



(S.R.I.M.S.R.)

SHRI RAWATPURA SARKAR INSTITUTE OF MEDICAL SCIENCES AND RESEARCH

(S.R.I.M.S.R.)

S. No.:/SRIMSR/DIR/2024/ 214

दिनांक:-27.08.2024

प्रति

संचालक चिकित्सा शिक्षा

छत्तीसगढ़ शासन, रायपुर (छ0ग0)

विषय:- शैक्षणिक सत्र 2024-25 में चिकित्सा स्नातक (एम.बी.बी.एस.) पाठ्यक्रम की महाविद्यालय सम्बद्धता, मान्यता एवं शिक्षण शुल्क की जानकारी बावत्।

संदर्भ: आपके पत्र-क्रमांक/6719/छात्र/संचिशि/2024 रायपुर दिनांक:-16.07.2024

महोदय,

उपरोक्त विषयातर्गत शैक्षणिक सत्र 2024-2025 में चिकित्सा स्नातक पाठ्यक्रम (एम.बी.बी.एस.) प्रवेश हेतु आपके द्वारा चाही गयी जानकारी निम्नानुसार है।

- 1- हमारे चिकित्सा महाविद्यालय को राष्ट्रीय आयुर्विज्ञान आयोग (NMC) द्वारा शिक्षण सत्र 2024-25 के प्रवेश हेतु मान्यता प्राप्त हुई है जिसकी प्रतिलिपि इस पत्र के साथ आपके समय प्रेषित है।(संलग्न-1)
- 2- हमारे चिकित्सा महाविद्यालय को पं० दीनदयाल उपाध्यय स्मृति स्वास्थ्य विज्ञान एवं आयुष विश्वविद्यालय रायपुर द्वारा सम्बद्धता प्राप्त हुई है जिसकी प्रतिलिपि इस पत्र के साथ आपके समक्ष प्रेषित है।(संलग्न-2)
- 3- हमारे चिकित्सा महाविद्यालय में एम.बी.बी.एस. पाठ्यक्रम प्रवेश हेतु सीट संख्या निम्नानुसार है।(संलग्न-4)

1. NRI कोटा सीट की संख्या = 23

2. प्रबंधन नियतांश सीट की संख्या = 64

3. शासकीय नियतांश सीट की संख्या = 63

कुल सीटों की संख्या = 150

- 4- हमारे चिकित्सा महाविद्यालय में एम.बी.बी.एस. पाठ्यक्रम का शिक्षण शुल्क एवं अन्य शुल्क (हॉस्टल एवं अन्य) की जानकारी निम्नानुसार है

[Handwritten Signature]



Vill-Pacheda, Post-Kurru, Tah-Abhanpur,
Nava Raipur, Atal Nagar, Distt.-Raipur, C.G. (493661)

7222910468 info@srimsr.com



(S.R.I.M.S.R.)

SHRI RAWATPURA SARKAR INSTITUTE OF MEDICAL SCIENCES AND RESEARCH

(S.R.I.M.S.R.)

एम.बी.बी.एस पाठ्यक्रम की शिक्षण की संपूर्ण जानकारी

क्रम संख्या	शुल्क का विवरण	शुल्क राशि	प्राप्ति
अ.	शासकीय एवं प्रबंधन कोटा छात्रों हेतु		
1.	शिक्षण शुल्क (Tuition Fee)	7,45,187/-	प्रतिवर्ष
2.	सुरक्षा निधि (Caution Money)	20,000/-	एक मुश्त
3.	हॉस्टल, मेस शुल्क एवं शिक्षण ट्रांसपोर्ट शुल्क (Hostel and mess Fee and Educational Transport Fee)	5,60,000/-	प्रतिवर्ष
	कुल राशि	13,25,187/-	
ब.	NRI Quota छात्रों हेतु		
1.	शिक्षण शुल्क (Tuition Fee) (Non-Residential Indian Students)	\$ 35,000 USD	प्रतिवर्ष
2.	सुरक्षा निधि (Caution Money)	20,000/- **	एक मुश्त
3.	हॉस्टल, मेस शुल्क एवं शिक्षण ट्रांसपोर्ट शुल्क (Hostel and mess Fee and Educational Transport Fee)	5,60,000/- **	प्रतिवर्ष

**:- प्रचलित दर के अनुसार डालर में देय होगा।

- D.D. For Tuition Fee and caution money 7,65,187/- Is to be Made in favour of **SRIMSR MEDICAL COLLEGE** payable at Raipur.
- D.D. for Hostel and mess fee and Transportation fee 5,60,000/- in to be made in favour of **SRIMSR MEDICAL COLLEGE** payable at Raipur.
- As per Gazette Notification of Government of Chhattisgarh, Department of Medical Education, (क्रमांक-एफ 21-02/2018 नौ/55-4 दिनांक 25 मई 2018) Bank Guarantee of One year Tuition fees is mandatory to all students admitted in private medical colleges.

