# SHRI GURU RAM RAI INSTITUTE OF MEDICAL & HEALTH SCIENCES

# Important Notice for P.G. aspirants taking admission in our college

Important notice to PG aspirants applying for PG seats in SHRI GURU RAM RAI INSTITUTE OF MEDICAL & HEALTH SCIENCESthrough online counseling conducted by HNB Uttarakhand Medical Education University are directed to follow the admission procedure as below:

- 1. Candidate has to report in person at the college for confirmation of admission. In case of non-reporting by the candidate his or her allotment will be cancelled and seat will be deemed vacant for next round of counseling.
- 2. Candidates are advised to strictly follow the time line displayed by HNB Uttarakhand Medical Education Universityin their website (<a href="www.hnbumu.ac.in">www.hnbumu.ac.in</a>) and make necessary arrangement for travel. No extension of time will be given to the candidate.
- 3. List of Documents to be brought to Shri Guru Ram Rai Institute of Medical & Health Scienceswhile reporting for PG Medical Admission 2022 (Original along with 01 sets of self attested photocopies)

a. List of Documents to be submitted for PG Medical Admission 2022 are:

S. No.	Documents				
1.	Original Allotment letter from appropriate authority				
2.	Admit Card of NEET (PG) -2022				
3.	Score Card/ Result of NEET (PG)- 2022				
4.	High school certificate for Date of Birth				
5.	Intermediate school certificate (10+2)				
6.	Mark sheet of the MBBS examination (All Professional)				
7.	Internship completion certificate				
8.	Recent character certificate (last MBBS College attended)				
9.	MBBS Degree Certificate				
10.	Valid Permanent Registration Certificate from Uttarakhand Medical Council				
11.	Valid Permanent Registration Certificate from MCI/Sate Medical Council				
12.	Migration Certificate				
13.	Domicile/Permanent Resident of Uttarakhand Certificate (If Applicable)				
14.	Caste Certificate (If Applicable)				
15.	Affidavit from the CANDIDATE (attached) Annexure-1				
16.	Affidavit from the Parents (attached) Annexure-2				
17.	Undertaking against ragging from the CANDIDATE (attached) Annexure-3				
18.	Undertaking against ragging from the PARENTS (attached) Annexure-4				
19.	Ten recent colored passport size photographs(As per Guidelines)Annexure-5				
20.	Aadhar Card				
21.	PAN Card				
22.	Hepatitis B Vaccination certificate				
23.	Covid -19 Vaccination certificate				

## a. Fee Structure:

	State	Quota	All India M	gmt Quota	Pre & Para Clinical		
					Anatomy, Physio, Biochem &	Microbiology & Com.	
Fee Particular	Clinical	Pathology	Clinical	Pathology	Pharma	Medicine	
Tuition Fee	15,85,100	1,172,600	21,41,700	15,76,300	4,40,000	5,50,000	
Admission Fee (One Time)	200,000	200,000	200,000	200,000	2,00,000	2,00,000	
Security Refundable (One Time)	800,000	500,000	800,000	500,000	500,000	500,000	
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	252,000	252,000	252,000	252,000	252,000	252,000	
Mess Fee	215,250	215,250	215,250	215,250	215,250	215,250	
Convacation 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	33,67,350	26,54,850	39,23,950	30,58,550	19,22,250	20,32,250	

Candidates are requested to deposit their applicable fee as mentioned above at in favour of Shri SGRR INST OF MEDICAL AND HEALTH SCIENCES, Dehradun through NEFT/RTGS in below mention account details and bring the **payment reference/UTR number** of payment deposited through NEFT/RTGS.

Name of Account	SGRR INST OF MEDICAL AND HEALTH SCIENCES
Bank Name	HDFC BANK
Branch Name	32 Arhat Bazar, Dehradun
IFSC Code	HDFC0000893
Type of Bank Account	Saving
Bank Account No.	50100492036196

### Rupees 10 Stamp duty & Notarized by the Oath Commissioner

# **AFFIDAVIT BY PARENTS (Sample copy)**

**ILalit 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. **ILalit 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 2022 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 2022
- 11. , bearing NEET roll number is **123456789** and the counseling board-2022 has allotted seats for admission in Post Graduate course at Shri Guru Ram Rai Institute of Medical and Health Sciences, Patel Nagar, Dehradun.
- 12. 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.
- 13. 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.

14. My permanent address for correspondence is H No-26 Chandarbani Colony Sewala Kalan, I	Dehradun
Uttarakhand	

- 15. My registered Mobile number for contact is: 9524561253
- 16. My personnel email ID isvikaslal@gmail.comwhich I regularly access.
- 17. MyAadhar card number is **1234567891011**

Deponent

### Verification

DeponentLalit 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)

IVikas lal Shah Son Mr. lalit Lal ShahResidentH 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:

- That I the deponent Vikas lal Shahhave passed the NEET examination of 2022, My NEET roll number is 123456789 Counseling Board-2022 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 2022 results, I **Vikas lal Shah** havetaken 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

<ul> <li>11. My registered Mobile number for contact is: 9524561253</li> <li>12. My personnel email ID is vikaslal@gmail.com which I regularly access.</li> <li>13. MyAadhar card number is 1234567891011</li> </ul>	
Depon	ent
Verification	
Deponent <b>Vikas lal Shah</b> 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 <b>30/01/2022</b> .	
Depon	ent
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/ Daughte	er of Mr./Mrs./Ms.
	(Full Name in Block Letters) admitted to the cour	se of
	(Name of Course) with Admission No at	t Shri Guru Ram
Rai Inst	stitute of Medical & Health Sciences, Patel Nagar ,Dehradun affiliated to Shri Gu	ıru Ram Rai
Univers	rsity, Patel Nagar Dehradun, Uttarakhand hereby declare that I have received a co	opy of the National
Medical	al Commission (Prevention and Prohibition of Ragging in Medical Colleges and Instit	cutions)
Regulati	ations, 2021(hereinafter referred to as the said regulations).	
<b>2.</b> I have	ve carefully read and fully understood the provisions in the said regulations.	
<b>3</b> . I have	ave particularly perused the provisions of regulations3 and 4 of the said regulations and	l have fully
understo	stood what constitutes —ragging.	
4. I have	ve also in particular perused the provisions of Chapter IV and read and understood the	administrative
and pena	enal actions that may be taken against me in case I am found guilty of ragging or abetti	ing ragging,
actively	y or passively, or being part of a conspiracy to promote ragging.	
5. I here	reby undertake that—	
(	(i) I will not indulge in any behaviour or act that may come under the definition of	
r	ragging as may be constituted under regulation3 of the said regulations;	
(	(ii) I will not participate in or abet or propagate ragging in any form included but not	
1	limited to those that may be constituted under regulation3 of the said regulations;	
(	(iii) I will not hurt anyone physically or psychologically or cause any other harm.	
6. I here	reby agree that if found guilty of any aspect of ragging, I may be punished as per the p	provisions of the

said regulations or as per the applicable laws for the time being in force.

7. I also declare that I have	ve never been f	ound to be guilty	of raggin	g 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	m that if this d	eclaration is incor	rect or fa	lse, 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:						

I		(Full Name in Blo	ck Letters) I	Father / Mot	her/ Guardian of
Mr./Mrs./Ms.			(Full Nar	me of Student	in Block Letters)
admitted to the	course of		(Name o	of Course)	with Admission
Noa	t Shri Guru Ram	Rai Institute of Me	dical & He	ealth Science	es, Patel Nagar,
Dehradun, Uttarak	<b>khand</b> affiliated to	Shri Guru Ram Ra	ai Universit	ty, Patel Na	gar, Dehradun,
Uttarakhand hereby	declare that I have re	ceived a copy of the Na	tional Medic	al Commissio	n (Prevention and
Prohibition of Raggin	ng in Medical Colleg	es and Institutions) Reg	gulations, 202	21(hereinafter	referred to as the
said regulations).					
2. I have carefully rea	ad and fully understoc	d the provisions in the s	aid regulation	ns	
3. I have particularl	y perused the provis	ions of regulations3and	d 4 of the sa	aid regulation	s and have fully
understood what cons	stitutes —ragging.				
4. I have also in par	rticular perused the pr	ovisions of Chapter IV	and read and	d understood t	the administrative
and penal actions that	t may be taken agains	t my son/ daughter/ward	l in case he /s	she is found gu	uilty of ragging or
abetting ragging, acti	vely or passively, or b	eing part of a conspirac	y to promote	ragging.	
5. I hereby undertake	that my (son/ daughte	er/ ward)		(	Name)
(i) will not indulge in	n any behaviour or act	that may come under the	ne definition of	of ragging as r	nay
be constituted under 1	regulations3 and 4 of	the said regulations;			
	1 1 0	ate ragging in any form ions 3 and 4 of the said		not limited to	

(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.

6. I also declare that he/she	has never been foun	nd to be	guilty of raggi	ing or abetting	g 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 af	firm that if this declar	ration is	incorrect or fal	lse, his/her adı	mission is 1	iable to be	
cancelled /withdrawn.							
Signed on this the	_ day of	_ month	of	year.			
			Signature				
			Name:				
			· (dillo:				
			Address: Tel/ N	Mobile No.			
Signature of Witness 1:							
(Name of Witness 1):							
Address:							
Signature of Witness 2:							
(Name of Witness 2):							
Address:							

#### **Annexure-5**

# Shri Guru Ram Rai Institute of Medical and Health Science, Dehradun

## **Guideline for accepted photographs**

- 1. Submit a color photo, taken in last 6 months
- 2. Photos should be identical
- 3. Use a clear image of your face. Do not use filters
- 4. Have a neutral facial expression or a natural smile, with both eyes open.
- 5. Face the camera directly with full face in view.
- 6. Head should be in the centre of the frame and both ears should be visible
- 7. Take off your eyeglasses for your photo.
- 8. Photograph should be taken wearing a white apron / lab coat
- 9. Use an off-white background.
- 10. Submit a high-resolution photo that is not blurry, grainy, or pixilated.
- 11. The correct size of a passport photo is 4.5 Cm X 3.5 Cm
- 12. Printed on matte or glossy photo quality paper
- 13. Do not digitally change the photo
- 14. You cannot submit a damaged photo with holes, creases, or smudges