ANNEXURE – I

| Sl. No | Arrange the following documents in the given sequence only | | | | |
|----------------------------------|---|--|--|--|--|
| | For GENERAL and NRI | | | | |
| 1 | Duly signed application form /Registration copy of information. (Kindly click the link and provide the online information) | | | | |
| | Medical (MD/MS/DOMS) https://jnmc.contineo.in/admission/ | | | | |
| 2 | Provisional Allotment Letter issued by MCC | | | | |
| 3 | Admit Card issued by NBE | | | | |
| 4 | Result/Rank Letter issued by NBE | | | | |
| 5 | 10 th / SSLC Standard / Equivalent Marks Card (For date of birth). | | | | |
| 6 | 12 th /PUC standard Marks Card of the Candidate | | | | |
| 7 | MBBS marks card issued by Universities of all phases/years. | | | | |
| 8 | Degree Certificate / Provisional Certificate | | | | |
| 9 | Migration Certificate from the Concerned University if MBBS done from other than KLE Academy of Higher Education and Research, Belagavi | | | | |
| 10 | Internship Completion Certificate. | | | | |
| 11 | Permanent State / Central Medical / Dental Council Registration Certificate to be compulsorily | | | | |
| | submitted at the time of admission process. | | | | |
| 12 | Six recent passport size colored photographs with name and date. | | | | |
| 13 | Caste certificate (OBC/SC/ST) (in English version) | | | | |
| 14 | EWS Certificate as per the Central Govt. Norms (if applicable) | | | | |
| 15 | Certificate of Domicile | | | | |
| 16 | Fee remittance copy/ acknowledgement / Demand Drafts (of Nationalized / Scheduled Bank) for fees | | | | |
| 17 | Photo Copy of PAN CARD (Candidate & Parent) | | | | |
| 18 | Photo Copy of Aadhaar Card (Candidate & Parent) | | | | |
| 19 | NBE Screening test & NMC registration certificate (qualified MBBS other than India) | | | | |
| | Annexure – I (List of documents) | | | | |
| Annexure – II (Undertaking/Bond) | | | | | |
| | Annexure – III (Service bond) | | | | |
| 20 | Other documents: | | | | |
| | Anti-ragging undertaking by students and parents/guardians. | | | | |
| | (This has to be submitted online on or before commencement of course). <u>www.antiragging.in</u> | | | | |

21 Mandatory Documents submission by NRI/Foreign Candidates:

NRI / NRI ward/ OCI / PIO / Foreign Nationals Candidates:

- a) Candidate's parents resident certificate issued by the Embassy of that country complying with the Income Tax Rules / any other certificates to establish evidence that they are resident of that country / affidavit on Rs.100/- e-stamp paper to that effect.
- b) Candidate's passport / VISA / Resident VISA.
- c) Citizenship of the candidate.
- d) Income Tax Documents required as per the Income Tax Act 1961.
- e) If NRI Ward with Ward Certificate.
- f) If candidate is foreign medical graduate must submit screening test certificate.
- g) Candidate's Study certificate for having studied outside India where applicable for the qualifying examination. Note: For the purpose of verification e-document may be considered with regard to NRI ward certificate subject to submitting the original at the time of taking the admission.

For Foreign Nationals:

- a. Foreign national's qualification registration certificate by the corresponding Medical Council or concerned authority in his / her own country from where he / she has obtained his / her basic medical graduate qualification.
- b. Obtain Temporary registration certificate from MCI/DCI within one month of securing admission.
- c. Indian/OCI citizen who have obtained their Medical Qualification outside India must submit original Screening test pass certificate & MCI registration certificate.

Mandatory Other documents as prescribed in MCC website:

- 1. Affidavit of the person who is NRI and the sponsorer.
- 2. Documents claiming that the sponsorer is an NRI (Passport, Visa of the sponsorer)
- 3.Relationship of NRI with the candidate as per the court orders of The Hon'ble Supreme Court of India in case W.P.(c) No. 689/2017-Consortium of Deemed Universities in Karnataka (CODEUNIK) & Ans. Vs Union of India & Ors. dated 22-08-2017
- **4**. Affidavit from the sponsorer that he/ she will sponsor the entire course fee of the candidate duly notarized.
- **5**.Embassy Certificate of the Sponsorer.(Certificate from consulate)
- **6.** Passport copy of the Candidate

Note: Candidates without original certificates/documents shall not be given admission in allotted Medical/Dental College. Candidates who have deposited their original documents with any other Institute/College/University and come for admission with a certificate stating that "their original certificates are deposited with the Institute/College/ University" shall not be given admission in allotted Medical/Dental College.

