

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

Admission against vacant seats in MD/MS Programmes (2021-22) through
College Level Mop-Up round of Counselling on 09/05/2022

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

Subjects	Seats in State Quota	Total Seats for AIMQ
Anatomy	3	3
Physiology	3	3
Biochemistry	1	1
Microbiology	3	3
Pharmacology	3	3
Community Medicine	3	3
Pathology	4	1
Paediatrics	0	1
Anaesthesiology	0	1
Ophthalmology	0	1
Otorhinolaryngology (ENT)	1	1

College level mop-up round will be held on 09/05/2022. Candidates who have registered themselves for Mop-up round and their names are included in waiting provided by Hemwati Nandan Bahuguna Uttarakhand Medical Education University is eligible for college level mop-up round.

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

- Reporting by candidates - 09 am to 02 pm**
- Data Processing - 03 pm to 04:30pm**
- Seat allotment - 04:30pm 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 2021 (Original along with 02 sets of self attested photocopies)

a. List of Documents to be submitted for PG Medical Admission 2021 are:

S. No.	Documents
1.	Admit Card of NEET (PG) -2021
2.	Score Card/ Result of NEET (PG)- 2021
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.	Ten 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:

Fee Particular	State Quota		All India Mgmt Quota		Pre & Para Clinical	
	Clinical	Pathology	Clinical	Pathology	Anatomy, Physio, Biochem & Pharma	Microbiology & Com. Medicine
Tuition Fee	1,441,000	1,066,000	1,947,000	1,433,000	4,00,000	5,00,000
Admission Fee (One Time)	200,000	200,000	200,000	200,000	2,00,000	2,00,000
Security Refundable (One Time)	800,000	0	800,000	0	0	0
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	240,000	240,000	240,000	240,000	2,40,000	2,40,000
Mess Fee	205,000	205,000	205,000	205,000	2,05,000	2,05,000
Convocation 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	32,01,000	20,26,000	37,07,000	2,3,93,000	13,60,000	14,60,000

Candidates are requested to deposit their applicable fee as mentioned above at in favour of Shri Mahant IndiresH Hospital, Dehradun through Demand Draft or NEFT/RTGS in below mention account details and bring the **payment reference/UTR number** of payment deposited through NEFT/RTGS.

Name of Account	Shri Mahant IndiresH Hospital, Patel Nagar
Bank Name	Punjab National Bank
Branch Name Complete	Patel Nagar
Address/Telephone	Patel Nagar, Dehradun 0135-2726837/2626002
IFSC Code	PUNB0151600
Type of Bank Account	Saving
Bank Account No.	1516000110182819

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 2021 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 2021, bearing NEET roll number is **123456789** and the counseling board-2021 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 **30/01/2022**

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. **Ialil 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. That I the deponent **Vikas lal Shah** have passed the NEET examination of 2021, My NEET roll number is **123456789** Counseling Board-2021 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 2021 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**

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 **30/01/2022**.

Deponent

Signature of Witness 1:

(Name of Witness 1):

Address:

Signature of Witness 2:

(Name of Witness 2):

Address:

UNDERTAKING BY THE STUDENT

I _____(Full Name in Block Letters) Son/ Daughter of
Mr./Mrs./Ms. _____(Full Name in Block Letters) admitted to the course
of _____(Name of Course) with Admission No. _____ at **Shri Guru
Ram Rai Institute of Medical & Health Sciences, Patel Nagar , Dehradun** affiliated to **Shri Guru Ram
Rai University, Patel Nagar Dehradun, Uttarakhand** hereby declare that I have received a copy of the
National Medical Commission (Prevention and Prohibition of Ragging in Medical Colleges and Institutions)
Regulations, 2021(hereinafter referred to as the said regulations).

2. I have carefully read and fully understood the provisions in the said regulations.

3. I have particularly perused the provisions of regulations 3 and 4 of the said regulations and have fully
understood what constitutes —ragging.

4. I have also in particular perused the provisions of Chapter IV and read and understood the administrative
and penal actions that may be taken against me in case I am found guilty of ragging or abetting ragging,
actively or passively, or being part of a conspiracy to promote ragging.

5. I hereby undertake that—

(i) I will not indulge in any behaviour or act that may come under the definition of
ragging as may be constituted under regulation 3 of the said regulations;

(ii) I will not participate in or abet or propagate ragging in any form included but not
limited to those that may be constituted under regulation 3 of the said regulations;

(iii) I will not hurt anyone physically or psychologically or cause any other harm.

6. I hereby agree that if found guilty of any aspect 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.

(1)

7. I also declare that I have never been found to be guilty of ragging or abetting ragging, actively or passively, or being part of a conspiracy to promote ragging and have never been punished in any manner for these offences and further affirm that if this declaration is incorrect or false, my admission is liable to be cancelled / withdrawn.

Signed on this the _____ day of _____ month _____ 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:

(1)

UNDERTAKING BY PARENT

I _____(Full Name 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 No. _____at **Shri Guru Ram Rai Institute 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 copy of the National Medical Commission (Prevention and Prohibition of Ragging in Medical Colleges and Institutions) Regulations, 2021(hereinafter referred to as the said regulations).

2. I have carefully read and fully understood the provisions in the said regulations

3. I have particularly perused the provisions of regulations 3 and 4 of the said regulations and have fully understood what constitutes —ragging.

4. I have also in particular perused the provisions of Chapter IV and read and understood the administrative and penal actions that may be taken against my son/ daughter/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 come under the definition of ragging as may

be constituted under regulations 3 and 4 of the said regulations;

(ii) will not participate in or abet or propagate ragging in any form included but not limited to those that may be constituted under regulations 3 and 4 of the said regulations;

(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.

(2)

6. I also declare that he/she has never been found to be guilty of ragging or abetting ragging, actively or passively, or being part of a conspiracy to promote ragging and have never been punished in any manner for these offences and further affirm that if this declaration is incorrect or false, his/her admission is liable to be cancelled /withdrawn.

Signed on this the _____ day of _____ month 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: