



☎: 0836-2374624
Fax: 0836-2278097

GOVERNMENT OF KARNATAKA
ಕರ್ನಾಟಕ ವೈದ್ಯಕೀಯ ವಿಜ್ಞಾನ ಸಂಸ್ಥೆ ಹುಬ್ಬಳ್ಳಿ - ೫೮೦೦೨೧
KARNATAKA INSTITUTE OF MEDICAL SCIENCES, HUBBALLI - 580021

FORM FOR ADMISSION TO PG MEDICAL COURSE FOR THE YEAR:

PG DEGREE/DIPLOMA COURSE SELECTED: _____

NAME ;	PHOTO
FATHER NAME : MOTHER NAME :	
OCCUPATION. SEX ;	
PHONE / MOBILE NO ; Email.ID:	
HALL TICKET NO ; PG COURSE SELECTED:	
RANK NO : QUOTA ;	
INCOME FOR PARENT ; BLOOD GROUP ;	
OR GUARDIAN :	
PERMANENT ADDRESS ;	
PRESENT ADDRESS :	
PLACE OF BIRTH : NATIVE DISTRICT :	
DATE OF BIRTH : KARNATAKA OR/NON KARNATAKA :	
RELIGION : MOTHER TONGUE :	
NATIONALITY:	
NAME OF FORMER COLLEGE ;	
CASTE: SELECTED UNER : (GM/ SC/ST/CATEGORY) PLACE SPECIFY	
NAME OF THE QUALIFY EXAMINATION PASSED :	

MBBS/PG DIPLOMA	REG . NOS	MONTH YEAR OF PASSING	INTERSHIP COMPLITION	TOTAL MARKS	SECURED MARKS	PERCENTAG

NAME OF THE UNIVERSITY : _____

DATE :
PLACE :

SIGNATURE OF THE CANDIDATE

ORIGINAL DOCUMENT PRODUCED ALONG WITH FOUR SETS OF XEROCS COPYS

SL.NO	DOCUMENTS	ORIGINAL [Tick ✓]	XEROX [Tick ✓]
01	PG ENTRANCE ADMISSION TICKETS ORIGINAL		
02	RNAK LETTER		
03	SELECTION ORDER: DGHS / DME / KEA / RGUHS		
04	ELIGIBILITY CERTIFICATE FROM RGUHS BANGALORE FOR ADMISSION TO PG COURSE		
05	S.S.L.C. CERTIFICATE		
06	MBBS 1 ST YEAR TO FINAL YEAR MARKS CARD		
07	HOUSESHIP / INTERNSHIP COMPLETION CERTIFICATE		
08	ATTEMPT CERTIFICATE		
09	DEGREE CERTIFICATE		
10	MEDICAL COUNCIL REGISTRATION CERTIFICATE		
11	TRANSFER CERTIFICATE (FROM COLLEGE)		
12	MIGRATION CERTIFICATE (FROM UNIVERSITY)		
13	DOMICILE CERTIFICATE		
14	CASTE CERTIFICATE		
15	NATIONALITY CERTIFICATE		
16	ACKNOWLEDGEMENT FROM THE DME/KEA/RGUHS/ BANGALORE FOR RECEIPT OF ORIGINAL CERTIFICATES (STATE ENTRANCE QUOTA CANDIDATES ONLY)		
17	RELIVING ORDER (IN SERVICE CANDIDATE ONLY)		
18	PROBATIONARY PERIOD DECLARATION ORDER (IN SERVICE CANDIDATE ONLY)		
19	AFFIDAVIT IN Rs.200/- DISCONTINUATION OF BOND PAPER AFFIDAVIT IN Rs.50 + 50/- PARENTS / GUARDIAN+ CANDIDATE) AFFIDAVIT IN Rs.200/- RURAL QUOTA BOND PAPER		
20	PASSPORT SIZE PHOTOGRAPHS : 04 Nos.		

From: _____

To,

The Principal,
Karnataka Institute of Medical Sciences,
HUBBALLI.

Sir,

I, Dr. _____ Reg.No: _____

Is selected for admission to : _____ course and allotted to Karnataka Institute
of Medical Sciences, HUBBALLI hereby declare as under:

1. I am not presently a Post Graduate Student in any Degree / Diploma course in any medical college.
2. I have not already passed any Post Graduate Degree or Diploma in any other subject.
3. I have not discontinued studies in any Post Graduate Degree / Diploma course in the previous year.

I am aware that in case any of the above information is found to be false later, I shall forfeit the seat allotted to me and render myself liable for civil and criminal action as per selection rules.

PLACE;

SIGNATURE OF CANDIDATE

DATE:

DECLARATION

From: _____

To,

The Principal,
Karnataka Institute of Medical Sciences,
HUBBALLI.

Mobile No:

Email.ID:

Sir,

Sub: I, Dr. _____ joined the

Post graduate course in _____

At my own risk.

I degree that I will submit the migration certificate from the previous university and Transfer certificate from the last institute which I have studied MBBS / PG course within 10 days from the date of my admission.

PLACE;

SIGNATURE OF CANDIDATE

DATE:

DECLARATION

1. I am a private post graduate student.
2. I am not in receipt of any other scholarship of concession from the college.
3. I hereby agree to reply the excess amount if anything pointed out by the audit or superior authorities at later date.
4. I am not employed anywhere.
5. I am not studying any graduate course in anywhere.

