



**VIJAYANAGAR INSTITUTE OF MEDICAL SCIENCES,
BALLARI-583104, KARNATAKA.**



**INSTRUCTIONS FOR THE STUDENTS WHO ARE TAKING ADMISSIONS
FOR FIRST-MBBS COURSE DURING 2017-2018 AT
VIJAYANAGARA INSTITUTE OF MEDICAL SCIENCES, BALLARI.**

1. Students must report in Principal's office at Vijayanagara Institute of Medical Sciences, Ballari (VIMS) for MBBS admission on or before date indicated on their allotment order issued by KEA/NEET-2017 (AIQ) **before 10-00 am.**
2. One of **Parent/Guardian** must compulsorily accompany student at the time of admission as certain documents are to be signed by them.
3. The admission process is likely to take **two days.**
4. The students are instructed to keep **Xerox copies** of all original documents submitted to the office of VIMS, Ballari at the time of admission and preserved for future use until they are returned from Rajiv Gandhi University of Health Sciences, Bangalore after getting approved.
5. The students are instructed to **DOWNLOAD** all the below mentioned forms and must be filled in by his / her own handwriting in blue or black pen neatly and legibly in English or computer typed in **CAPITAL LETTERS ONLY**, except for signature and submit the same at the time of admission. Overwriting, strike-through and erasing in the form should be avoided. Submission of incomplete forms will lead to rejection. Check thoroughly whether you have filled all your relevant details truly, correctly in the concerned forms.
6. Important :- No forms / proformas will be issued in VIMS office, as they are made available in VIMS website – **www.vimsbellary.org.in**.
7. The students are informed to submit the original certificates shown below with **two sets** of attested xerox copies of all original documents without fail.
8. Office working hours: **10-00am to 1.30pm & 2.15 pm to 5.30pm** on all government working days.
9. **Two Separate Demand Drafts to be purchased at any STATE BANK OF INDIA Branch only in favour of DIRECTOR, VIMS, BALLARI. Payable at State Bank of India VIMS Branch, Branch Code 40916. (Fee Details shown in Page No.5).**
10. Students admitted to VIMS, Ballari institute are expected to strictly follow the code of **discipline.**
11. Students are informed to take the print outs of the proforma's in **LEGAL SIZE PAPER ONLY i.e. 8 1/2" x 14"**.
12. Please refer website:- **ww.mciindia.org** regarding ragging terms and conditions and adhere to them. Ragging in any form is punishable by law.
13. Students are expected to maintain discipline inside and outside the college. Drinking alcohol, smoking or indulging in any anti-social activities are **strictly prohibited.**

CHECK LIST / OFFICE NOTE

Original documents to be submitted in the following order (along with two sets of attested photocopies of documents) for admission to under-graduate (MBBS) medical courses for admission required at the time of joining in Vijayanagara Institute of Medical Sciences, Ballari are as mentioned below.

Sl.No	Particulars	Remarks	Submitted/Not Applicable- Please Tick(✓)
1	Demand Draft in favour of Director, VIMS, Ballari. Category wise payment details shown in Page-No.5	For all students	
2	Requisition letter addressed to the Principal, VIMS, Ballari	For all students (download proforma-1)	
3	Provisional allotment letter generated through on-line	For AIQ Students	
4	Admission order issued by Karnataka Examination Authority	For Karnataka Students	
5	Form-I	For all students (download proforma-2)	
6	Form-II	For all students (download proforma-3)	
7	Four (4) Recent Passport size photograph with Name of the student printed on it.	For all students	
8	Admit Card of Exam issued by Central Board of Secondary Education (CBSE)	for AIQ Students	
9	Result Sheet issued by CBSE	for AIQ Students	
10	Rank Sheet issued by CBSE	for AIQ Students	
11	Date of Birth Certificate (if Metric Certificate does not bear the same)	For all students	
12	Class 10 th Certificate	For all students	
13	Class 10+2 Certificate	For applicable students	
14	Class 10+2 Marks Card	For all students	
15	Hyderabad-Karnataka Region Certificate (Article-371(j))	For Karnataka Students	
16	Transfer certificate from the institution last studied.	For all students	
17	Study / Character & Conduct certificate from the institute last attended	For all students	
18	Caste Certificate issued by the competent authority	For applicable students	
19	Income Certificate issued by the competent authority	For applicable students	
20	Proof of Identity – Preferably Aadhar Card.	For all students	
21	Eligibility Certificate issued by Rajiv Gandhi University of Health Sciences, (RGUHS), Bangalore OR Acknowledgement for having applied Eligibility Certificate through online from Rajiv Gandhi University of Health Sciences, (RGUHS), Bangalore. Refer website for applying EC through online : www.rguhs.ac.in / www.ecms.online.com	for students other than Karnataka PU board	
22	Domicile certificate (मूल निवास प्रमाण पत्र)	for students other than Karnataka State.	
23	Migration certificate	for students other than Karnataka PU board	
24	Physical fitness certificate (Medical Certificate)	For all students	
25	The students if selected for MBBS course under Defense, Jammu & Kashmir, NCC, PH, etc; shall submit the concerned certificate issued from competent authorities.	For applicable students	

