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

SHRI RAWATPURA SARKAR INSTITUTE OF MEDICAL SCIENCES AND RESEARCH

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

S. No.:/SRIMSR/DEAN/2025/1011

दिनांकः–14.10.2025

प्रति

संचालक चिकित्सा शिक्षा

छत्तीसगढ़ शासन, रायपुर (छ0ग0)

विषयः– शैक्षणिक सत्र् 2025–26 में चिकित्सा स्नातक (एम.बी.बी.एस.) पाठ्क्रम की महाविद्यालय सम्बद्धता, मान्यता एवं संशोधित शिक्षण शुल्क की जानकारी देने बावत्।

संदर्भः आपके पत्र–क्रमांक/5763/छात्र/काउंसिलिंग/संचिशि/2025 रायपुर दिनांकः–23.06.2025

महोदय,

उपरोक्त विषयातर्गत शैक्षणिक सत्र् 2025–2026 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 सत्र् 2025–26 के प्रवेश हेतु मान्यता नेशनल मेडिकल कमीशन (NMC) द्वारा प्राप्त हुई है।(संलग्न–1)

2- हमारे चिकित्सा महाविद्यालय को पं0 दीनदयाल उपाध्यय स्मृति स्वास्थ 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 मे एम.बी.बी.एस. पाठ्क्रम प्रवेश हेतु सीट संख्या निम्नानुसार है।(संलग्न–3)

1. NRI कोटा सीट की संख्या = 15
2. प्रबंधन नियातांश सीट की संख्या = 42
3. शासकीय नियातांश सीट की संख्या = 43

कुल सीटो की संख्या = 100

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

14/10/25

DEAN
SRIMSR
Village - Pacheda, Post - Kurru
Nava Raipur (C.G.), Pin - 493661

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

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

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

एम.बी.बी.एस. पाठ्क्रम सत्र् 2025–26 की शिक्षण शुल्क की संपुर्ण जानकारी

क्रम संख्या	शुल्क का विवरण	शुल्क राशि	प्राप्ति
अ.	शासकीय एवं प्रबधंन कोटा छात्रों हेतु		
1.	शिक्षण शुल्क (Tuition Fee)	7,45,187/-	प्रतिवर्ष
2.	सुरक्षा निधि (Caution Money)	25,000/-	एक मुश्त
3.	हॉस्टल, मेस शुल्क एवं शिक्षण ट्रांसपोर्ट शुल्क (Hostel and mess Fee and Educational Transport Fee)	5,60,000/-	प्रतिवर्ष
	कुल राशि	13,30,187/-	
ब.	NRI Quota छात्रों हेतु		
1.	शिक्षण शुल्क (Tuition Fee) (Non-Residential Indian Students)	$ 15,000 USD	प्रतिवर्ष

I. D.D. For Tuition Fee and caution money 7,70,187/- Is to be Made in favour of **SRIMSR MEDICAL COLLEGE** payable at Raipur.

II. 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.

III. As per Gazette Notification of Government of Chhattisgarh, Department of Medical Education, (क्रमांक–537 नवा रायपुर, अटल नगर,दिनांक 16 जुलाई 2025) Bank Guarantee of One year Tuition fees is mandatory to all students admitted in private medical colleges.

Bank A/c Name: SRIMSR MEDICAL COLLEGE

Bank A/c Number: 99905071968172

IFSC Code: HDFC 0008037

Bank Name: HDFC Bank

Branch Name: FAFADIH Raipur

SWIFT Code: HDFCINBBXXX

14-10-2025

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

DEAN
SRIMSR
Village - Pacheda, Post - Kurru
Nava Raipur (C.G.), Pin - 493661

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) + 25,000/- (Caution Money Refundable) Total = **770187**/- (Rupees Seven Lakh Seventy 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 Sixty 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 Hundredand Eighty Seven Only) Valid till 31/12/2030 (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 Score Card
8.	High School(10th) Mark Sheet/Birth Certificate (For Age Proof)
9.	Higher Secondary (12th)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 Last 3 Yrs. /Form 16 "Any One of Last 3 Yrs.")
17.	Medical Certificate issued by District/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.	Affidavit for Undertaking by Students and Parents for Rules and regulations
24.	Anti-Ragging Format of Undertaking by Parent & Student
25.	For NRI Candidates-Xerox copy of NRI Documents should be submitted I. NRI Sponsorship Certificate II. Family Tree III. Sponsor's Passport IV. Sponsor's VISA V. Sponsor's Work Permit / Permanent Resident VI. Sponsor's Bank Statement last One Year

Director
SRIMSR, Nava Raipur

Dean
SRIMSR, Nava Raipur

In Rs. 1900/- Stamp Paper & Notarized

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 andEighty Seven Only)

Guarantee Coverage Duration: - Date of Admission to 31/12/2030

Last Date of Lodgment of Claim: - 31/12/2030

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 **31/12/2030** 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 **31/12/2030**
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 **31/12/2030**.
   b. This Guarantee shall remain valid up to **31/12/2030.**
   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**	**31/12/2030**

Signed and delivered this ……day of ..... 2025.