Account Details:

Account Name: - **SRIMSR MEDICAL COLLEGE**

Account Number: **99905071968172**

IFSC: - **HDFC0008037**

Swift Code: - **HDFCINBBXXX**

Branch Name: - **FAFADIH RAIPUR**

DEAN

**SRIMSR, Atal Nagar,
Nava Raipur Raipur (C.G.)**

Vill-Pacheda, Post-Kurru, Tah-Abhanpur,
Nava Raipur, Atal Nagar, Distt.-Raipur, C.G. (493661)
 7222910468 info@srimsr.com



SHRI RAWATPURA SARKAR
INSTITUTE OF MEDICAL SCIENCES AND RESEARCH
(SRIMSR)

Email- info@srimsr.com, Mobile: 7222910468, Atal Nagar, Nava Raipur, Raipur (C.G.) - 493661

DOCUMENT REQUIRED FOR ADMISSION

Original Documents with 3 set of Xerox of following documents to be submitted at the time of admission

Sr.No.	Document
1.	Demand Draft of Rs. 7,45,187/- (Tuition Fee) + 20,000/- (Caution Money Refundable) Total = 765187/- (Rupees Seven Lakh Sixty Five Thousand One Hundred and Eighty Seven Only) in favor of SRIMSR MEDICAL COLLEGE Payable at Raipur C.G.
2.	D.D. of Rs. 5,60,000 /- (Hostel and Mass and Educational Transportation) (Rupees Five Lakh Seventy Five Thousand Only) in favor of SRIMSR MEDICAL COLLEGE Payable at Raipur C.G.
3.	Bank Guarantee of Rs. 7,45,187/- (Rupees Seven Lakh Forty Five Thousand One Hundred and Eighty Seven Only) Valid till 31/12/2029 (One Year Fees)
4.	Allotment Letter by Directorate of Medical Education, Govt. of Chhattisgarh
5.	Scrutiny Letter by Directorate of Medical Education, Govt. of Chhattisgarh
6.	NEET Admit Card
7.	NEET Mark-sheet
8.	High School(10 th) Mark Sheet/Birth Certificate (For Age Proof)
9.	Higher Secondary (12 th) Mark Sheet
10.	Transfer Certificate
11.	Character Certificate
12.	Migration Certificate
13.	Gap Certificate (if Applicable)
14.	Domicile Certificate (if Applicable)
15.	Caste Certificate (if Applicable)
16.	Income Certificate for OBC Candidate (Income Certificate 3 Yrs.)
17.	Medical Certificate issued by Direct/ Institutional Medical Board
18.	Aadhar Card – Student and Parents
19.	PAN Card – Student and Parents
20.	Discontinuation Bond/ Breakage Bond
21.	Affidavit for Correctness of all Document
22.	10 Passport size recent Color Photographs of Students with 3 set Xerox copy of all Documents
23.	For NRI Candidates-Xerox copy of NRI Documents should be submitted <ol style="list-style-type: none">NRI Sponsorship CertificateFamily TreeSponsor's Passport and VISASponsor's Work Permit / Permanent ResidentSponsor's Bank Statement last One YearSponsor's AffidavitSponsor's Candidate and Parent Affidavit

Director
SRIMSR, Nava Raipur

Dean
SRIMSR, Nava Raipur

BANK GUARANTEE FORMAT

To

The Dean
Shri Rawatpura Sarkar Institute of Medical
Sciences and Research (SRIMSR)
Nava Raipur, Atal Nagar, Raipur (C.G.)

Dear Sir,

Bank Guarantee Number: -

Date of Issuing Bank Guarantee: -

Amount of Guarantee: - Rs. 7, 45,187/- Only (Rupees Seven Lakh Forty Five Thousand One Hundred and Eighty Seven Only)

Guarantee Coverage Duration: - Date of Admission to 31/12/2029

Last Date of Lodgment of Claim: - 31/12/2029

Where as in consideration of you are agreeing to allot admission to MBBS Course to Mr.....
.....S/O-D/O.....