Sl.No	Particulars	Remarks	Submitted/Not Applicable- Please Tick(✓)
Bond Papers shown in Proforma 4 to 8 & rural service bond in Sl. No.30 to be submitted at the time of admission in Government of Karnataka E-stamp paper compulsorily.			
26	Annexure-I, Part-I :- undertaking by the candidate	For all students (download proforma-4)	
27	Annexure I, Part II :- undertaking by parent/ guardian -	For all students (download proforma-5)	
28	Undertaking :- for MBBS Degree Programme as per RGUHS Curriculum	For all students (download proforma-6)	
29	Undertaking :- For Hostel Facility	For all students (download proforma-7)	
30	Undertaking :- Rural Service (1)	For all students (download proforma-8)	
31	Undertaking :- Rural Service (2)	For all students download proforma-9	
32	It is mandatory to all the students who are continuing their studies after casual rounds at VIMS, Bellary, that as per the Hon. Supreme Court & UGC/MHRD Regulations they shall fill in an Anti Ragging Undertaking on any of the two websites mentioned below. Henceforth submit a copy of the same to VIMS office before start of academic session compulsorily. Website Details : www.amanmovement.org (OR) www.antiragging.in	MBBS Seats Upgraded /Re-allotted/ Surrendered by students may need not apply/submit.	

PLACE : BALLARI

SIGNATURE OF THE CANDIDATE :

DATE :

SIGNATURE OF THE PARENT :

FOR OFFICE USE ONLY

The concerned student has submitted the above documents for admission to I Year MBBS course at VIMS, BALLARI. If approved he/she will be admitted provisionally at VIMS, BALLARI.

1) CASE WORKER :

1) OFFICE SUPERINTENDENT :

2) A.A.O. :

4) PRINCIPAL :

FEE STRUCTURE DETAILS

TWO SEPARATE DEMAND DRAFTS TO BE PURCHASED AT ANY STATE BANK OF INDIA BRANCH ONLY IN FAVOUR OF : DIRECTOR, VIMS, BALLARI PAYABLE AT STATE BANK OF INDIA VIMS BRANCH-40916.

I. FOR ALL INDIA QUOTA STUDENTS (15% QUOTA)

Sl. No.	Category	*First DD Amount	**Second DD Amount
1	SC / ST (Parent's Income below 2.5 lakhs)	17955.00	1995.00
2	SC / ST (Parent's Income above 2.5 lakhs)	26280.00	2920.00
3	Other Categories	26280.00	2920.00

II. FOR KARNATAKA STATE QUOTA STUDENTS (85% QUOTA)

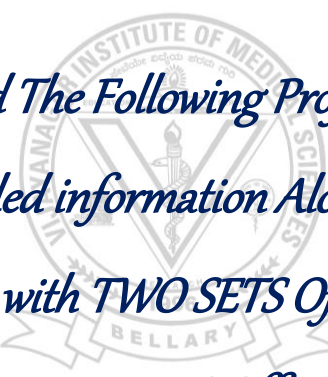
Sl. No.	Category	*First DD Amount	**Second DD Amount
1	SC / ST (Parent's Income below 2.5 lakhs)	13554.00	1506.00
2	SC / ST (Parent's Income above 2.5 lakhs)	11754.00	1306.00
3	Other Categories	11754.00	1306.00

Note :-

*** First Demand Draft will be returned back to such of the students who surrender / upgrade / re-allotment of MBBS Seats during casual rounds at other colleges during the **counseling period only**.**

****Second Demand Draft will be forfeited by the institute towards 10% of processing fees as per the guidelines of Government of India.**

Income Certificates issued by the competent authority to be submitted to VIMS office whose parents income is below Rs.2.50 lakhs



*Download The Following Proformas
And Submit the filled information Alongwith Original
Documents with TWO SETS Of Attested
Xerox Copies To VIMS Office During
Admission To First Year MBBS Course.*

(download proforma-1)
REQUISITION LETTER

To
The Principal,
VIMS, Ballari.