Signature of Bank Official with Stamp

250 रूपयें के स्टाम्प पेपर पर बनाया जाना है.

कोर्स डिसकन्टीनूएशन बांड/ब्रेकेज बांड

मैं, श्री/सुश्री.....आयु लगभग .....वर्ष, पुत्र/पुत्री..... निवासी.... .....एतद्वारा निम्नलिखित शपथ लेता हुँ:

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 साईसेंस एण्ड रिसर्च, **(S.R.I.M.S.R.),** नवा रायपुर, अटल नगर रायपुर (छ.ग.) में चिकित्सा स्नातक पाठ्क्रम (एम.बी.बी.एस.) में प्रवेश हेतु चुना गया है।

मैं, यह कहता/कहती हुँ कि मैंने अपनी इच्छा से तथा अपने माता–पिता/अभिभावक के साथ चिकित्सा शिक्षा निदेशालय **(CGDME),** आबंटन संख्या .....दिनांक ..... के अनुसार श्री रावतपुरा सरकार इंस्टीट्यूट ऑफ मेडिकल साईसेंस एण्ड रिसर्च, **(S.R.I.M.S.R.),** नवा रायपुर, अटल नगर, रायपुर (छ.ग.) में चिकित्सा स्नातक (एम.बी.बी.एस.) पाठ्क्रम में प्रवेश लिया है।

मैं, प्रथम वर्ष के चिकित्सा स्नातक (एम.बी.बी.एस.) पाठ्यक्रम में प्रवेश के विचार से, चिकित्सा स्नातक (एम.बी.बी.एस.) पाठ्यक्रम पूरा करूंगा/करूंगी और तदनुसार श्री रावतपुरा सरकार इंस्टीट्यूट ऑफ मेडिकल साईसेंस एण्ड रिसर्च, **(S.R.I.M.S.R.),** नवा रायपुर, अटल नगर, रायपुर (छ.ग.) की सभी लागू ट्यूशन फीस और अन्य फीस का भुगतान करने का वचन देता/देती हूँ।

किसी भी कारण से चिकित्सा स्नातक (एम.बी.बी.एस.) पाठ्यक्रम छोड़ने की स्थिति में, मैं अपने माता–पिता/अभिभावक के साथ श्री रावतपुरा सरकार इंस्टीट्यूट ऑफ मेडिकल सांईसेस एण्ड रिसर्च, **(S.R.I.M.S.R.),** नवा रायपुर, अटल नगर, रायपुर (छ.ग.) को पूरे पाठ्यक्रम 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/देती हूं।
उपरोक्त वर्णित बातें सत्य एवं सही हैं। मैं अपने माता–पिता/अभिभावक के साथ मिलकर तदनुसार कार्य करने का वचन देता /देती हूँ।

स्थान.....

दिनांक. .....

माता–पिता/अभिभावक

प्रतिभूतिकर्ता/गवाह

अभ्यर्थी के हस्ताक्षर:–

अभ्यर्थी का नाम:–

पता:–

माता–पिता/अभिभावक के हस्ताक्षर:–

संबंध सहित माता–पिता का नाम:–

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 2025-26 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 (Theory/Practical) and I 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.

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

Signature of Parent/Guardian

Name:

Address:

MobileNumber:

Date:

To be made on Rs. 100 Stamp Paper & Notarized

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 2025-26.

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 myknowledge 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.

Name & Signature of Student

Name & Signature of Parents/Guardian

To be made on Rs. 50 Stamp Paper & Notarized

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 :
Tel/ Mobile No:

Signature of Witness 1
(Name of Witness 1)
Address

Signature of Witness 2
(Name of Witness 2)
Address

To be made on Rs. 50 Stamp Paper & Notarized

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 :

Tel/ Mobile No:

Signature of Witness 1

(Name of Witness 1)

Address

Signature of Witness 2

(Name of Witness 2)

Address