

# Instructions for Postgraduate admission 2022-23

FOR DETAILED INFORMATION VISIT

[www.mcc.nic.in](http://www.mcc.nic.in)

&

[www.kea.kar.nic.in](http://www.kea.kar.nic.in)

**FILL UP ALL**  
**THE**  
**DOCUMENTS**  
**IN CAPITAL**  
**LETTERS**  
**ONLY**

# **Mysore Medical College & Research Institute, Mysore**

## **Instructions for Admission to Post Graduate Courses (Academic Year 2020-21)**

### **Original documents along with Two Sets of Self Attested Photocopies**

to be submitted in the following order.

1. NEET PG Admit card
2. NEET PG Rank card
3. NEET Allotment Order /KEA Allotment Order and KEA Acknowledgement
4. SSLC Marks Card / Birth Certificate
5. 2nd PUC/12th Standard Marks card
6. MBBS Marks Card (I MBBS, II MBBS, Final MBBS Part-1, Final MBBS Part-2)
7. Attempt Certificate
8. Study Certificate
9. Internship Certificate/ Provisional Certificate\*
10. Degree Certificate/ Provisional Certificate\*\*
11. Certificate regarding MCI recognition of MBBS degree.
12. State Medical Council Registration Certificate
13. Caste Certificate (For candidates claiming Reservation)
14. Domicile Certificate (For SQ candidates only)
15. Transfer Certificate
16. Migration Certificate (For Students from other Universities)
17. PG Diploma Marks Card (if any)
18. PG Diploma Certificate (if any)
19. Eligibility Certificate issued by RGUHS (For Students from other Universities)
20. Penalty Bond (On Rs.100/- E-stamp Paper Duly Notarised ) (For Forfeiture of seat)
21. Service Bond 1 (On Rs.100/- E-stamp Paper Duly Notarised ) (1years)
22. Service bond 2 (On Rs.200/- E-stamp Paper Duly Notarised) (3 year)
23. Physical Fitness Certificate (Issued by Authorised Government Medical officer)
24. Photograph (2 pass port size and Soft copy in JPEG format less than 45KB)
25. Aadhar card
26. PAN Card
27. Physical Disability Certificate (Issued by Authorised Competent Government Authority)
28. Probationary Period Declaration letter & Relieving Order  
(In case of In-service candidates)

**Note:** Scan each of the above documents and Name and Save as individual pdf File in a single folder bearing the Candidate's name in a CD And also mail it to [mmcripg24@gmail.com](mailto:mmcripg24@gmail.com)

# Fee Details

## ALL India Quota

		CLINICAL	PARA CLINICAL	PRE CLINICAL
SL.No.	Details	DEGREE	DEGREE	DEGREE
1	TUTION FEE	100000	50000	25000
2	MEDICAL FEE	500	500	500
3	SPORTS FEE (COLLEGE)	500	500	500
4	LAB FEE	750	750	750
5	LIBRARY FEE	1500	1500	1500
6	ID FEE	250	250	250
7	CAUTION DEPOSIT	500	500	500
8	MAGAZINE FEE	500	500	500
9	ALUMINI	750	750	750
10	ADMISSION FEE	500	500	500
11	K.W.S FEE	20	20	20
12	STUDENT ASSOCIATION	500	500	500
13	NSS FEE	30	30	30
14	REGISTRATION FEE	3000	3000	3000
15	ADMISSION FEE	500	500	500
16	ADDITIONAL (EXAM)	3000	3000	3000
17	STUDENT WELFARE FUND	300	300	300
18	SPORTS FEE	600	600	600
19	HELINET FEE (U)	6100	6100	6100
	<b>Grand Total</b>	<b>119800</b>	<b>69800</b>	<b>44800</b>