Place :
Date :

Sir,

Sub:- Application for admission to I Year MBBS course at VIMS, BALLARI allotted through **AIQ / KEA through NEET-2017**– reg.

I, Sri / Kum. _____ S/o, D/o. _____

have been allotted MBBS seat at VIMS, Ballari by AIQ / KEA through NEET-2017 Entrance Exam. My details are as follows : **(Strike out whichever is not applicable)**

FOR AIQ STUDENTS

Roll Number :
AIQ Rank :
Category :
Sub Category :
Allotted Category :

FOR KEA STUDENTS

Admission Order No :
CET No :
CET Rank No :
NEET Roll No :
NEET All India Rank :
Amount paid at KEA :

I am herewith enclosing the Demand Draft for Rs. _____ (Rupees _____
_____) (Only) Bearing No. _____ Dated _____
of _____ (Name of the Bank)
towards admission fees along with necessary original documents.

Hence, I request your kind self to admit me at VIMS, Ballari for I MBBS course. Admission taken is at my own request. I am aware that my admission is subject to the approval of the concerned competent authorities for which VIMS, BALLARI will not be held responsible for any consequences / objections arise in future with regard to my admission. I have not furnished any false information.

Yours faithfully,

(Signature of the candidate)

(Signature of the parent / Guardian)

ADDRESS FOR CORRESPONDENCE :

From :



**GOVERNMENT OF KARNATAKA
VIJAYANAGAR INSTITUTE OF MEDICAL SCIENCES,
BALLARI**

[Web: www.vimsbellary.org.in]



Reg.No:205/1995-96-Recognized by Medical Council of India, New Delhi vide No:MCI-57(3)/79-Med/1912, Dtd.16-04-1979
Director: '08392-242387, PA : '08392-235201, FAX : 08392-235202, Principal : '08392-235204,
e-mail-ids : directorvimsbellary@gmail.com, vims_42366@yahoo.com, principalvimsbellary@gmail.com

FORM-I

APPLICATION FORM FOR ADMISSION TO MBBS COURSE

Candidate Details (ALL THE ENTRIES IN THE FORM SHOULD BE IN **CAPITAL LETTERS ONLY**)
(Strike out whichever is not applicable)

Affix Passport
Size
Photograph

1	Candidate's Name: (As mentioned in SSLC/ 10 th marks card)										
2	Date of Birth										
3	Father's / Mother's Name (please specify guardian's name, if parents are not alive).					Father's Name :					
						Mother's Name :					
						Guardian's Name :					
4	Annual Income & Occupation of Father/Mother					Father :					
						Mother :					
5	Religion / Caste / Category (please tick:✓) particulars					Religion : _____ Caste :- _____					
						Category: GM[] OBC[] SC[] ST[] OTHERS[]					
6	Address for Communication										
	City										
	Pin										
	District										
	State										
7	E-mail										
8	Telephones :					Land Line					
						Mobile No.					
9	Details of Education :										
	(10+2) / PUC										
	Name of the Board / University										
	Name of College studied										
10	Please enter the percentage of Marks scored in Qualifying exam										
	Exam Passed	Register No.	Name of the Board / University	Year of Passing	Maximum Marks	Secured Marks	% of marks obtd. in aggregate of all subjects				
	SSLC/*Equivalent										
	10+2/PUC/*Equivalent										
	Any Other										
11	Please enter the of Marks scored and percentage in Qualifying exam										
	Subjects	Max. Marks	Marks obtained	% of Marks	PCB aggregate %						
	Physics										
	Chemistry										
	Biology										
	Total										
	English										
12	Seats allotted through KEA (Neet-2017)										
	KEA-Admn. Order No.	CET No	CET Rank	NEET Roll No	NEET AIR No	Category	Allotted Category	Max. Marks	Marks Obtained	% of Marks	
13	Seats allotted through AIQ (Neet-2017)										
	Roll No.	All India Quota Rank	Category	Sub-Category	Allotted Category	Max. Marks	Marks Obtained	% of Marks			
						720					
14	Selected under						PH / Sports /J&K / Others				
15	Total amount paid during admission										
16	DD No. & No & Date :										
PLACE :	SIGNATURE OF THE CANDIDATE					:					
DATE :	SIGNATURE OF THE GUARDIAN / PARENT					:					



**GOVERNMENT OF KARNATAKA
VIJAYANAGAR INSTITUTE OF MEDICAL SCIENCES,
BALLARI**

[Web: www.vimsbellary.org.in]



