

**BMC&RI- ACADEMIC YEAR 2018-19
DETAILS OF SUPER SPECIALITY CANDIDATE**

Sl. No.	Particulars		
1	Name of the Candidate		
2	Father's Name		
3	Mother's Name		
4	Spouse's Name		
5	Date of Birth with Age		
6	Religion		
7	Caste		
8	Sub-caste		
9	Permanent Address		
10	Correspondence Address		
11	Landline No		
12	Mobile No		
13	Email ID		
14	Aadhar No		
15	PAN		
16	Bank Account No		
17	Name of the Bank	Branch	IFS Code
18	Medical Council Registration	State :-	
		Reg No:-	
19	PG degree/		
20	PG Diploma		
21	Super Specialty		
22	Discipline/Subject		
23	Details of the reservation quota under which candidate is admitted		
24	Quota	General /In-service	
25	Institution last studied		

Signature of the Candidate

DECLARATION
(Penalty in case forfeiture of seat)

I Dr. _____ S/o/ D/o/ W/o _____
PG Degree/ PG Diploma in _____ year _____
college _____ University _____ hereby declare that, I will
pay a penalty of Rs. 5.00 Lakhs along with remaining course fee & stipend received if in case I
surrender/ discontinue the course.

Reg No:

Course:

Academic year:

Place:

Date:

Signature of the candidate

Witness:

1.

2.

Super Specialty Fee Details
2018-19

Super Specialty	Fees details
All subjects	2.00lakhs per year

Changes in the Fee Structure / Penalty for forfeiture of seats / Service Bond and Penalty for non compliance of Service bond conditions will be applicable from time to time as per the orders of the Government of Karnataka.

Signature of the candidate

Form1 (A)

UNDERTAKING FROM THE CANDIDATES ADMITTED TO SUPER SPECIALITY COURSES
(To be executed on stamp paper of Rs.300/-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 inCollege for Super Specialty Course2018-19 in..... (Indicate the subject) during the centralized counseling for admission to Super Specialty Courses 2018-19 by DGHS.
2. I am aware of the fact that the fees for 'Government' seat is highly Subsidized, I shall be under an obligation to serve the state of Karnataka for a minimum period of one year after completion of my Super Specialty Course as required under the provisions of Karnataka Compulsory service Training by Candidates Completed Medical Courses act 2012 and the amendments there. I have opted for the 'Government' seat after reading and fully understanding the above mentioned Rule.
3. I have read understood the provisions of Karnataka Compulsory service Training by Candidates Completed Medical Courses act 2012 the amendments there to, together with Rules passed there under by Karnataka State Legislation and the obligations of a students for availing the 'Government' seat.
4. In Compliance with ,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 one year in any of the Government Medical Colleges and Super Specialty hospitals as decided by the Government of Karnataka, after completion of my Super Specialty Course.
5. I have no objection to work for a period of one year at Government Medical Colleges and Super Specialty hospitals if the Department of Medical Education desires, at monthly remuneration as fixed by the Medical Education Department, Government of Karnataka.

6. In case, if I fail to comply with undertaking of compulsory service, 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 Government of Karnataka on demand, that we shall pay a penalty of Rs.30.00lakh (RUPEES THIRTY LAKH ONLY) FOR Super Specialty Course to the Government and only after payment of penalty, I shall collect my original documents which are in the custody of the institution.
7. I am enclosing the details of two sureties along with self-attested copies of PAN card Aadhar card.

Signed this day ofby the Bounden

DETAILS OF SURETIES

Name: S/o, D/O, W/o..... Aged years..... Permanent resident of..... Presently residing at..... Aadhar no....., PAN No. Cell No..... Email.ID..... Signature of the Surety	Name: S/o, D/O, W/o..... Aged years..... Permanent resident of..... Presently residing at..... Aadhar no....., PAN No. Cell No..... Email.ID..... Signature of the Surety
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WITNESS

- 1.
- 2.

Category: GM/ OBC/ SC/ ST _____
 State Medical Registration No _____
 Candidate Mobile No: +91 _____
 Email: _____
 NEET Roll No. _____

PERSONAL DETAILS

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

Sl. No.	Particulars	To be filled in Capital letters only
1.	Name of Candidate	
2	Age with date of birth	
3	Father's Name	
4	Mother's Name	
5	Permanent Address	
6	Correspondence Address	
7	Contact number of the Candidate	Mobile : Landline: with STD code
8	Contact No. of Parent/Guardian/reference of candidate to contact in case of emergency	Mobile : Landline: with STD code
9	E-mail ID	
10	Aadhaar No	
11	State Medical Registration No.	Reg. No State..
12	Discipline /Subject	
13	Details of the reservation quota under which candidate is admitted	

