the second party if sufficient number of senior residents are available in the department in case permission is granted by the second party shall pay a some of Rs. 10 (Ten) lacs as compensation to the second party.
8. That the first party undertake that in case of any breach of this 'Agreement to serve or he wishes to discontinue his/her services, subject to the clause 7 of this agreement he/she shall pay a sum of rupees ten (10) lacs as compensation to the second party as security of his/her undertaking. The first party is hereby submitting postdated cheque no ..... Date..... Of.....bank name and address amounting to INR Ten (10) lacs in favor of Shri Guru Ram Rai University, Dehradun which may be encashed by the second party in case of any breach of this agreement to serve the above cheque shall be good for payment.
9. That in case any dispute or difference relating to this bond or its interpretation or in respect all such disputes and differences shall be referred to an arbitrator appointed by the vice chancellor SGRRU whose decision shall be final and binding on the parties.
10. That both parties have executed this deed with a clear understanding of all the terms & conditions contained hereinabove and with a free-well & without any fear/pressure/coercion from any corner and that the same are acceptable to both parties.

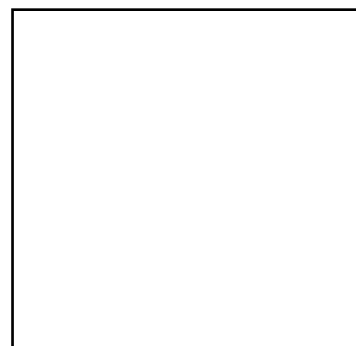
11. That in case of a discontinuance of the course by the first party due to any unforeseen reasons or whatsoever. The second party shall be entitled or recover the compensation as defined in clause (6) above from the first party.
12. That the second party reserves the exclusive right to terminate this agreement for any reason whatsoever, that it may deem fit and such termination shall be binding and final on the first party.
13. That all disputes shall fall within the jurisdiction of the Hon'ble High Court of Uttarakhand.

**DECLARATION BY THE FIRST PARTY**

Dr .....hereby declares that I have read & understood all the contents of this bond and I am fully satisfied & agree to all the terms & conditions stated thereon

Date.....

Place.....



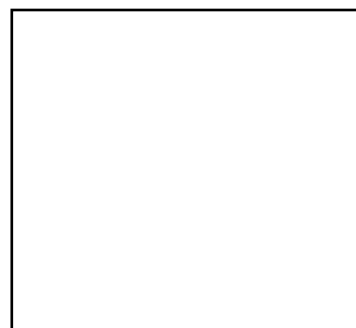
**Signature of the first party**

**SECOND PARTY**

Signature of \_\_\_\_\_, Registrar Shri Guru Ram Rai University, having registered office at Patel Nagar, District Dehradun

Date.....

Place.....



**Signature of Second party**

**WITNESS:**

1. ....
2. ....
3. ....