



080 - 22870060 / 22873151 Extn: 203
Fax: 080-22875798 / 22876803
e-mail: dmekarnataka@yahoo.com

ವೈದ್ಯಕೀಯ ಶಿಕ್ಷಣ ನಿರ್ದೇಶನಾಲಯ
DIRECTORATE OF MEDICAL EDUCATION
ಅನಂದರಾವ್ ವೃತ್ತ, ಬೆಂಗಳೂರು
Anand Rao Circle, BANGALORE-560009

DME/PGS/40/2018-19

Date: 28.02.2019

To,

Dr. B. Srinivas
Assistant Director General,
DGHS,
New Delhi.

Sir/Madam,

Sub:- Furnishing the information regarding fee structure and bond format for the All India PG Counseling for the academic year **2019-20** in the state of Karnataka

With respect to above subject, we would like to furnish the Fee structure and the Bond format for the All India Post Graduate Counseling for the academic year **2019-20** in the state of Karnataka. This is for you kind information. And request to display it in your website.(Copy Enclosed)

Yours sincerely,


Director, Medical Education

Encl:- 1. Fee Structure Copy

2. Bond Format (Annexure- IV, IVA)



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Date: 28.02.2019

Fee structure for the academic year 2019-20

Sl. No	Course	Tuition Fee per year
PG Medical Degree Course (MD/ MS)		
1	Clinical	Rs 1,00,000/-
2	Para Clinical	Rs 50,000/-
3	Pre Clinical	Rs 25,000/-
PG Dental Course (MDS)		
1	Clinical	Rs.50,000/-


Director, Medical Education

Annexure 4

Compulsory Rural Service Bond Format for non in-service Candidates

(To be submitted at college at the time of admission)

I _____ aged _____ 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/Broad-specialty/Degree/Diploma 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 amendment dated 22.09.2017.
3. I state that I have admitted under non-in-service State quota / All India 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/Diploma courses and successfully complete the Post Graduate Degree/ Diploma 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 be abide voluntarily to the said condition.

Personal Details

(Needs to be submitted by the candidate along with the bond),

SL. No.	Particulars	To be filled by the candidates
1.	Name	
2.	Age with date of birth	
3.	Fathers Name	
4.	Mothers Name	
5.	Present Address	
6.	Permanent Address	
7.	Contact number of the Candidate Mobile : Landline	
8.	Contact No. of Parent/Guardian/reference of candidate to contact in case of emergency	
9.	E-mail ID	
10.	Aadhaar No.	
11.	State Medical Registration No. State	
12.	All NEET Rank	
13.	KEA/State NEET rank	
14.	Admission order details	
15.	Name of the College to which candidate is admitted	
16.	UG/Super speciality/PG/Diploma	
17.	Discipline /Subject	
18.	Details of the reservation quota under which candidate is admitted	

Annexure 4-A

**UNDERTAKING AS REQUIRED UNDER RULE 15(5) 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 CLINICAL SUBJECTS IN MEDICAL /
DENTAL COURSES.**

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

I

S/o, D/O, W/o

aged years, having Aadhar no....., PAN No.

permanent resident of

and

presently residing at

(herein after referred to as BOUNDEN) do hereby swear on oath as follows:-

- 1) That I am admitted to 'Government'/'Government-quota' seat for 'All India quota'/'State quota' in college for post-graduate medical/dental degree/diploma in (Indicate the subject) during the centralized counseling for admission to post-graduate courses-2018.
- 2) I am aware of the fact that the Fees for 'Government'/'Government-quota' 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(5) 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'/'Government-quota' seat.
- 3) In compliance with the above Rule 15(5), 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) for post-graduate degree/ Rs. 25.00 lakh (RUPEES TWENTY FIVE LAKH ONLY) for post-graduate diploma 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 :

S/o, D/O, W/o

aged years, having Aadhar no....., PAN No.

permanent resident of

and

presently residing at

2. Name :

S/o, D/O, W/o

aged years, having Aadhar no....., PAN No.

permanent resident of

and

presently residing at

BOUNDEN

SURETIES

1.

2.

WITNESS

1.

2.

AFFIDAVIT BY THE STUENT

1. I, _____ father _____ of Dr. _____, have been admitted to KARNATAKA INSTITUTE OF MEDICAL SCIENCES, HUBLI have received a copy of UGC regulations of curbing the menace of ragging in higher Educational Institution, 2009 [hereinafter called the “ Regulations “] carefully read and fully understood the provisions contained in the said regulations:
2. I have in particular, perused clause 3 of the regulations and I am aware as to what constitutes ragging.
3. I have also in particular perused clause 7 and clause 9.1 of the regulations and I am fully aware of the penal and administrative action i.e., liable to be taken against to my ward in case, he/she is found guilty of or abetting ragging, actively or passively or being part of a conspiracy to promote ragging.
4. I hereby solemnly aver and undertake that:
 - a. I will not indulge in any behavior or act that may be constituted as ragging under clause 3 of the regulations.
 - b. I will not participate in or abet or propagate through any act of commission or omission that may be constituted as ragging under clause 3 of the regulation.
5. I hereby affirm that, if found guilty of ragging, my ward is liable for punishment according to clause 9.1 of the regulations without prejudice to any other criminal action that may be taken against my ward under any penal law or any law for the time being in force.
6. I hereby declare that, my ward has not been expelled or debarred from admission in any institution on account of being found guilty of, abetting or being part of conspiracy to promote ragging and further affirm that, in case the declaration is found to be untrue, admission of my ward is liable to be Cancelled.

Declared this _____

Signature of Deponent /Name and Address/Date/Mobile No:

VERIFICATION

Verified the contents of this affidavit are true to the best of my knowledge and no part of this affidavit is false and nothing has been concealed or misstated therein .

Verified at _____ on this _____

Signature of Deponent /Name and Address/Date/Mobile No:

Solemnly affirmed and signed in my presence on this _____ after reading the contents of this affidavit.

Annexure-II

AFFIDAVIT BY THE PARENT / GUARDIAN

I, _____ father of Dr. _____, have been admitted to KARNATAKA INSTITUTE OF MEDICAL SCIENCES, HUBLI have received a copy of UGC regulations of curbing the menace of ragging in higher Educational Institution, 2009 [hereinafter called the " Regulations "] carefully read and fully understood the provisions contained in the said regulations:

2. I have in particular, perused clause 3 of the regulations and I am aware as to what constitutes ragging.

3. I have also in particular perused clause 7 and clause 9.1 of the regulations and I am fully aware of the penal and administrative action i.e., liable to be taken against to my ward in case, he/she is found guilty of or abetting ragging, actively or passively or being part of a conspiracy to promote ragging.

4. I hereby solemnly aver and undertake that:

a. I will not indulge in any behavior or act that may be constituted as ragging under clause 3 of the regulations.

b. I will not participate in or abet or propagate through any act of commission or omission that may be constituted as ragging under clause 3 of the regulation.

5. I hereby affirm that, if found guilty of ragging, my ward is liable for punishment according to clause 9.1

of the regulations without prejudice to any other criminal action that may be taken against my ward under any penal law or any law for the time being in force.

6. I hereby declare that, my ward has not been expelled or debarred from admission in any institution on account of being found guilty of, abetting or being part of conspiracy to promote ragging and further affirm that, in case the declaration is found to be untrue, admission of my ward is liable to be

Cancelled.

Declared this _____

Signature of Deponent /Name and Address/Date/Mobile No:

VERIFICATION

Verified the contents of this affidavit are true to the best of my knowledge and no part of this affidavit is false and nothing has been concealed or misstated therein.

Verified at _____ on this _____

Signature of Deponent /Name and Address/Date/Mobile No:

Solemnly affirmed and signed in my presence on this _____ after reading the contents of this affidavit.