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e-mail-ids : directorvimsbellary@gmail.com, vims_42366@yahoo.com, principalvimsbellary@gmail.com

FORM-II

APPLICATION FORM FOR ADMISSION TO MBBS COURSE

Candidate Details (ALL THE ENTRIES IN THE FORM SHOULD BE IN CAPITAL LETTERS ONLY)

(Strike out whichever is not applicable)

Passport Size
Photograph

1	Candidate's Name (As given in SSLC/ 10 th Certificate)	
2	Father's Name :	
3	Mother's Name	
4	Sex	
5	Student's Address Cell No. Email-id.	
6	Religion	
7	Mother Tongue	
8	Category – Please specify SC/ST/CAT.I/IIA/IIB/IIIA/IIIB/OBC/GM/OTHERS	
9	Nationality	
10	State	
11	Urban / Rural	
12	Seat Category	Government Seat
13	Seat Type – KEA / AIQ	
14	AIQ Rank	
15	AIQ %age	
16	CET Rank No.	
17	CET %age	
18	Qualifying Exam (12th / PUC)	
19	Register No	
20	Passed Date & Year	
21	University / Board	
22	Optional Subjects	PHYSICS / CHEMISTRY / BIOLOGY
23	Total Max. Marks in PCB	
24	Total Marks secured in PCB	
25	Date of Admission	
26	Date of Birth	
27	Blood Group	

PLACE : SIGNATURE OF THE CANDIDATE :

DATE : SIGNATURE OF THE GUARDIAN / PARENT :

ANNEXURE I, PART I
UNDERTAKING BY THE CANDIDATE

1. I, _____ S/o or D/o. of Mr./Mrs. _____, have carefully read and fully understood the law prohibiting ragging and the directions of the Supreme Court, Central/State Government, MCI, Delhi and RGUHS, Bangalore in this regard.
2. I have received a copy of the MCI Regulations on Curbing the Menace of Ragging in Higher Educational Institutions, 2009.
3. I hereby undertake that -
 - I will not indulge in any behavior or act that may come under the definition of ragging,
 - I will not participate in or abet or propagate ragging in any form,
 - I will not hurt anyone physically or psychologically or cause any other harm.
4. I hereby agree that if I found guilty of any aspect of ragging, I may be punished as per the provisions of the MCI Regulations mentioned above and/or as per the law in force.

Signed this _____ day of _____ month of _____ year

1. Witness (Signature & Address)

SIGNATURE :-

ADDRESS: _____

2. Witness (Signature & Address)

Rs. 100/- - E-Stamp Papers to be purchased in the name of :-

First party :- Student's Name

Second party- Principal, VIMS, Ballari.

TO BE TYPED IN RS.100/- E-STAMP PAPER

ANNEXURE I, PART II
UNDERTAKING BY PARENT/GUARDIAN

1. I, _____ F/o /M/o / G/o
_____ have carefully read and fully understood the law prohibiting ragging and the directions of the Honorable Supreme Court and the Central/State Government in this regard as well as the MCI regulations on curbing the menace of Ragging in Higher Educational Institutions, 2009.
2. I assure you that my son/ daughter will not indulge in any act of ragging.
3. I hereby agree that if he/she is found guilty of any aspect of ragging, he/she may be punished as per the provisions of the MCI Regulations mentioned above and/or as per the law in force.

Signed this ____ day of _____ month of _____ Year

1. Witness (Signature & Address)

(_____)

SIGNATURE & ADDRESS:

2. Witness (Signature & Address)

Rs. 100/- - E-Stamp Papers to be purchased in the name of :-

First party :- Parent / Guardian Name

Second party- Principal, VIMS, Ballari.

TO BE TYPED IN RS.50/- E-STAMP PAPER

UNDERTAKING

MBBS DEGREE PROGRAMME AS PER RGUHS CURRICULUM

I _____ So/Do of _____ (herein after called the Natural Guardian of the Student) hereby given an undertaking that on admission to I MBBS at **Vijayanagara Institute of Medical Sciences, BALLARI**, during the year **2017-18**, read the rule No.11 of the ordinance of Governing M.B.B.S. Degree Program of Rajiv Gandhi University of Health Sciences, Bangalore, vide Notification No. ACA/BOS-27/97-98, dated: 24.03.1998, and I shall abide / by the ordinance that reads that no student shall be permitted to join Phase-II (Para Clinical & Clinical) Group of subjects until he / she passes in the Phase-I (pre-clinical) subject for which he / she will be permitted not more than four chances (Actual Examination) provided four chances are completed within three years from the date of enrolment.