## State Quota

		CLINICAL	PARA CLINICAL	PRE CLINICAL
SL.No.	Details	DEGREE	DEGREE	DEGREE
1	TUTION FEE	0	0	0
2	MEDICAL FEE	500	500	500
3	SPORTS FEE (COLLEGE)	500	500	500
4	LAB FEE	750	750	750
5	LIBRARY FEE	1500	1500	1500
6	ID FEE	250	250	250
7	CAUTION DEPOSIT	500	500	500
8	MAGAZINE FEE	500	500	500
9	ALUMINI	750	750	750
10	ADMISSION FEE	500	500	500
11	K.W.S FEE	20	20	20
12	STUDENT ASSOCIATION	500	500	500
13	HELINET FEE	100	100	100
14	NSS FEE	30	30	30
	<b>Grand Total</b>	<b>6400</b>	<b>6400</b>	<b>6400</b>

## For Online Payment

### Bank details:-

**BANK NAME** : STATE BANK OF INDIA,  
**BRANCH NAME** : MEDICAL COLLEGE BRANCH  
**ACCOUNT HOLDER** : USER FUND,  
**NAME** : MMCRI, MYSORE  
**ACCOUNT NUMBER** : 64147746182  
**IFSC CODE** : SBIN0040875

**OR**

[www.mmcri.karnataka.gov.in](http://www.mmcri.karnataka.gov.in)

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**Online Services**

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**SBI Payment**

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**Select Link**

|

**Select Category**

|

**Select PG Admission Fee**

**Note: Please mention your Name, Course & Admission year,  
Download the fee receipt and submitted at the time of  
admission**

## **Contact Details (For Admission)**

**Name:** - **Sri.Naveen**  
**Mobile Number :** - **9916933624**

**Name:** - **Bhagyalakshmi**  
**Mobile Number** - **9449885900**

### **PG Hostel (Men)**

**Name:** - **Sri. Yogesh**  
**Mobile Number :** - **9449652180**

### **PG Hostel (Women)**

**Name:** - **Kusuma**  
**Mobile Number :** - **9535539902**

#### **REGARDING SUBMISSION OF PENALTY BOND/COMPULSORY SERVICE BOND**

This has to be submitted without fail along with other original documents at the time of joining college.

**THE FOLLOWING DOCUMENT FORMATS TO BE DOWNLOADED  
AND FILLED IN CAPITAL LETTERS ONLY**

- **PARTICULARS OF POST GRADUATE STUDENT.**
- **PENALTY BOND** (on e- stamp paper of Rs. 100/- duly notarized)
- **SERVICE BOND 1** (on e- stamp paper of Rs. 100/- duly notarized)
- **SERVICE BOND 2** (on e- stamp paper of Rs. 200/- duly notarized)

**(Contents of the above bonds are provided in following pages. Same to be printed on the prescribed value e-stamp papers, signed by candidate, sureties (Parent/ Government official), and witnesses as required, duly notarized and submitted at the time of admission.)**

**For all e Stamp papers**

**1st party is the candidate &**

**2<sup>nd</sup> party is the Director, Directorate of Medical Education, Karnataka**

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# Admission for the Year 2022-23

MYSORE MEDICAL COLLEGE & RESEARCH INSTITUTE, MYSORE  
STATE/INSERVICE/AIEE-PG STUDENT

Govt. Order No/allotment letter No.

Dated:

Admission Register Proforma to be filled in and signed by the candidate admitted to Mysore Medical College & Research Institute, Mysore.

1. Branch wise Sl.No. (Rank Number) : NBE                      AIQ                      SQ I/S
2. Name of the candidate with  
Father's Name & address :
3. SEX :
4. Mother Name :
5. Father Occupation & income :
6. Nationality :
7. Belonging to Karnataka or  
Non-Karnataka :
8. Reservation Category Claimed : GM/ Cat I/ Cat II A/ Cat II B/ Cat II B / Cat III A /  
Cat III B / OBC/ SC/ ST 26
9. Reservation Category Allotted : GM/ Cat I/ Cat II A/ Cat II B/ Cat II B / Cat III A/  
Cat III B / OBC/ SC/ ST
10. Mother tongue :
11. Religion-Caste :
12. Native District :



13. Class to which admitted & Date :

14. Name of the qualifying examination  
passed with Reg. No month and year  
of passing MBBS

15. Former College :

16. Highest Examination passed :

17. Name of the University/Board from :  
which qualifying Examination passed

18. Total Marks secured with percentage : Total Marks:  
In optional subjects (MBBS Phase III, Percentage:  
Part 2)

secured marks:

		.		
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19. Date of admission with receipt No. :  
and date of Fee paid in the college.