Signature of the

Place: HUBBALLI :

Candidate : _____

Date:

(Name :

Post Graduate Student in:

From: _____

To,

Sir,

I hear by request you that, I am provisionally admitted to the PG course _____ for the academic year _____

At Karnataka Institute of Medical Sciences, Hubballi, I request you to send my Transfer certificate/ Leaving certificate to the principal, Karnataka Institute of Medical Sciences, Hubballi.

I have joined MBBS in your college during the year _____ My Roll Number was _____ And passed MBBS Examination held in _____

Thanking you,

Yours faithfully,

(Signature of the student)

KARNATAKA INSTITUTE OF MEDICAL SCIENCES, HUBBALLI.

NO : KIMS/PGS/ / 20 /20

OFFICE OF THE DIRECTOR
KARNATAKA INSTITUTE OF MEDICAL SCIENCES,
HUBBALLI, DATE : / /2019

To,

The Principal,

Sir,

Sub: Issue of Transfer Certificate.

I am forwarding here with the application of the following student/s of this college for issue of I transfer certificate. The correct birth date information of the student may please be mentioned.

Sl.NO	NAME OF THE STUDENTS	SUBJECT	PO/DD.NO. TOWARDS TC FEES.

Yours faithfully

PRINCIPAL
KARNATAKA INSTITUTE OF MEDICAL SCIENCES,
HUBBALLI.



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KARNATAKA INSTITUTE OF MEDICAL SCIENCES, HUBBALLI - 580021

REF.NO: KIMS/PGS/ADMISSION/

/ 20 / 20

DATE: / / 2019

OFFICE MEMORANDUM

**SUB: JOINING OF PG CANDIDATES PROVISIONALLY ADMITTED UNDER AIQ /PGET/KEA/
IN- SERVICE 2019-20 AT THIS COLLEGE.**

AIQ-ROUND	
STATE/KEA ROUND	

REF: ALLOTMENT LETTER NO: _____ DATED: _____

Dr. _____ Rank.No: _____ who have
selected Under AIQ/PGET/KEA In-Service Quota _____ for the PG Course: _____
Has admitted provisionally at this college on: _____.

His/her term of the PG Course will be commenced from : **02-05-2019.**

He/She is directed to report to the Professor & HOD of : _____, KIMS HUBBALLI

Principal
Karnataka Institute of Medical Sciences,
Hubballi

To,

The above Student,
Copy to the Prof & HOD of _____ Kims, Hubballi for information.
Copy to the Accounts Section, Kims, Hubballi for information.
Copy to the Warden Boy's /Ladies Hostel, Kims, Hubballi for information.



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Principal
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Hubballi ,

To

The above Student,
Copy to the Prof & HOD of _____ Kims, Hubballi for information.
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PG SECTION:

SUBMITTED:

1. Dr. _____ Rank.No: _____
Hall Ticket No: _____ Category: _____ has been selected
For the Postgraduate course in _____
Under AIQ /State Quota / In-Service Quota for the academic year: _____ has requested this office
to admit him / her for the same.
2. He/she has submitted selection order issued by DGHS New Delhi/RGUHS/KEA Bangalore and Original certificate
along with Xerox copies of the certificates.
3. He/she has submitted an undertaking that his/her admission to this college is provisional and at his/her own risk
(subject to issue of final eligibility from RGUHS, Bangalore).
4. Hence, kindly verify all the documents and if approved he/she will be admitted provisionally,

For kind orders and guidance.

5. C/w:

6. Office Supdt:

7. A.A.O:

8. Principal.

KARNATAKA INSTITUTE OF MEDICAL SCIENCES, HUBBALLI-580021

POST GRADUATE STUDENTS ENTRY FORM ACADEMIC YEAR 2019-2020

COURSE NAME		ACADEMIC YEAR	2019-20	DATE OF BIRTH	
STUDENT REGISTRATION NO.		REGISTERED COUNCIL NAME	KARNATAKA MEDICAL COUNCIL		
NAME OF THE STUDENT		MERIT NO.		GENDER	
CATEGORY	GOVERNMENT	SUB CATEGORY		DATE OF ADMISSION	
STIPEND PAID	YES	STIPEND AMOUNT	1 st Year Rs.30000/- 2 nd year Rs.35,000/- 3 rd year Rs.40,000/-	STIPEND PAID BY GOVERNMENT INSTITUTIONS	1 st Year Rs.30000/- 2 nd year Rs.35,000/- 3 rd year Rs.40,000/-
MARKS PERCENTAGE IN PG ENTRANCE [I.E., XX.OO]		NAME OF TEACHER UNDER WHOM THE CANDIDATE ADMITTED			
STUDENT MOBILE NO.					

DATE:

SIGNATURE OF THE STUDENT

PLACE:

NOTE

THOSE WHO HAVE COMPLETED THEIR MBBS COURSE FROM OTHER THAN RAJIV GANDHI UNIVERSITY OF HEALTH SCIENCES, [RGUHS UNIVERSITY], THEY MUST GET "ELIGIBILITY CERTIFICATE " FROM RGUHS WEBSITE [www.ecms.online] AND SUBMIT THE SAME AT THE TIME OF ADMISSION WHICH IS COMPULSORY AS PER RGUHS NORMS.