

Date: 27-01-2022

Important Instruction for Post Graduate Students

- All the admitted students are required to report at the Institute between – 10:30 AM to 01:30 PM & 3:00 PM to 05:00 PM
- Students are required to bring cheque book for submitting 5 PDCs (Post Dated Cheques) of their remaining tuition fees.
- Students are required to bring Demand Draft in the name of “GUJARAT ADANI INSTITUTE OF MEDICAL SCIENCES” payable at Bhuj for Hostel fees Rs. 30,000/- 1st term and refundable security deposit Rs. 10,000 at the time of joining.
- Hostel room shall be allotted only after fulfilling all formalities and payment of fees as well as security deposit.

Following documents to be submitted in original:

Sr.	Particulars
1	Admission Order
2	Original Document Submission to ACPGMC Receipt
3	Fee Receipt
4	Free Fee Receipt Card (For Reserve Category-if Applicable)
5	4 Passport Size Photographs

Self-Attested copies of following documents [2 sets]:

Sr.	Particulars
1	10th Mark sheet
2	12th Mark sheet
3	School Leaving Certificate
4	MBBS Degree Certificate
5	MBBS Mark sheet [1st, 1 nd , 3 rd Part I and II]
6	MBBS Passing Certificate
7	12 Months Internship Completion Certificate
8	Migration Certificate
9	Attempt Certificate
10	NEET PG Mark sheet
11	Provisional / Permanent registration of Gujarat Medical Council/ MCI
12	Cast Certificate in case of SC/ST/SEBC Candidate
13	Non- Creamy Layer Certificate for SEBC candidate.
14	Physical Disability Certificate(Only for PH Category Students)
15	Address Proof (Copy of: Passport, Electricity Bill, BSNL Landline Bill, DL)
16	AADHAR CARD
17	PAN CARD
18	Cancelled Cheque
19	EWS Certificate
20	Copy of Declaration / Undertaking for fees submitted to admission committee
21	COVID-19 Double Vaccination Certificate

For more details, contact: **Mr. Indrajit Bhatt – 9726430732**

For Hostel Accommodation details, contact: **Mr. Dharmesh Panchal – 9099991404**

Student's Information Form – PG

Note: Please Fill Form in Capital Letters only

PG Course Name : _____ Date of Admission: _____

State Quota Mgmt Quota NRI Quota University Quota

Student's Name : _____

SURNAME FIRST NAME FATHER'S NAME

Father's Name : _____

Mother's Name : _____

Recent
Passport size
Photograph

Permanent Address: _____

District : _____ Pin Code : _____

Email Address : _____

Residence Phone : _____ Self Mobile : _____

Father's Occupation: _____ Father's Mobile : _____

Mother's Occupation: _____ Mother's Mobile : _____

Date of Birth : _____ Gender : _____

Blood Group : _____ Cast Category : _____

Admission Category : Open / EWS / SEBC / SC / ST / PH / Other

Council Registration No. UG : _____

Name of the Council registered with : _____

Percentile Score of NEET PG : _____

All India Rank : _____ State Merit No : _____

Category Merit : _____ University Merit : _____

For Office Use Only

Hostel Facility : _____ (Yes) / (No) Hostel Charges: _____

Payment Mode : DD / Cheque / Online Allotted Room no : _____

Reported to Institute on : _____

Executive Name : _____ Sign & Date: _____

Financial Details

Hostel & Room No. : _____ Type of Accommodation: _____
 Hostel Charges; _____ P.A. Security Deposit: _____
 Cheque / DD No: _____ Cheque / DD No: _____
 Dated: ___/___/_____ Dated: ___/___/_____

Bank: _____ Bank: _____

Declaration

I hereby declare that the information furnished is true to the best of my knowledge and solemnly undertake (promise) that I will strictly follow the rules and regulations of the hostel (copy attached), which are enforced from time to time and shall not involve in any ragging / strike / demonstration / unlawful activities throughout my studies in this Institute. If I am found involved in any such above said activities, I am fully aware that I will be expelled from the college and hostel with immediate effect.

Date:

Signature of the student

I fully agree with the declaration and undertaking given by my ward and I assure that my ward will adhere to all the rules and regulations of the hostel and undertaking given by him/her. I understand any violation / indiscipline may attract fine, expulsion, or both to my ward. I solemnly declare that the above details are true to the best of my knowledge and belief.

