## SHRI GURU RAM RAI INSTITUTE OF MEDICAL & HEALTH SCIENCES PATEL NAGAR, DEHRADUN

# Admission against vacant seats in MD/MS Programmes (2022-23) through College Level Mop-Up round of Counselling on 02/12/2022

Following postgraduate seats are vacant in Shri Guru Ram Rai Institute of Medical & Health Sciences, Dehradun for College Level Mop-up round:

	Seats Distrib	ution in State Quota	Seats Distribution in All India Manag. Quota	
	Total Seats for Distribution Under			Distribution Under
Subjects	State Quota	Recognized / Permitted	Total Seats for AIMQ	Recognized / Permitted
Anatomy	3	1 Recognized & 2 Permitted	3	1 Recognized & 2 Permitted
Physiology	3	1 Recognized & 2 Permitted	3	1 Recognized & 2 Permitted
Pharmacology	3	1 Recognized & 2 Permitted	3	1 Recognized & 2 Permitted
Microbiology	3	1 Recognized & 2 Permitted	3	2 Recognized & 1 Permitted
Biochemistry	1	01 Recognized	1	01 Recognized
Community Medicine	2	01 Recognized & 01 Permitted	3	02 Recognized &01 Permitted
Pathology	4	02 Recognized & 02 Permitted	5	02 Recognized & 03 Permitted
Paediatrics	2	01 Recognized & 01 Permitted	0	
Total	21		21	

College level mop-up round will be held on 02/12/2022. Waiting list candidates eligible for stray Mop-up round counseling of NEET PG-2022 provided by Hemwati Nandan Bahuguna Uttarakhand Medical Education University is annexed as annexure -1.

## Schedule for college level mop-up round is as follows:

Reporting by candidates - 09 am to 03 pm

Data Processing - 03 pm to 04 pm

Seat allotment - 04 pm to 05 pm

List of Documents to be brought to Shri Guru Ram Rai Institute of Medical & Health Sciences while reporting for PG Medical Admission 2022 (Original along with 02 sets of self attested photocopies)

## a. List of Documents to be submitted for PG Medical Admission 2022 are:

S. No.	Documents
1.	Admit Card of NEET (PG) -2022
2.	Score Card/ Result of NEET (PG)- 2022
3.	High school/Higher secondary certificate for Date of Birth
4.	Mark sheet of the MBBS examination (All Professional)
5.	Internship completion certificate
6.	Recent character certificate
7.	MBBS Degree Certificate
8.	Valid Permanent Registration Certificate from Uttarakhand Medical Council
9.	Valid Permanent Registration Certificate from MCI/Sate Medical Council
10.	Migration Certificate
11.	Domicile/Permanent Resident of Uttarakhand Certificate (If Applicable)
12.	Caste Certificate (If Applicable)
13.	Four recent colored passport size photographs
14.	Affidavit from the CANDIDATE (attached)
15.	Affidavit from the PARENTS (attached)
16.	Undertaking against ragging from the CANDIDATE (attached)
17.	Undertaking against ragging from the PARENTS (attached)
18.	Aadhar Card
19.	PAN Card
20.	Hepatitis B Vaccination certificate
21.	Covid -19 Vaccination certificate

## b. Fee Structure:

	State Quota		All India Mgmt Quota		Pre & Para Clinical	
					Anatomy, Physio, Biochem &	Microbiology & Com.
Fee Particular	Clinical	Pathology	Clinical	Pathology	Pharma	Medicine
Tuition Fee	15,85,100	1,172,600	21,41,700	15,76,300	4,40,000	5,50,000
Admission Fee (One Time)	200,000	200,000	200,000	200,000	2,00,000	2,00,000
Security Refundable (One Time)	800,000	500,000	800,000	500,000	500,000	500,000
University Enrolment Fee (One Time)	25,000	25,000	25,000	25,000	25,000	25,000
Examination Fee	50,000	50,000	50,000	50,000	50,000	50,000
Research/Computer/Skill Lab. (One Time)	200,000	200,000	200,000	200,000	2,00,000	2,00,000
Hostel Fee	252,000	252,000	252,000	252,000	252,000	252,000
Mess Fee	215,250	215,250	215,250	215,250	215,250	215,250
Convacation Charges (One Time)	20,000	20,000	20,000	20,000	20,000	20,000
Vaccination Charges ( One Time)	5,000	5,000	5,000	5,000	5,000	5,000
ACLS / ATLS Training (One Time)	10,000	10,000	10,000	10,000	10,000	10,000
BLS Training (per annum)	5,000	5,000	5,000	5,000	5,000	5,000
Grand Total	33,67,350	26,54,850	39,23,950	30,58,550	19,22,250	20,32,250

Candidates are requested to bring the Demand Draft for the applicable fee as mentioned above at in favour of SGRR INST OF MEDICAL AND HEALTH SCIENCES.