R/O.....

(Here in after referred to as 'Party' which expression shall include his/her successors and assigns) on furnishing a bank guarantee of equivalent value in the manner here in after contained.

We Bank, a body corporate constituted under Banking Companies
(Acquisition and Transfer of Undertakings) Act 1970, having its Head Office at

.....And interrail a branch office at

(Here in after referred to as 'The Bank' which expression shall, unless repugnant to the context, include its successors and assigns) do hereby covenant and agree with you as follows...

1. We hereby undertake to pay to you the sum in aggregate not exceeding Rs. 7,45,187/- (Rupees Seven Lakh Forty Five Thousand One Hundred and Eighty Seven Only) representing the course fees in the manner detailed below.
 - a. Rs. 7,45,187/- (Rupees Seven Lakh Forty Five Thousand One Hundred and Eighty Seven Only) from date of admission to **31/12/2029** without demur, merely on the first written demand signed by you or by your duly authorized representative. Any such demand made on us shall be conclusive as regards the amount due and payable to you by us under this guarantee.

2. This guarantee shall come in to force to force from date of issue of guarantee and shall remain in full force and effect up to and including **31/12/2029**
3. Notwithstanding anything contained hereinabove
 - a. Our liability under this Guarantee in restricted to **Rs. 7,45,187/- (Rupees Seven Lakh Forty Five Thousand One Hundred and Eighty Seven Only)** This Guarantee shall remain valid up to **31/12/2029**.
 - b. This Guarantee shall remain valid up to **31/12/2029**.
 - c. We are liable to pay the guarantee amount or any part thereof under this Bank Guarantee only if you serve us a written claim or demand on or before 30 days (Thirty Days) after the date of claim period as mentioned column number 3 against each payment due from the part as show in the below mentioned schedule-

Date of Payment to be made by Party	Amount Due	Date of Expiry of Claim Period
As per Schedule	Rs. 7,45,187/- Only	31/12/2029

Signed and delivered thisday of 2024.

Signature of Bank Official with Stamp

On Rs 50/- Stamp Paper & Notarized

UNDERTAKING

Date: -

I,S/D of

R/O.....

have been admitted in Shri Rawatpura Sarkar Institute of Medical Sciences and Research (SRIMSR), Atal Nagar, Nava Raipur, Raipur C.G. under Government/ Management/ NRI Quota for Session 2024-25. I have Submitted original documents required for this college.

I declare that all documents submitted by me, are true and correct to best of my knowledge.

If any falsification is found, Government/ University / DME, Govt. of CG/ College Management is liable to cancel my Candidature / Enrolment and I am solely responsible for any sort of legal action taken by Government / University / DME, Govt. of CG/ Management, against me.

Signature of Parent / Guardian

Signature of Student

To be made on Rs. 250 Stamp paper & Notarized

COURSE DISCONTINUATION / BREAKAGE BOND

I, Mr/Msaged aboutYears

S/D/OResident ofDo hereby swear an oath as follow:

I have been selected to the 1st year MBBS course at Shri Rawatpura Sarkar Institute of Medical Sciences and Research (SRIMSR), Atal Nagar, Nava Raipur, Raipur C.G. through the C.G. State counselling conducted by the Directorate of Medical Education, Government of Chhattisgarh, Raipur through NEET Rank No..... (AIR)

I, Say that on my own will and along with my parents/guardian took admission to the MBBS course at Shri Rawatpura Sarkar Institute of Medical Sciences and Research (SRIMSR), Nava Raipur, Atal Nagar, Raipur (C.G.) as per the CGDME Allotment No..... Dated.....

I, Say in consideration of admission to 1st year MBBS course, I Shall complete the MBBS course and accordingly undertake to pay all the tuition and other fees as demanded by Shri Rawatpura Sarkar Institute of Medical Sciences and Research (SRIMSR), Atal Nagar, Nava Raipur, Raipur (C.G.)

In the event of my discontinuation of MBBS course due to any reason, I along with my parent/guardian hereby undertake to pay balance tuition, hostel & mess and transportation fees to Shri Rawatpura Sarkar Institute of Medical Sciences and Research (SRIMSR), Atal Nagar, Nava Raipur, Raipur (C.G.) payable for the entire course without any demur.

The above stated statements are true and correct. I along with my parent/guardian do hereby undertake to act accordingly.

Place:

Date: -.....

Signature of the Candidate

Signature of the Parent/ Guardian

कोर्स डिसकन्टीनूएशन बांड/ब्रेकेज बांड

मैं, श्री/सुश्री.....आयु लगभगवर्ष, पुत्र/पुत्री...
..... निवासी.....एतद्वारा
निम्नलिखित शपथ लेता हूँ:

मुझे चिकित्सा शिक्षा निदेशालय (CGDME), छत्तीसगढ़ शासन, रायपुर द्वारा आयोजित छत्तीसगढ़ राज्य काउंसलिंग के माध्यम से नीट रैंक क्रमांक..... (ए.आई.आर.) के माध्यम से श्री रावतपुरा सरकार इंस्टीट्यूट ऑफ मेडिकल साइंसेस एंड रिसर्च, रायपुर (छ.ग.) में प्रथम एम.बी. बी.एस. कोर्स के लिए चुना गया है।

मैं, यह कहता हूँ कि मैंने अपनी इच्छा से तथा अपने माता-पिता/अभिभावक के साथ सी.जी.डी. एम.ई. आबंटन संख्यादिनांक के अनुसार श्री रावतपुरा सरकार इंस्टीट्यूट ऑफ मेडिकल साइंसेस एंड रिसर्च, रायपुर (छ.ग.) में प्रवेश लिया है।

मैं, प्रथम वर्ष के एम.बी.बी.एस. पाठ्यक्रम में प्रवेश के विचार से, एम.बी.बी.एस. पाठ्यक्रम पूरा करूंगा और तदनुसार श्री रावतपुरा सरकार इंस्टीट्यूट ऑफ मेडिकल साइंसेस एंड रिसर्च, रायपुर (छ. ग.) की सभी लागू ट्यूशन फीस और अन्य फीस का भुगतान करने का वचन देता हूँ।

किसी भी कारण से एम.बी.बी.एस. कोर्स छोड़ने की स्थिति में, मैं अपने माता-पिता/अभिभावक के साथ श्री रावतपुरा सरकार इंस्टीट्यूट ऑफ मेडिकल साइंसेस एंड रिसर्च, रायपुर (छ.ग.) को पूरे कोर्स के लिए देय शेष ट्यूशन फीस, हॉस्टल और मेस फीस और शैक्षिक परिवहन शुल्क, सीएमई, कार्यशाला, सम्मेलन का भुगतान बिना किसी आपत्ति के करने का वचन देता हूँ। उपरोक्त वर्णित बातें सत्य एवं सही हैं। मैं अपने माता-पिता/अभिभावक के साथ मिलकर तदनुसार कार्य करने का वचन देता हूँ।

स्थान.....

दिनांक.

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माता-पिता/अभिभावक

प्रतिभूतिकर्ता/गवाह

अभ्यर्थी के हस्ताक्षर

माता-पिता/अभिभावक के हस्ताक्षर

अभ्यर्थी का नाम:-

संबंध सहित माता-पिता का नाम:-

पता:-

पता:-

**(The below Undertaking has to be submitted on Rs 50/- stamp paper) Undertaking
by Students and Parents for Rules and Regulations**

I, Mr/Ms. _____ S/D/O _____
Resident of _____

Joining for the MBBS Academic batch 2024-25 at Shri Rawatpura Sarkar Institute of Medical Sciences and Research (SRIMSR), Atal Nagar, Nava Raipur, Raipur, Chhattisgarh.

I am well aware of **NMC** rules of having minimum 75% attendance in Theory and 80% attendance in Practical in individual subjects to be eligible to appear in the **MBBS** University Examination

1. I will attend all the classes from the opening day of the Institute, and I will be regular and punctual to all the classes Le (Theory/Practical) and am aware that if I don't secure attendance more than 75% attendance in Theory and 80% attendance in Practical, I shall be detained and not allowed to appear for the MBBS University Examination.
2. I will follow the dress code and uniform prescribed by the Institute.
3. Absenteeism on medical grounds is to be informed to the Institute authority by the parents/guardians of their ward immediately with a medical and fitness certificate.
4. Any change in address or phone number will be communicated to the Institute authorities immediately.

Signature of Student

ACKNOWLEDGEMENT

I have carefully gone through the terms of the above undertaking and understand that if He /She fails to comply with the attendance rules he/she will be detained and will not be allowed to sit for the MBBS University Examination.

I undertake that he/she will strictly follow the above terms.

Signature of Parent/Guardian Name:

Address:

Mobile Number:

Date:

To Be Notarised

To be made on Rs. 100 Stamp Paper

UNDERTAKING

Date:-.....