20. Date of birth and Place of birth :

21. State Medical Council Registration Number :

22. date of completion of Internship :

23. Certificate enclosed :

- 1) Marks card S.S.L.C
- 2) All M.B.B.S Marks cards
- 3) Eligibility certificate
- 4) Degree Certificate
- 5) Internship certificate (PG)
- 6) Council Registration Certificate(PG)
- 7) Attempt Certificate (PG)
- 8) If caste certificate

24. Remarks if any :

25. Blood group :

26. Mobile No. And email ID :

27. Marks and Percentage obtained in the PG Entrance Exam : Total Marks: secured marks  
Percentage: 

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28. Reg. No. Of the Student (PG entrance Exam) :

### UNDERTAKING

I have read the rules & regulations pertaining to the course to which I have joined and I am aware that my admission to the course is purely provisional, subject to the final approval of the University after necessary scrutiny. I will furnish the bond value of Rs. 100/- binding myself to pay a sum of Rs. 500000/- ( Rs. Five lakhs) only for degree & Rs. 250000/- (Rs. Two lakhs fifty thousand) Only for Diploma along with the stipend amount received by me and I will remit the fee for the subsequent year/s in the event of leaving the course before its completion.

Candidates selecting Government Colleges and Government seats for Post Graduate courses shall furnish an undertaking that I will serve the Government for a minimum period of one/three/five years after completion of the course, If Government desires.

SIGNATURE OF THE CANDIDATE

Note: The originals which are submitted at the time of admission will not be returned at the middle of the course under any circumstances.

**PENALTY BOND**

**(To be executed on e-stamp paper of Rs. 100/- and duly notarized)**

DATE: \_\_\_/\_\_\_/\_\_\_

<b>2022-23</b>					
Name of the Candidate					
PG NEET Roll No.		PG NEET Rank			
PG SUBJECT		AIQ	SQ	In Service	Round I / II/ III
Category	GM/ Cat I/ Cat II A/ Cat II B/ Cat II B / Cat II IA/ Cat III B/ OBC / SC/ ST				
State Medical council Registration	No:		State:		
Email			Mobile No		

Know all men by these that we:

1. Dr. \_\_\_\_\_, aged about \_\_\_ years, S/D/W/o. \_\_\_\_\_, and residing at \_\_\_\_\_ (herein after called the Obliger)  
\_\_\_\_\_ and
2. \_\_\_\_\_ aged about \_\_\_ years, S/D/W/o. \_\_\_\_\_, and residing at \_\_\_\_\_ (herein after called the surety)

do hereby jointly and severally bind ourselves and our respective heirs, executors and administrators to pay to the Government of Karnataka (herein after called “the Government”) on demand, the sum of Rs.5,00,000/-(Rupees Five Lakhs only), and stipend as detailed herein below, together with interest thereon from the date of demand at Government rates on Government loans in force at that time, and together with all costs between attorney and client and all charges and expenses that shall or may have been incurred by the Government.

The obliger has been admitted for post Graduate studies in \_\_\_\_\_ at Mysore Medical College & Research Institute, Mysore. In the event of the obliger leaving the course by discontinuance or otherwise and thus failing to complete the course, the obliger and the surety shall forthwith pay to the Government on demand the said sum of Rs.5,00,000/-(Rupees Five Lakhs only), plus stipend drawn by the obliger from Government during the period of his/her Post Graduate study in \_\_\_\_\_ in Mysore Medical College & Research Institute, Mysore together with interest thereon from the date of demand, at the rate of interest on Government loans, in force at that time.