Signature of the Candidate

PENALTY BOND

**STAMP PAPER VALUE NOT
LESS THAN Rs.200/-**

DATED: ___/___/_____

KNOW ALL MEN BY THESE PRESENTS THAT WE Dr. _____
S/D/W/o. _____ aged about ___(_____) years, and residing at _____
(Hereinafter called the Obliger) and _____ S/D/W/o. _____ aged
about _____ (_____) years, and resident at
_____ (herein after called the surety) do hereby jointly and severally
bind ourselves and our respective heirs, executors and administrators to pay to the Government
of Karnataka (herein after called "the Government") on demand the sum of **Rs.5,00,000/-
(Rupees Five Lakhs only) in case of Super Specialty** and stipend as detailed herein below
together with interest thereon from the date of demand at Government rates for the time being in
force on Government loans, AND TOGETHER with all costs between attorney and client and
all charges and expenses that shall or may have been incurred by the Government.

WHEREAS the obliger has been granted a seat for post Graduate studies in
(_____) At Bangalore Medical College & Research Institute, Bangalore NOW THE
CONDITION OF ABOVE WRITTEN OBLIGATION THAT in the event of the obliger leaving
the course by discontinuance or otherwise and thus failing to complete the course, the obliger
and the surety shall forthwith pay to the Government on demand the said sum of **Rs.5,00,000/-
(Rupees Five Lakhs only) in case of Super Specialty** plus stipend drawn by the obliger from
Government during the period of his/her Post Graduate study in (_____) Bangalore
Medical College & Research Institute, Bangalore together with interest thereon from the date of
demand at Government rates for the time being in force of Government loans.

In addition to the prescribed fine, every candidate shall pay the remaining period course fee on
his own to the Government/Private Colleges in the event of he / she leaving the course before its
completion.

PROVIDED always that the liability of the surety hereunder shall not be impaired or discharged by reason of time being granted or. By any forbearance act of omission of the Government of any person authorized by them (whether with or without the consent or knowledge of the surety) nor shall it be necessary for the Government to sue the obliger before suing the surety amounts due hereunder.

THE BOND SHALL BE in all respects be governed by the Laws of India for the time being in force and the rights and liabilities hereunder shall where necessary be accordingly determined by the appropriate courts in India.

SIGNED AND Dated this _____ day of _____ two thousand

_____ SIGNED AND delivered by the obliger above named Dr. _____ in the presence of

WITNESS WITH NAME 1.

AND ADDRESS 2.

SIGNED AND delivered by the surety above named _____ in the presence of _____

WITNESS WITH NAME 1.

AND ADDRESS 2.

Category: GM/ OBC/ SC/ ST _____

State Medical Registration No _____

Candidate Mobile No: +91 _____

Email: _____

NEET Testing Id/Roll No. _____

OFFICE NOTE**Sub: - Admission to Super Specialty Course for the Academic Year 2018-19 – reg.**

SUBJECT		QUOTA	
DEGREE		GEN	IN-SERVICE
DIPLOMA			
SUPER SPECIALITY			

Dr. _____, S/o/ D/o/ W/o _____ bearing
NEET Roll No. _____, Rank No. _____, Percentage/Percentile ____/____ has submitted the
following Original certificates.

SI No	Particulars	Submitted	Not Submitted
1	NEET PG Admit card		
2	NEET PG score card		
3	NEET Rank Card		
4	NEET /KEA Allotment Order		
5	SSLC Marks Card / Birth Certificate		
6	2 nd PUC/12 th Standard Mark card		
7	MBBS Marks Card	1st MBBS	
		2nd MBBS	
		Final MBBS Part-1	
		Final MBBS Part-2	
8	Attempt /Study Certificate		
9	Internship Certificate/ Provisional Certificate		
10	UG Degree Certificate/ Provisional Certificate		
11	Post Graduate Marks card		
12	Post Graduate Degree Certificate		
13	Post Graduate attempt certificate		
14	State Medical Council Registration Certificate		
	State:	Reg. No:	
15	Migration Certificate		
16	Transfer Certificate		
17	Domicile Certificate		
18	Caste Certificate		
19	PG Diploma Marks Card (if any)		
20	PG Diploma Certificate		
21	Eligibility Certificate issued by RGUHS (For other University Students)		
22	Penalty Bond (For Forfeiture of seat) Rs.100/- bond paper		
23	Service Bond Rs.100/- bond paper (1 year)		
24	Physical Fitness Certificate		
25	Photograph (3 pass port size and Soft copy in JPG less than 45KB)		
26	Aadhar card (Photo copy)	No:	
27	PAN Card (Photo copy)	No:	
28	Physical Disability Certificate	No:	
		Issued by	
29	In-service candidates	Probationary Period Declaration letter	
		Relieving Order	
30	Fee Details	Bank	Branch
	Challan No	Amount	Date

Signature of candidate

Signature of the Scrutinizing Officer