Date:

Signature of Parent / Guardian

For Office Use Only

Reported for Hostel : _____ Hostel Block : _____

Room No. : _____ Room Type : _____

Sign of Admin: _____ Sign of Warden: _____

PG HOSTEL ROOM ALLOTMENT FORM

Name of PG Student: _____

Batch: _____

Hostel Block: _____

Room Type: _____

Hostel Room No: _____

Furniture and Fixtures provided in the Room:

Sr. No.	Description	Number				Common Area
1.	Bed	①	②	③	④	
2.	Table	①	②	③	④	
3.	Chair	①	②	③	④	
4.	Cupboard	①	②	③	④	
5.	Fan	①	②	③	④	
6.	Tube Light	①	②	③	④	
7.	Night Lamp	①	②	③	④	
8.	Outside Lamp	①	②	③	④	
9.	Curtains	①	②	③	④	
10.	Geyser	①	②	③	④	

Note: Common facilities available as Water Cooler, R.O. Plant, etc.

Declaration:

I have verified the Number of Furniture and Fixtures indicated above and have found them to be true. I agree that if the above listed items are found to be damaged or missing then an appropriate penalty amount may be deducted from my security deposit.

Date: ____ / ____ / ____

Signature of Student: _____

For Office Use Only

Admin Executive Name : _____ Sign & Date : _____

Warden Name: _____ Sign & Date: _____

PG Resident Undertaking
(Duly notarized on Rs. 300 Stamp Paper)

I, _____ (s/o)/ (d/o) _____ Age: _____, resident
_____ enrolled / admitted
for _____ program /course, hereby solemnly undertake that,

1. I have completely read and understood the institute's fees policy and undertake to abide by its rules and regulations.
 - 1.1 I undertake to deposit the tuition fees, hostel fees, late fees if any, as per fees policy and any other fees in time as notified from time to time.
 - 1.2 I also understand that I shall have to deposit late fees due to late payment of tuition fees and/or hostel fees.
 - 1.3 I also understand that tuition fees, hostel fees and late fees shall not be waived under any circumstances.
2. I have completely read and understood the institute's hostel policy and undertake to abide by its rules and regulations and shall submit separate undertaking at the time of for availing hostel accommodation. Hostel accommodation and campus residence is mandatory for all senior and junior Resident as per MCI regulation.
3. I will not indulge in any form of RAGGING (as per UGC/MCI regulations) and I along with my parents shall submit the online undertaking accordingly on UGC website and copies of both undertakings will be attached along with this undertaking.
4. I undertake that I shall not participate in any kind of strike or any kind of uninstitutional activity.
5. I have completely read and understood the institute's PG leave policy and undertake to abide by its rules and regulations.
 - 5.1 I shall do Biometric punching while entering and leaving workplace for attendance,
 - 5.2 I shall avail and submit Casual Leave & Academic Leave on prior approval of HOD and Additional Medical Superintendent.
 - 5.3 I shall submit copy of approved leaves regularly on or before 26th of each month to HR dept. for processing of stipend.
 - 5.4 If the above said copy of approved leave is not submitted in prescribed time limit then it will be consider as Leave without Pay (LWP).
 - 5.5 The leave will be sanctioned/ rejected depending on the work exigencies without assigning any reason at the sole discretion of the Head of the Department/ ADMS.
6. If period of leave/LWP/absence is extended beyond permitted duration, I understand that my period of training shall be extended proportionately.
7. I undertake to enroll myself for the online research methodology course in time and shall complete the course by the end of second semester as notified by MCI, New Delhi.
 - 6.1 I shall submit the online certificate generated on successful completion of the course (Online examination also) in time.
 - 6.2 I undertake to submit my research proposal with due approvals from scientific committee and ethics committee before end of 1st term i.e., by end of 1st July 2022 for timely submission to university.
 - 6.3 I understand that if I fail to comply with the above regulatory requirement specified by Medical Council of India, New Delhi I shall not be allowed to appear in the final examination of the postgraduate course in which I am enrolled i.e. _____.

8. I shall submit all regulatory documents such as Original merit documents, GMC Registration, Online Research Methodology Completion Certificate, Research Publication, Conference Attendance Certificate etc. to the Academic Department.
9. I undertake to follow the regulations for residency programme framed and as amended from time to time by the Government of Gujarat & MCI.
10. I will submit the Migration Certificate from my previous university to K S K V Kachchh University within 02 Months i.e., on or before 01st April 2022.
11. I shall submit medical fitness certificate issued by the competent authority along with this undertaking.
12. In case I am found to be guilty of any misconduct then I will abide by the decision taken by the disciplinary committee/ institutional administration.

Name of Resident:

Signature:

Date:

Name of Department: