



KOPPAL

ಕೊಪ್ಪಳ ವೈದ್ಯಕೀಯ ವಿಜ್ಞಾನಗಳ ಸಂಸ್ಥೆ,(ರಿ) ಕೊಪ್ಪಳ

**KOPPAL INSTITUTE OF MEDICAL SCIENCES,
KOPPAL-583231, KARNATAKA.**



**INSTRUCTIONS FOR THE STUDENTS WHO ARE TAKING ADMISSIONS
FOR I-MBBS COURSE AT KIMS, KOPPAL ALLOTTED THROUGH
KARNATAKA CET/ALL INDIA QUOTA FOR 2015-2016.**

1. Students must report in Principal's office at Koppal Institute of Medical Sciences, Koppal (KIMS) for MBBS admission on or before date indicated on their selection letter issued by K-CET / NEET (AIQ) **before 10-00 am**. If any student fails to report before last date indicated in the offer letter, his / her admission will be withheld and the same will be intimated to concerned authorities.
2. One of **Parent/Guardian** must accompany students at the time of admission as certain documents are to be signed by them.
3. The admission process is likely to take **two days**.
4. The students are instructed to keep **Xerox copies** of all original documents submitted to the office of KIMS, Koppal at the time of admission and preserved for future use until they are returned from Rajiv Gandhi University of Health Sciences, Bangalore after getting approved.
5. The students are instructed to **DOWNLOAD** all the below mentioned forms and must be filled in by his / her own **handwriting in blue or black pen neatly and legibly in English or computer typed in CAPITAL LETTERS ONLY**, except for signature and submit the same at the time of admission. Overwriting, strike-through and erasing in the form should be avoided. Submission of incomplete forms will lead to rejection. Check thoroughly whether you have filled all your relevant details truly correctly in the concerned forms.
6. Important :- No forms / proformas will be issued in KIMS office, as they are made available in kims website – **www.kimskoppal.kar.nic.in**
7. The students are informed to submit the original certificates shown below with **two sets** of attested true copies of all original documents without fail.
8. College working hours: **10-00am to 1.30pm & 2.15 pm to 5.30pm**.
9. Admission fees shall be **paid through challan in SBM, MAIN BRANCH IN KOPPAL DD / Cheques will not be accepted**.
10. Students admitted to KIMS, Koppal institute are expected to strictly follow the code of **discipline**.
11. Students are informed to take the print outs of the proforma's in **LEGAL SIZE PAPER ONLY i.e. 8 ½" x 14"**.
12. Please refer website:- **ww.mciindia.org** regarding ragging terms and conditions. Ragging in any form is punishable by law.
13. Students are expected to maintain discipline inside and outside the college. Drinking alcohol, smoking or indulging in any anti-social activities is **strictly prohibited**.

14. Each candidate must bring with him/her the following original certificates compulsorily along with two sets of attested true copies. The originals & attested true copies shall be submitted to KIMS office in the following sequence only.

Sl.No	Particulars
1	Original challan for having paid college fee from State Bank of Mysore at KOPPAL Branch, KOPPAL.
2	Requisition letter addressed to the Director, KIMS, KOPPAL requesting for MBBS admission (download proforma).
3	Form-I & Form-II (download proforma).
4	CET-2015 Admission Order to Professional Colleges (Medical) – (for CET students).
	Karnataka Examination Authority–Common Entrance Test-2015– Marks Sheet (for CET students)
	KEA – Admission Ticket for common Entrance Test – 2015 (for CET students)
	Eligibility Certificates for the students claiming reservation under Hyderabad-Karnataka Region (Article-371j) – (for CET students)
4	Regional language & English translated Caste Certificates from eligible CET students to be submitted during admission by SC/ST/CAT-I, 2A, 2B, 3A & 3B students who scored less than 50% and more than 40% marks in 10+2 (PCB) examination required for submission to MCI, New Delhi. (for CET students).
	Regional language & English translated Caste Certificates from eligible CET students to be submitted during admission by SC/ST/CAT-I, 2A, 2B, 3A & 3B students who scored less than 50% and more than 40% marks in Entrance Examination required for submission to MCI, New Delhi. (for CET students).
5	All India Quota Under Graduate Medical Allotment Process – Counseling – Provisional Allotment Letter (for AIQ students)
	Counseling Rank Letter – All India Quota Seats – 2015 (for AIQ students)
	CBSE - All India Pre-Medical entrance Test AIPMT-2015 Result Sheet (for AIQ students)
	CBSE - All India Pre-Medical entrance Test AIPMT-2015 Provisional Admit Card (for AIQ students)
6	10 th marks card / 10 th Passing Certificate
7	12 th marks card / 12 th Passing Certificate
8	Transfer certificate from the institution last studied.
9	Study certificate from the institute last attended
10	Character & conduct certificates from the institute last studied.
11	Caste Certificate (if required)
12	Income Certificate
13	Eligibility Certificate from Rajiv Gandhi University of Health Sciences, (RGUHS), Bangalore (for students other than Karnataka PU board)
14	Domicile certificate (मूल निवास प्रमाण पत्र for other than Karnataka Students).
15	Migration certificate from the board if passed 12 th standard from the board other than Karnataka PU board or from the university last attended
17	Physical fitness certificate (Medical Certificate)
18	The students if selected for MBBS course under Defense, Jammu & Kashmir , NCC, PH, etc; shall submit the concerned certificate issued from competent authorities.
19	Annexure-I, Part-I:- undertaking by the candidate/student - to be typed in Rs. 100/- E-stamp paper. (download proforma). Bonds to be purchased in the name of First party :- Candidate / Student's Name & Second party- Director, KIMS, Koppal.
20	Annexure I, Part II :- undertaking by parent/ guardian - to be typed in Rs. 100/- E-stamp paper (download proforma). Bonds to be purchased in the name : First party :- Parent / Guardian Name & Second party :- Director, KIMS, Koppal.
21	Undertaking :- for MBBS Degree Programme as per RGUHS Curriculum - to be typed in Rs. 50/-e-stamp paper. (download proforma). Bonds to be purchased in the name of First party :- Candidate / Student's Name & Second party- DIRECTOR, KIMS, KOPPAL.
22	Undertaking :- Rural Service Bond – by the students who are taking admissions at KIMS, Koppal through KEA / AIQ - to be typed in Rs. 100 & Rs. 20 e stamp paper (download proformas). Both Bonds to be purchased in the name of First party is the Candidate / & Second party is Government of Karnataka (or As specified in the KEA website)
23	Six (06) identical recent (taken within one month) Color passport size photographs with name of candidate and date of taking photograph shall be submitted. Candidate's name & Date of Birth shall be written on back side of all the photographs.
24	One single zip file for preserving original documents along with latest photograph affixed on it including name and address of the candidate shall be submitted.

