

Following original documents along with **THREE** sets of attested/self-attested photocopies to be submitted at the time of admission:

**(Note: Keep original scanned copies of all documents with you for future use)**

## ANNEXURE – I

Sl. No	Original documents to be submitted while reporting
<b>For GENERAL &amp; NRI Seats</b>	
1	MCC Registration Slip
2	NEET Admit Card issued by NTA-2020
3	Score Card / Rank Letter issued by CBSE (NTA-2020)
4	10 <sup>th</sup> / SSLC Standard marks Card for proof of Date of Birth
5	Marks Card of 10+2 (12 <sup>th</sup> )
6	Transfer Certificate / School Leaving / Migration Certificate (if applicable)
7	Two recent passport-sizes colored photographs
8	Fee remittance copy/ acknowledgement / Demand Drafts (of Nationalized / Scheduled Bank) for fees
9	Photo Copy of PAN CARD (Candidate & Parent) <i>Note: ( Candidate pan card if not available submit parents pan card)</i>
10	Copy of Aadhaar Card Compulsory for Indian Residents
11	Caste certificate ( <i>in English version</i> )
12	Certificate of Domicile ( <i>need to be submitted before 31<sup>st</sup> December 2020</i> )
13	Annexure II
14	<p><b>I. Mandatory Documents submission by NRI/Foreign Candidates :</b> NRI / NRI ward/ OCI / PIO / Foreign Nationals Candidates:</p> <ol style="list-style-type: none"> <li>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.</li> <li>Candidate's passport / VISA / Resident VISA.</li> <li>Citizenship of the candidate.</li> <li>Income Tax Documents required as per the Income Tax Act 1961.</li> <li>If NRI Ward - with Ward Certificate.</li> </ol> <p><b>II. Mandatory Other documents as prescribed in MCC website:</b></p> <ol style="list-style-type: none"> <li>Affidavit of the person who is NRI and the sponsorer.</li> <li>Documents claiming that the sponsorer is an NRI (Passport, Visa of the sponsorer)</li> <li>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) &amp; Ans. Vs Union of India &amp; Ors. dated 22-08-2017</li> <li>Affidavit from the sponsorer that he/ she will sponsor the entire course fee of the candidate.</li> <li>Embassy Certificate of the Sponsorer. (Certificate from consulate).</li> <li>Passport copy of the Candidate</li> </ol>
15	Anti ragging undertaking by students and parents/guardians. (This has to be submitted on or before 1 <sup>st</sup> week of January 2021). <a href="http://www.antiragging.in">www.antiragging.in</a>

**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.

## FIRST YEAR FEES STRUCTURE FOR MBBS / BDS COURSE FOR THE YEAR 2020-21:

Fees Link: <https://kledeemeduniversity.edu.in/admissions-2020/#1572672151688-bd3ec501-f3a6>

Sl. No.	COURSE & COLLEGE NAME	ANNUAL FEES (INR) MNG/PAID SEATS	*ANNUAL FEES (\$) NRI SEATS
1.	<b>Bachelor of Medicine, Bachelor of Surgery – (MBBS)</b> (KAHER Jawaharlal Nehru Medical College, Belagavi)	<b>Rs.18,28,800/-</b>	<b>US \$ 52,635</b>
2.	<b>Bachelor of Dental Surgery - (BDS)</b> (KAHER V. K. Institute of Dental Sciences, Belagavi)	<b>Rs.4,47,350/-</b>	<b>US \$ 12,100</b>

**\*Note: Seats allotted under NRI category have to pay fees in US Dollar only.**

### ➤ **MODE OF PAYMENT**

#### For Management / Paid Seat (General) Category Candidates:-

#### ➤ : - **RTGS / NEFT or Demand Draft**

#### ✚ **SYNDICATE BANK, BELAGAVI**

<b>Account No</b>	<b>05042140000240</b>
<b>Account Name</b>	<b>THE REGISTRAR KAHER FOR ADMISSIONS</b>
<b>IFSC Code</b>	<b>SYNB0000504</b>
<b>MIRC Code</b>	<b>590025005</b>
<b>Branch Name</b>	<b>Syndicate Bank, Nehru Nagar, Belagavi</b>

**OR**

#### ✚ **AXIS BANK, BELAGAVI**

<b>Account No</b>	<b>916010049680949</b>
<b>Account Name</b>	<b>THE REGISTRAR KLE DEEMED UNIVERSITY</b>
<b>IFSC Code</b>	<b>UTIB0002941</b>
<b>Branch Name</b>	<b>AXIS BANK , Kadolkar Galli ,Belgaum</b>

**OR**

Demand drafts should be drawn in favor of **THE REGISTRAR KAHER FOR ADMISSIONS, Payable at Belagavi (Belgaum)**. (Demand Draft should be drawn on any nationalized / scheduled Bank)

The requisite Demand Draft drawn on any Nationalized / Scheduled Bank towards tuition fee for the course concerned shall be deposited at the admission counter. (Candidate shall mention his / her name, NEET Rank at the back of the Demand Draft.) The Demand Draft shall be purchased by the candidate / parents only. In case, the Demand Drafts are purchased by any person other than the candidate / parents for paying the tuition fee, an Undertaking has to be provided in the format prescribed by the University.