#### Rupees 10 Stamp duty & Notarized by the Oath Commissioner

## **AFFIDAVIT BY PARENTS (Sample copy)**

I Lalit Lal Shah Son Mr. Heera Lal Shah Resident H No-26 Chandarbani Colony Sewala Kalan, Dehradun, Uttarakhand 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 Lalit Lal Shah am the parent of Vikas Lal Shah (student).
- 2. I am legally authorized to make educational decisions for Vikas Lal Shah (student).
- 3. On the basis of the seat allotted NEET PG-2022 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 Vikas Lal Shah have passed the NEET examination of 2022, bearing NEET roll number is 123456789 and the counseling board-2022 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 **H No-26 Chandarbani Colony Sewala Kalan**, **Dehradun**, **Uttarakhand**
- 14. My registered Mobile number for contact is: 9524561253
- 15. My personnel email ID is vikaslal@gmail.com which I regularly access.
- 16. My Aadhar card number is 1234567891011

Deponent

#### Verification

Deponent Lalit Lal Shah 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 \_\_/\_\_/2022

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 (Sample copy)

I Vikas lal Shah Son Mr. lalit Lal Shah Resident H No-26 Chandarbani Colony Sewala Kalan, Dehradun, Uttarakhand, having been duly sworn upon my oath, on having affirmed that I will tell the truth, do hereby state, and depose as follows:

- That I the deponent Vikas lal Shah have passed the NEET examination of 2022, My NEET roll
  number is 123456789 Counseling Board-2022 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
  course of General Medicine.
- 2. On the basis of the seat allotted NEET 2022 results, I **Vikas lal Shah** 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 **H No-26 Chandarbani Colony Sewala Kalan, Dehradun, Uttarakhand**
- 11. My registered Mobile number for contact is: **9524561253**
- 12. My personnel email ID is vikaslal@gmail.com which I regularly access.

## 13. My Aadhar card number is **1234567891011**

Address:

Deponent
verification  Deponent Vikas lal Shah 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 <b>//2022.</b>
Deponent
Signature of Witness 1:
(Name of Witness 1):
Address:
Signature of Witness 2:
(Name of Witness 2):

## UNDERTAKING BY THE STUDENT

(Full Name in Block Letters) Son/ Daughter of				
Mr./Mrs./Ms.	(Full Name in Block Letters) ac	lmitted to the course		
of	(Name of Course) with Admission No	at Shri Guru		
Ram Rai Institute of Med	ical & Health Sciences, Patel Nagar, Dehradun affiliated	to Shri Guru Ram		
Rai University, Patel Naga	ar Dehradun, Uttarakhand hereby declare that I have rece	eived a copy of the		
National Medical Commiss	ion (Prevention and Prohibition of Ragging in Medical Colle	ges and Institutions)		
Regulations, 2021(hereinaf	ter referred to as the said regulations).			
2. I have carefully read and	fully understood the provisions in the said regulations.			
3. I have particularly perus	sed the provisions of regulations3 and 4 of the said regulations	s and have fully		
understood what constitutes	s —ragging.			
4. I have also in particular p	perused the provisions of Chapter IV and read and understood	d the administrative		
and penal actions that may	be taken against me in case I am found guilty of ragging or al	betting ragging,		
actively or passively, or bei	ing part of a conspiracy to promote ragging.			
5. I hereby undertake that—	_			
(i) I will not indulge	e in any behaviour or act that may come under the definition of	of		
ragging as may	be constituted under regulation3of the said regulations;			
(ii) I will not partici	pate in or abet or propagate ragging in any form included but	not		
limited to those	that may be constituted under regulation3 of the said regulati	ons;		
(iii) I will not hurt a	nyone physically or psychologically or cause any other harm	ı <b>.</b>		

6. I hereby agree that if found guilty of any aspec	et 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	oe guilty of ragging or abetting ragging, actively or
passively, or being part of a conspiracy to promo	te ragging and have never been punished in any manner for
these offences and further affirm that if this decla	aration is incorrect 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 Nat	ne 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
Noat Shri Guru Ram Rai Institu	te 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 co	py of the National Medical Commission (Prevention
and Prohibition of Ragging in Medical Colleges and I	nstitutions) Regulations, 2021(hereinafter referred to
as the said regulations).	
2. I have carefully read and fully understood the provis	ions in the said regulations
3. I have particularly perused the provisions of regul	ations3and 4 of the said regulations and have fully
understood what constitutes —ragging.	
4. I have also in particular perused the provisions of C	hapter IV and read and understood the administrative
and penal actions that may be taken against my son/da	ughter/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 co	me under the definition of ragging as may
be constituted under regulations3 and 4 of the said	regulations;
(ii) Will not participate in or abet or propagate ragging may be constituted under regulations 3 and 4 of the	· · · · · · · · · · · · · · · · · · ·

(iii) 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

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

6. I also declare that he/sh	ne has never been	found to be guilty of raggi	ng or abetting ragging	, actively or
passively, or being part of	a conspiracy to pro	omote ragging and have nev	er been punished in an	y manner for
these offences and further	affirm that if this d	eclaration is incorrect or fal	se, his/her admission i	s liable to be
cancelled /withdrawn.				
Signed on this the	day of	month of	year.	
		Signature		
		Name:		
		Address: Tel	Mobile No	
		radiess. Tel	Widone 140.	
Signature of Witness 1:				
(Name of Witness 1):				
A 11				
Address:				
Signature of Witness 2:				
(Name of Witness 2):				
(Traine of Witness 2).				
Address:				