In addition to the prescribed fine, every candidate shall pay the course fee for the remaining period of the course as well, by his own means, to the Government/Private College in the event of him/her leaving the course before its completion.

Provided always that the liability of the surety hereunder shall not be impaired or discharge by reason of time being granted or by any forbearance act of omission of the Government or any person authorized by them (whether with or without the consent or knowledge of the surety) nor shall it be necessary for the Government to sue the obliger before suing the surety for amounts due hereunder.

The E-stamp shall in all respects be governed by the Laws of India for the time being in force and the rights and liabilities hereunder shall where necessary be accordingly determined by the appropriate courts in India.

Signed and dated this \_\_\_\_\_ day of \_\_\_\_\_ (month), two thousand nineteen.

Signed and delivered by the obliger above named Dr. \_\_\_\_\_ in the presence of  
Sureties

1		2	
Name		Name	
Address		Address	

Signed and delivered by the surety above in the presence of

Witnesses

1		2	
Name		Name	
Address		Address	

**For all e Stamp papers**

**1st party is the candidate &**

**2<sup>nd</sup> party is the Director, Directorate of Medical Education, Karnataka**

# SERVICE BOND 1

(To be executed on e-stamp paper of Rs. 100/- duly notarized)

## Compulsory Government Service Bond Format for Non In service Candidates

DATE: \_\_\_/\_\_\_/\_\_\_

<b>2022-23</b>					
Name of the Candidate					
PG NEET Roll No.		PG NEET Rank			
PG SUBJECT		AIQ	SQ	In Service	Round I / II/ III
Category		GM/ Cat I/ Cat II A/ Cat II B/ Cat II B / Cat II IA/ Cat III B/ OBC / SC/ ST			
State Medical council Registration		No:		State:	
Email		Mobile No			

I, Dr \_\_\_\_\_, aged \_\_\_\_\_ years, S/o, D/o, W/o \_\_\_\_\_  
, Permanent of Resident of \_\_\_\_\_,  
at present residing at \_\_\_\_\_,  
do hereby swear on oath as follows:

1. That I am admitted to -----College for PG Degree/  
Super Specialty in ----- (mention the subject) under -----  
----- quota.
2. I am submitting the bond after reading and fully understanding the Karnataka Compulsory service by candidates completed Medical course act 2012 and its amendments.
3. I state that I am admitted under non-in-service All India quota/ State quota.
4. I understand that all the candidates (other than the candidates who have undergone compulsory rural service after award of MBBS degree) who take admission to PG Medical Degree courses and successfully complete the Post Graduate Degree shall under go one-year compulsory service in Government hospital in urban area as per Karnataka Compulsory service training by the candidates completed medical courses (counseling, allotment, and certification) as per Karnataka Compulsory Service Act 2012 as amended in 22/09/2017 and rules there under to the said act.
5. I am fully aware of the fact that the candidates will be entitled to only temporary registration till completion of such service. I shall abide voluntarily to the said condition.

Executed and signed in the presence of witnesses on this \_\_\_\_\_ day of \_\_\_\_\_ ( month) 20 \_\_\_\_\_ at \_\_\_\_\_ (place)

Signature of the Candidate.

Witnesses:

1		2	
Name		Name	
Address		Address	

**For all e Stamp papers**

**1st party is the candidate &**

**2<sup>nd</sup> party is the Director, Directorate of Medical Education, Karnataka**

## SERVICE BOND 2

**(To be executed on e- stamp paper of Rs. 200/- duly notarized)**

UNDERTAKING AS REQUIRED UNDER RULE 15 (6) OF THE KARNATAKA CONDUCT OF ENTRANCE TEST FOR SELECTION AND ADMISSION TO THE POST-GRADUATE MEDICAL AND DENTAL DEGREE AND DIPLOMA COURSES RULES, 2006 FOR MEDICAL DEGREE / DIPLOMA COURSES