CET / AIQ MBBS FEE STRUCTURE
STUDENTS ARE INFORMED TO PAY THE COLLEGE FEES IN STATE BANK OF
MYSORE , KOPPAL, BRANCH ONLY.

I. CET -- GM, CAT-I, 2A, 2B, 3A, 3B & OTHER CATEGORY STUDENTS.

Sl. No.	Particulars	Amount
1	Digital Library	3,600-00
2	Admission Fee	400-00
3	Red Cross	100-00
4	Master Time Table	10-00
5	Identity Card	100-00
6	Students Cultural Activity	1,750-00
7	Registration Fee	1,000-00
8	Sports Fee 4 ½ Years (RGUHS)	900-00
9	Students Welfare Fund 4 ½ Years (RGUHS)	450-00
10	Helinet 4 ½ Years (RGUHS)	4,500-00
11	Students Welfare Fund (To Govt)	150-00
12	Teachers Association Fee	100-00
	Total Amount	13,060-00

II. CET—SC & ST CATEGORY

Sl. No.	Particulars	Amount
1	Digital Library	3,600-00
2	Admission Fee	400-00
3	Red Cross	100-00
4	Master Time Table	10-00
5	Identity Card	100-00
6	Students Cultural Activity(To The College)	1,750-00
7	Registration Fee(RGUHS)	3,000-00
8	Sports Fee 4 ½ Years (RGUHS)	900-00
9	Students Welfare Fund 4 ½ Years (RGUHS)	450-00
10	Helinet 4 ½ Years (RGUHS)	4,500-00
11	Students Welfare Fund (To Govt)	150-00
	Teachers Association Fee	100-00
	Total Amount	15,060-00

III. ALL INDIA QUOTA-- GM, CAT-I, 2A, 2B, 3A, 3B & OTHER CATEGORY STUDENTS.

Sl.No.	Particular	Amount
01	Admission Fee	500.00
02	Tuition Fee	9,200.00
03	Sport Fee (RGUHS) For 4 ½ Years	900.00
04	Students Welfare Fund (RGUHS) For 4 ½ Years	450.00
05	Library	1,500.00
06	Magazine Fee	150.00
07	Lab Fee	500.00
08	Medical Exam Fee	150.00
09	Sports Fee	250.00
10	University Admission Fee	500.00
11	Registration Fee	3,000.00
12	Caution Deposit	1,000.00
13	Alumni Fee	750.00
14	Red Cross	100.00
15	Digital Library	3,600.00
16	Helinet Fee (RGUHS) For 4 ½ Years	4,500.00
17	Master Time Table	50.00
18	Teachers Association Fee	100.00
19	Cultural Activity Fee	1,750.00
20	Students Welfare Fund (To Govt)	150.00
21	Identity Card	100.00
	Total : Rs.	29,200.00

IV. ALL INDIA QUOTA--SC/ST CATEGORY

Sl.No.	Particulars	Amount
01	Admission Fee	500.00
02	Sport Fee (RGUHS) For 4 ½ Years	900.00
03	Students Welfare Fund (RGUHS) For 4 ½ Years	450.00
04	Library	1,500.00
05	Magazine Fee	150.00
06	Lab Fee	500.00
07	Medical Exam Fee	150.00
08	Sports Fee	200.00
09	University Admission Fee	500.00
10	Registration Fee	3,000.00
11	Caution Deposit	1,000.00
12	Alumni Fee	750.00
13	Red Cross	100.00
14	Digital Library	3,600.00
15	Helenet Fee (RGUHS) For 4 ½ Years	4,500.00
16	Master Time Table	50.00
17	Teachers Association Fee	100.00
18	Students Welfare Fund (To Govt)	150.00
19	Cultural Activity Fee	1,750.00
20	Identity Card	100.00
	Total	19,950.00

*Please Download The Following Proformas
Required For Submission To KIMS Office During
Admission To First Year MBBS Course.*



APPLICATION LETTER FOR THE ADMISSION OF CET STUDENTS

To
The Director,
KIMS, Koppal.