ANNEXURE – II

MEDICAL (MD/MS/PG DIPLOMA) course

DISCONTINUATION BOND FORMAT

UNDERTAKING for General / NRI

(to submit the bond on stamp paper of Rs.200/- Notarized

| Advocate No. of corrections. | DEPONENT | | | | | | |
|---|---|--|--|--|--|--|--|
| Identified by me | | | | | | | |
| This is to verify that the contents of this a Verified aton | affidavit are true to the best of my knowledge, information and belief. | | | | | | |
| | <u>VERIFICATION</u> | | | | | | |
| Signature of the Candida | te Signature of the Parent/Guardian | | | | | | |
| to either sign or execute this Affi | • | | | | | | |
| I have executed this affid | avit in sound mind, out of free will without any force or coercion | | | | | | |
| University, Belgaum payable for | the entire course without any demur. | | | | | | |
| I along with my parent /guard | lian hereby undertake to pay balance tuition and other fees | | | | | | |
| In the event of my discon | tinuation of (MD/MS/PG DIPLOMA) course due to any reason, | | | | | | |
| tuition and other fees as per Univ | ersity Norms. | | | | | | |
| shall complete the (MD/MS/PG | G DIPLOMA) course and accordingly undertake to pay all the | | | | | | |
| In consideration of admi | ssion to 1st year Medical (MD/MS/PG DIPLOMA) course, I | | | | | | |
| (DGHS), Government of India, New-Delhi through NEET PG Rank No | | | | | | | |
| through the Common Counseling conducted by the Directorate General of Health Services | | | | | | | |
| Higher Education & Research, | Deemed-to-be University under Section 3 of the UGC Act 1956 | | | | | | |
| Jawaharlal Nehru Medical C | ollege, Belagavi, a constituent college of KLE Academy of | | | | | | |
| I, have been selected to | o the 1^{st} year Medical (MD/MS/PG DIPLOMA) course at | | | | | | |
| follows: | | | | | | | |
| (| Permanent/present address of Parent) do hereby swear an oath as | | | | | | |
| • | (Name of the Parents resident of | | | | | | |
| I, Mr/Ms | | | | | | | |
| | suomii ine vona on siamp paper of Ks.200/- Notarizea) | | | | | | |

ANNEXURE – III

UNDERTAKING

(to submit the bond on stamp paper of Rs.100/- Notarized)

| Herein, I Dr. | , Age: | Years, Resident of | do hereby | | |
|---|-----------------|-----------------------------------|--------------------|--|--|
| undertake as follows: | | | | | |
| I have qualified through the M | NEET-Post (| Graduate-2021 for admission t | to MD/MS course | | |
| in at the J.N. Medical Co | ollege, Belaga | avi. The course duration is of th | <u>ree</u> years. | | |
| I hereby undertake that I si | hall serve as | s Senior Resident at the Tea | ching hospital of | | |
| Jawaharlal Nehru Medical College | or other H | Health Institutes of KLE Aca | demy of Higher | | |
| Education and Research for a period | of one year a | fter completion of my course. I | shall join service | | |
| immediately on completion of my | course and | serve for a minimum period | of one year. The | | |
| Postings shall be at the discretion of | the institution | n, depending on the vacancies. | The undertaking | | |
| will be implied only in the presence | of vacancies | S. | | | |
| I further undertake that I sh | all submit m | y original certificates and test | timonials such as | | |
| marks sheet, passing certificate, NE | ET qualifyin | g certificate / Degree Certifica | ite, etc. The said | | |
| documents shall be under the custody of the college authorities till the termination of this service. | | | | | |
| In case I fail to serve for | r a period | of one year, I undertake to | pay a sum of | | |
| Rs. 10 Lakhs (Rupees Ten Lakhs Onl | ly) as damage | es for breach of assurance. | | | |
| Name & Address of the Candidate | | Signature | | | |
| Email Id of the candidate: | | | | | |
| Witness Name : | | Signature | | | |
| Place: | | Date | | | |
| | | | | | |