➤ **For NRI Candidates FEES Remittance Bank Details :-**

**For payments of fees in US \$ for **MEDICAL**  
Admissions in KAHER J. N. Medical College, Belagavi.**

<b>Beneficiary Name:</b>	REGISTRAR, KLEU FOR JNMC BELGAUM
<b>Beneficiary Address:</b>	JAWAHARLAL NEHRU MEDICAL COLLEGE, NEHRU NAGAR BELGAUM KARNATAKA INDIA. PIN CODE-590010.
<b>Beneficiary Account No.</b>	<b>05001070000061</b>
<b>Beneficiary Bank Name:</b>	SYNDICATE BANK. BELGAUM
<b>BANK Swift Code:</b>	SYNBINBB155
<b>BANK IFSC Code:</b>	<b>SYNB0000500</b>
<b>Bank Address:</b>	MARUTHI GALLI, BEGLAUM, BELGAUM, KARNATAKA, INDIA. PIN CODE-590002.
<b>Bank contact no.</b>	<b>08312405060</b>

**For payments of fees in US \$ for **DENTAL**  
Admissions in KAHER V. K. Institute of Dental Sciences, Belagavi.**

<b>Beneficiary Name:</b>	Registrar, KLEU for V K INSTITUTE OF DENTAL SCIENCE
<b>Beneficiary Address:</b>	V K INSTITUTE OF DENTAL SCIENCE, BELAGAVI. NEHRU NAGAR BELGAUM KARNATAKA INDIA. PIN CODE-590010.
<b>Beneficiary Account No.</b>	<b>05001070000076</b>
<b>Beneficiary Bank Name:</b>	SYNDICATE BANK. BELGAUM
<b>BANK Swift Code:</b>	SYNBINBB155
<b>BANK IFSC Code:</b>	<b>SYNB0000500</b>
<b>Bank Address:</b>	MARUTI GALLI BELGAUM, KARNATAKA, INDIA. PIN CODE-590002.
<b>Bank contact no.</b>	<b>08312405060</b>

## **OTHER RELEVANT INFORMATION:-**

- Differences of opinion & disputes arising in the interpretation & implementation of the clauses in the Brochure, if any, will be referred to the Competent Authority and same will be informed to the Vice-Chancellor of the KLE University, Belagavi & his decision shall be final & binding on all the concerned.
- Any legal matter arising out of the total admission process of UG Medical /Dental Degree courses through KLE Deemed University, Belagavi will be in the courts of BELAGAVI, Karnataka State.
- **Please note:** KLE Deemed University does not have any agents, liaison / admission offices, representatives or any other office/s other than the office mentioned in this brochure. Candidates are requested not to depend upon or deal with any person or organization/s claiming to be associated with the KLE Deemed University activities or claiming to help with admission or entrance tests. KLE Deemed University will not be responsible for the same.
- **In case any candidate is found to be involved in or indulged in impersonation or any other unfair means or cheating to procure admission, KLE Deemed University reserves the right to cancel the allotted seat and forfeit of the entire amount of fees paid by such candidate. Such candidates are liable for prosecution as per the law of the land.**
- **All concerned communication will be received or sent through registered e-mail id only.**

### **Note:**

- **The above guidelines are not exhaustive they are only indicative. Any changes or modification of the above will be notified on website**
- The KLE Deemed University admission committee may from time to time specify for submission such other additional documents as deemed essential from all candidates through the application form or through a notification on their website.
- In case, if any of the documents produced in respect of the Clause claimed by the candidate is found to be false / incorrect, the seat allotted to the candidate will be cancelled at any stage and the entire fee amount paid by such candidate will be forfeited.
- **The eligible candidates should check the update on university website regularly.**
- **No candidates will be informed / notified individually if any updates; candidates must visit our website KLE Deemed University / MCC ([www.kledeemeduniversity.edu.in](http://www.kledeemeduniversity.edu.in) & [www.mcc.nic.in](http://www.mcc.nic.in)) frequently for any update or any notifications.**



**ANNEXURE – II**

**MBBS / BDS COURSE DISCONTINUATION BOND FORMAT  
UNDERTAKING for General / NRI**

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

I, Mr/Ms..... (Name of the Candidate), aged about.....years, S/D/o.....(Name of the Parents resident of ..... (Permanent/present address of Parent) do hereby swear an oath as follows:

I, have been selected to the 1<sup>st</sup> MBBS course at **Jawaharlal Nehru Medical College, Belagavi** / 1<sup>st</sup> year of BDS course at **KLE V. K. Institute of Dental Sciences, Belagavi** a constituent college of **KLE Deemed University**, Deemed-to-be University under Section 3 of the UGC Act 1956 through the Common Counseling conducted by the Directorate General of Health Services (DGHS), Government of India, New-Delhi through NEET Rank No..... (All India Rank).

In consideration of admission to **1<sup>st</sup> year MBBS / BDS** course, I shall complete the MBBS/ BDS course and accordingly undertake to pay all the tuition and other fees as per University Norms.

In the event of my discontinuation of **MBBS/ BDS** course due to any reason, I along with my parent /guardian hereby undertake to pay balance tuition and other fees University, Belgaum payable for the entire course without any demur.

I have executed this affidavit in sound mind, out of free will without any force or coercion to either sign or execute this Affidavit.

**Signature of the Candidate**

**Signature of the Parent/Guardian**

**VERIFICATION**

This is to verify that the contents of this affidavit are true to the best of my knowledge, information and belief.

Verified at .....on this the day of ..... 2020.

**Identified by me**

**Advocate  
No. of corrections.**

**DEPONENT**

**Note:** - for e-stamp paper of Rs.200/- to be Notarized.

FIRST PARTY: - Candidates Name  
SECOND PARTY: - Registrar, KAHER, Belagavi