DATE: \_\_\_/\_\_\_/\_\_\_

**2022-23**

Name of the Candidate					
PG NEET Roll No.		PG NEET Rank			
PG SUBJECT		AIQ	SQ	In Service	Round I / II/ III
Category	GM/ Cat I/ Cat II A/ Cat II B/ Cat II B / Cat II IA/ Cat III B/ OBC / SC/ ST				
State Medical council Registration	No:		State:		
Email			Mobile No		

I, Dr....., aged.....years, S/o,D/o,W/o.....  
having Aadhar no....., PAN No. .... Permanent resident of  
..... and  
Presently resident at....., (herein  
after referred to as BOUNDEN) do hereby swear on oath as follows:-

- 1) That I am admitted to 'Government' seat for 'All India quota'/'State quota' in .....college for post-graduate medical degree in ..... (Indicate the subject) during the centralized counseling for admission to post-graduate courses- 2022.
- 2) I am aware of the fact that the Fees for 'Government' seat is highly subsidized, I shall be under an obligation to serve the State of Karnataka for a minimum period of three years after completion of my post-graduate course as required under rule 15(6) of the Karnataka Conduct Of Entrance Test For Selection And Admission To The Post-Graduate Medical And Dental Degree And Diploma Course Rules, 2006. After reading and fully understanding the above mentioned Rules, I have opted for the 'Government' seat.
- 3) In compliance with the above Rule 15(6), I hereby furnish the undertaking voluntarily, with my free will that I shall abide by the condition to serve the Government of Karnataka for a period of three years after completion of my post-graduate course in any location decided by the Government of Karnataka, and that If I fail to comply with undertaking, myself and/or my sureties mentioned below do hereby bind ourselves and each of us, our and each of heirs, executors and administrators jointly and severally to pay to the Governor of Karnataka on demand, we shall pay a penalty of Rs. 50.00 lakh (RUPEES FIFTY LAKH ONLY) to the Government and only after payment of penalty, I shall collect my original documents which are in the custody of the Institution.

- 4) I am enclosing the details of two sureties along with their self- attested copies of PAN card and Aadhar card.

Signed this day of ....., by the Bounden

**DETAILS OF SURETIES**

1. Name: ..... aged ..... years,  
 S/o,D/o,W/o.....  
 Aadhar no.....,  
 PAN No. ....
2. Name: ..... aged ..... years,  
 S/o,D/o,W/o.....  
 Aadhar no.....,  
 PAN No. ....

**SIGNATURE OF BOUNDEN (CANDIDATE)**

**SIGNATURE OF SURETIES**

1		2	
Name		Name	
Address		Address	

**SIGNATURE OF WITNESSES**

1		2	
Name		Name	
Address		Address	

**For all e Stamp papers**

**1st party is the candidate &**

**2<sup>nd</sup> party is the Director, Directorate of Medical Education, Karnataka**

**Government of Karnataka**

**ECS Mandate Form**

(To be filled in CAPITAL Letters)

Electronic Clearing Services (Credit Clearing)/ Real Time Gross Settlement RTGS)/ National  
Electronic Fund Transfer NEFT) Facility for receiving payments

Name	
Blood Group	
Date of Birth	
Date of Admission	
Father Name	
Spouse Name	
Aadhaar Number(Enclose Photocopy)	
PAN Number(Enclose Photocopy)	
Voter ID Number(Enclose Photocopy)	
Complete Contact Address with Pin Code	
Mobile Number of the Recipient	
E-Mail ID	
Bank Name (SBI- Karnataka Branch Only)	
Branch Name	
Account Number(as appearing in the cheque book/pass book)	
MIRC Code of the Bank	
IFSC Code of the Bank	
Documents enclosed	1. Photocopy of Cheque or 2. Photocopy of the first page of pass book bearing account number

I hereby declare that the particulars given above are correct and complete. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information. I would not hold Chief Accounts Officer cum Financial Advisor, Health and Family Welfare Services, Bangalore responsible.

Date:

Signature of the Student