I.....

S/O, D/O.....

R/O.....

Have got admission in Shri Rawatpura Sarkar Institute of Medical Sciences and Research (SRIMSR), Atal Nagar, Nava Raipur, Raipur, Chhattisgarh under Government/Management/NRI Quota for Session 2024-25.

I have submitted required original document in this college.

I declare that all documents submitted by me, are genuine and valid to the best of my knowledge and belief and nothing has been concealed there in.

I am well aware of the fact that if the information given by me is found to be false/not true at any point of time, candidature/Admission/Enrolment will be cancelled and I will be liable to legal action as per guidance by Government/University /DME, Govt. of CG/Management, against me and any benefit accrued by me will be summarily cancelled.

Signature of Student

Signature of Parents/Guardian

ANNEXURE I
FORMAT OF UNDERTAKING BY THE STUDENT

1. I _____
(Full Name in Block Letters)

Son/ Daughter of Mr./Mrs./Ms. _____
(Full Name in Block Letters)

admitted to the course of _____ with Admission
No. _____
(Name of Course)

at _____
(Name of College / Institution)

affiliated to _____
(Name of University)

have received a copy of the REGULATIONS FOR PREVENTION AND PROHIBITION OF RAGGING IN MEDICAL COLLEGES/INSTITUTIONS, 2021 of the National Medical Commission(NMC).

2. I have carefully read and fully understood the provisions in these Regulations
3. I have particularly perused CHAPTER II SECTION 3 and have fully understood what constitutes "Ragging"
4. I have also in particular perused Chapter IV and read and understood the Administrative and Penal actions that may be taken against me in case I am found guilty of ragging or abetting ragging, actively or passively, or being part of a conspiracy to promote ragging
5. I hereby undertake that-
 - (i) I will not indulge in any behavior or act that may come under the definition of ragging as may be constituted under Section 3 of these regulations
 - (ii) I will not participate in or abet or propagate ragging in any form included but not limited to those that may be constituted under Section 3 of these regulations
 - (iii) I will not hurt anyone physically or psychologically or cause any other harm.
6. I hereby agree that if found guilty of any aspect of ragging, I may be punished as per the provisions of the NMC Regulations mentioned above and/or as per the law in force
7. I also declare that I have never been found to be guilty of ragging 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 that if this declaration is incorrect or false, my admission is liable to be cancelled / withdrawn .

Signed on this _____ day of _____ month of _____ year

Signature

Name:

Address :

Signature of Witness 1

(Name of Witness 1)

Signature of Witness 2

(Name of Witness 2)

Tel/ Mobile No:

Address

Address

ANNEXURE II

FORMAT OF UNDERTAKING BY PARENT / GUARDIAN OF THE CANDIDATE/STUDENT

1. I _____
(Full Name in Block Letters)
Father / Mother/ Guardian of Mr./Mrs./Ms. _____
(Full Name of Student in Block Letters)
admitted to the course of _____ with Admission No. _____
(Name of Course)
at _____
(Name of College / Institution)
affiliated to _____
(Name of University)

Hereby declare that I have received a copy of the REGULATIONS FOR PREVENTION AND PROHIBITION OF RAGGING IN MEDICAL COLLEGES/INSTITUTIONS, 2021 of the National Medical Commission(NMC).

2. I have carefully read and fully understood the provisions in these Regulations
3. I have particularly perused CHAPTER II SECTION 3 and have fully understood what constitutes "Ragging"
4. I have also in particular perused Chapter IV and read and understood the Administrative and Penal actions that may be taken against my son/ daughter/ward in case he /she is found guilty of ragging or abetting ragging, actively or passively, or being part of a conspiracy to promote ragging
5. I hereby undertake that my son/ daughter/ ward -
 - (iv) Will not indulge in any behaviour or act that may come under the definition of ragging as may be constituted under Section 3 of these regulations
 - (v) Will not participate in or abet or propagate ragging in any form included but not limited to those that may be constituted under Section 3 of these regulations
 - (vi) Will not hurt anyone physically or psychologically or cause any other harm.
6. 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 NMC Regulations mentioned above and/or as per the law in force
7. I also declare that he/she has never been found to be guilty of ragging 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 that if this declaration is incorrect or false, his/her admission is liable to be cancelled / withdrawn .

Signed on this _____ day of _____ month of _____ year

Signature

Name:

Address :

Signature of Witness 1

(Name of Witness 1)

Signature of Witness 2

(Name of Witness 2)