Signature of the student
with full address

Witness :

1)

2)

Rs. 50/- - E-Stamp Papers to be purchased in the name of :-

First party :- Student Name

Second party- Principal, VIMS, Ballari.

AFFIDAVIT

To,

The Warden,
Girls and Boys Hostel,
VIMS, BELLARY

DECLARATION

I Dr./ Mr/Ms -----, daughter/ son of -----
-----, solemnly declare that I will agree to abide by the ladies/girls and boys hostel rules and regulations and maintain good conduct during my stay in the college and hostel. I hereby undertake to take food in the mess attached to the hostel. If I go against the rules and regulation of the hostel and the college authorities, I understand that I may be expelled from the hostel without notice. Further, I understand that ragging is strictly prohibited in the hostel and college premises. I solemnly declare that, I will not directly or indirectly indulge in ragging. If I am caught for involving myself in ragging activities directly or indirectly legal action may be taken against me as deemed fit or as directed by the competent authorities.

Name and Signature of the candidate

I Mr./ MS. Name -----, Address-----
-----is the father/mother/husband/guardian of Dr./Mr/Ms.....
----- solemnly declare that the ladies/girls and boys hostel admission procedure and fee structure has been explained to me prior to admission and agree to take admission as per the hostel rules and regulation. Further, I declare that my ward will abide to the hostel rules and regulations. If my ward goes against the rules and regulations of the hostel or gets involved with any kind of misbehavior, disciplinary action may be taken against her as decided by the college authorities.

Place

Date

Name and Signature of the parent/guardian

Rs. 50/- - E-Stamp Papers to be purchased in the name of :-

First party :- Student Name

Second party:- Principal, VIMS, Ballari.

(download proforma-8)

To be typed in Rs. 20/- E-stamp paper

Undertaking should be given by the candidates who select MBBS seats in Vijayanagara Institute of Medical Sciences, Bellary.

UNDERTAKING

I _____, S/o, D/o _____ Resident of
(permanent address) _____

_____ hereby give
undertaking that I am prepared to serve in any Primary Health Center or Primary Health Unit situated in
Rural Areas in the State of Karnataka for a minimum period of ONE year OR as decided by Government of
Karnataka on / after completion of the MBBS course at Vijayanagara Institute of Medical Sciences, Bellary

I and my parent hereby undertake to act accordingly.

Signature of the candidate

Date:.....

Place :.....

Signature of the Parent

(Father / Mother)

Rs. 20/- - E-Stamp Papers to be purchased in the name of :-

First party :- Student Name

Second party- Principal, VIMS, Ballari.

**Execution of bond by Candidates who select MBBS seats in Government Medical Colleges OR
Government seats in Private Medical Colleges
(On Rs.100/- e- Stamp Paper)**

I, Mr. / KumS/o. / D/o
..... a candidate with NEET-2017' Admission
Ticket No..... residing at
.....
.....
have on my own volition allotted a MBBS seat on ____ / ____ /2017 In Vijayanagara Institute of Medical
Sciences, Ballari vide admission order number dated ____ / ____ /2017 and do
hereby undertake as follows:

In accordance with the Amendment to Rule 11 of the Karnataka Selection of Candidates for
Admission to Government seats in Professional Educational Institutions Rules, 2006, vide Government
Notification – 1. No.HFW 79 RGU 2011 dated 17-07-2017 and Amendment act 2017 dated 6-7-2017,
I am prepared on completion of the course to serve in any Primary Health Center or Primary Health Unit
situated in Rural Areas in the State of Karnataka for a minimum period of ONE year and I will abide to
rules and regulation of Government of Karnataka.

What is stated above is true and correct and I and my parent hereby undertake to act accordingly.

Signature of the candidate

Date:.....

Place : Ballari.

Signature of the Parent

(Father / Mother)

Witnesses :

1)

2)

Rs. 100/- - E-Stamp Papers to be purchased in the name of :-

First party :- Student Name

Second party- Govt. of Karnataka



CONTACT DETAILS

PHONE : 08392 235210 (Office)
FAX : 08392 235202
WEBSITE : www.vimsbellary.org.in
EMAIL : principalvimsbellary@gmail.com
ADDRESS : Vijayanagar Institute of Medical Sciences, Cantonment, BALLARI, Karnataka, India. Pin- 583104.



For more details contact **Mr. K.N. Arun Kumar, FDA**, VIMS, Ballari to Mobile No. **09902324680** during working hours
(10-00 AM TO 5-30 PM ONLY)



