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) 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:

S. No.	Documents
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.

S.No.	Subjects	Total No of Seats Approved by MCI
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
Grand Total		162

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	N. W. C.
	MD -Bio Chemistry	No Tuition Fee
	MD-Com.Med	
	MD- Pharmacolgy	
	MD-Microbiology	D 10.50.000/
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	D = 25.75.000/
	MS- General Surgery	Rs. 25,75,000/-
6.	MD-Psychiatry	
	MS-Opthamology	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)	ne Time) 1,000/-	
9	Alumuni Fee (One Time)	1,000/-	
10	ACLS/ATLS Training Fees	7,000	
11	BLS Training Fees	5,000/-	
12	Vaccination	1,500/-	
	Grand Total 9,05,400		

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

Rupees 10 Stamp duty & Notarized by the Oath Commissioner

AFFIDAVIT BY PARENTS

	(father name) Son of Resident of
	(full Address) having been duly sworn upon my oath, on
aving	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
	Беропене
	Verification
Deponent	(father name) above certify that aforementioned statements have been
written to the best of my personal I	knowledge, true and complete with full confidence and nothing has been
concealed. God help me	
Verified Location Dehradun L	Jttarakhand Date /2024
	Deponent
Signature of Witness 1:	
(Name of Witness 1):	
Address:	
Signature of Witness 2:	
(Name of Witness 2):	
Address:	

Rupees 10 Stamp duty & Notarized by the Oath Commissioner AFFIDAVIT BY STUDENT

	(student name) Son of Mr (father name) Resident
	(Address), having been duly sworn upon my oath, on having affirmed
hat 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 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.
/.	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
0	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
10	time of Hostel allotment.
10	. My permanent address for correspondence is
11	, (Address) . My registered Mobile number for contact is: (Mobile No.)
	. My personnel email ID is (email address) which I regularly access.
	. My Aadhar card number is (Aadhar no)
-3	,

Verification

Deponent	(student name) above certify that aforementioned statements ha	ive been
written to the best of my per	ersonal knowledge, true and complete with full confidence and nothin	ng has been
concealed. God help me		
Verified Location Dehr	nradun 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 regulations3 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 regulation3 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 regulation3 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
o. Thereby agree that it found guitty of any aspect of ragging, I may be pullished 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 hav	e never been punished in any manner for these
offences and further affirm that if this declaration is inco	rrect or false, my admission is liable to be cancelled
withdrawn.	
Signed on this theday ofmonth	_ 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 Admissio
Noat Shri Guru Ram	Rai Institute of Medical & Health Sciences, Patel Nagar
Dehradun, Uttarakhand affiliated to	Shri Guru Ram Rai University, Patel Nagar, Dehradur
Uttarakhand hereby declare that I have r	eceived a copy of the National Medical Commission (Prevention and
Prohibition of Ragging in Medical Colleg	ges and Institutions) Regulations, 2021(hereinafter referred to as the
said regulations).	
2. I have carefully read and fully understo	od the provisions in the said regulations
3. I have particularly perused the provi	sions of regulations3 and 4 of the said regulations and have full
understood what constitutes —ragging.	
4. I have also in particular perused the p	rovisions of Chapter IV and read and understood the administrativ
and penal actions that may be taken again	st my son/ daughter/ward in case he /she is found guilty of ragging of
abetting ragging, actively or passively, or	being part of a conspiracy to promote ragging.
5. I hereby undertake that my (son/ daugh	ter/ ward)(Name)
i. Will not indulge in any behavior	ir or act that may come under the definition of ragging as may b

provisions of the said regulations or as per the applicable law for the time being in force.

Will not participate in or abet or propagate ragging in any form included but not limited to those that

Will not hurt anyone physically or psychologically or cause any other harm. 11. 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

constituted under regulations3 and 4 of the said regulations;

may be constituted under regulations 3 and 4 of the said regulations;

ii.

iii.

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: Te	l/ 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.	
1			
S/o /Do/Shri	R/o		
referred as "First party")		(hereinafter
	AND		
Shri Guru Ram Rai University, a university havi represented herein through its Registrar	•	•	
The terms "First Party" and "Second Party", un respective heirs, legal representatives, assigns succ			iclude their
WHEREAS first Party is pursing			Course at
Shri Guru Ram Rai Institute of medical & Health	Sciencesa constitue	nt college of SGRRU and is	well aware
of the policy of SGRRU which states that admit	ted candidates are	required to sever the institute	e as Senior
Residents for a minimum period of one year after c	completion of their c	ourse.	
AND WHEREAS the first party is fully aware of i.e. the University and wishes to contribute in supparty.	1 0 1	U	
AND WHEREAS at the time of admission the first that the first party shall be required to serve the set passing their MD/MS Course and the first party shall	econd party as senio	r Resident for a period of on	e year after
AND WHEREAS the first party on his/her free vipost deemed to be fit according to his/her qualification (one) year commencing immediately after the succession.	ation & experience	for uninterrupted minimum p	•
AND WHEREAS the first party is willing to exe effect that on completion of his/her the institute of second party for an uninterrupted repay sum of Rs. 10 (Ten) lacs as compensation to the sum of Rs. 10 (Ten) lacs as compensation to the second party.	minimum period of he second party and	course, he/she sh 01 (one) year failing which l	nall work in he/she shall

NOW THIS DEED WITHNESSETH AS UNDER

- 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.
- 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.

Drhereb this bond and I am fully satisfied & agree to all th	y declares that I have read & understood all the contents of e terms & conditions stated thereon
Date	
Place	Signature of the first party
CECOND DADEN	Signature of the first party
SECOND PARTY Signature of, Registrar Shri Guru R District Dehradun Date	Ram Rai University, having registered office at Patel Nagar
Place	
WITNESS:	Signature of Second party
1	