Date :

Sir,

Sub:- Application for admission to I Year MBBS course at KIMS, Koppal allotted through **Karnataka Common Entrance Test** – reg.

Ref:- Letter No. _____ dated: _____ of Executive Director, KEA, Bangalore.

As per the letter cited under reference, I, Sri / Kum. _____ S/o, D/o. _____, bearing Admission Order No. _____, CET No. _____ Rank No. _____ who belong to _____ category has been allotted MBBS seat at Koppal Institute of Medical Sciences, KOPPAL under _____ category. I am herewith enclosing the original fee challan for having paid college fees along with necessary original documents.

Hence, I request your kind self to admit me at KIMS, Koppal for I MBBS course. Admission taken is at my own request. I am aware that my admission is subject to the approval of the concerned competent authorities for which KIMS, KOPPAL will not be held responsible for any consequences / objections arise in future with regard to my admission. I have not furnished any false information.

Yours faithfully,

(Signature of the candidate)

(Signature of the parent / Guardian)

Place : Koppal

Date :

REQUISITION LETTER FOR AIQ STUDENTS

To

Date :

The Director,
KIMS, KOPPAL.

Sir,

Sub:- Application for admission to I Year MBBS course at KIMS, KOPPAL allotted through **All India Quota** – reg.

Ref:- Provisional Allotment Letter of AIQ-UG Medical counseling -Reg

As per the letter cited under reference, I, Sri / Kum. _____ S/o or
D/o. _____, bearing Roll No. _____, AIQ Rank No. _____ who belong
to _____ category has been allotted MBBS seat at Koppal Institute of Medical Sciences, KOPPAL under
_____ category. I am herewith enclosing the original fee challan for having paid college fees along with
necessary original documents.

Hence, I request your kind self to admit me in your institute for I MBBS course on my request and risk and I am aware that my admission is subject to the approval of the concerned competent authorities, for which KIMS, KOPPAL will not be held responsible for any consequences / objections arise in future with regard to my admission.

Yours faithfully,

(Signature of the candidate)

(Signature of the parent / Guardian)

Place : Koppal

Date :

ANNEXURE I, PART I
UNDERTAKING BY THE CANDIDATE

1. I, _____ S/o or D/o. of Mr./Mrs. _____, have carefully read and fully understood the law prohibiting ragging and the directions of the Supreme Court, Central/State Government, MCI, Delhi and RGUHS, Bangalore in this regard.
2. I have received a copy of the MCI Regulations on Curbing the Menace of Ragging in Higher Educational Institutions, 2009.
3. I hereby undertake that -
 - I will not indulge in any behavior or act that may come under the definition of ragging,
 - I will not participate in or abet or propagate ragging in any form,
 - I will not hurt anyone physically or psychologically or cause any other harm.
4. I hereby agree that if I found guilty of any aspect of ragging, I may be punished as per the provisions of the MCI Regulations mentioned above and/or as per the law in force.

Signed this _____ day of _____ month of _____ year

1. Witness (Signature & Address)

SIGNATURE :-

ADDRESS: _____

2. Witness (Signature & Address)

**SEAL & SIGNATURE OF
THE GOVERNMENT NOTARY**

Bond to be purchased in the name of :-

First party :- Student's Name

Second Party :- Director, KIMS, Koppal

TO BE TYPED IN RS.100/- E-STAMP PAPER

ANNEXURE I, PART II
UNDERTAKING BY PARENT/GUARDIAN

1. I, _____ F/o /M/o / G/o _____ have carefully read and fully understood the law prohibiting ragging and the directions of the Honorable Supreme Court and the Central/State Government in this regard as well as the MCI regulations on curbing the menace of Ragging in Higher Educational Institutions, 2009.
2. I assure you that my son/ daughter will not indulge in any act of ragging.
3. I hereby agree that if he/she is found guilty of any aspect of ragging, he/she may be punished as per the provisions of the MCI Regulations mentioned above and/or as per the law in force.

Signed this ____ day of _____ month of _____ Year

1. Witness (Signature & Address)

(_____)

SIGNATURE & ADDRESS:

2. Witness (Signature & Address)

**SEAL & SIGNATURE OF
THE GOVERNMENT NOTARY**

Bond to be purchased in the name of :-

First party :- Parent / Guardian

Second Party :- Director, KIMS, Koppal

TO BE TYPED IN RS.50/- E-STAMP PAPER

UNDERTAKING

MBBS DEGREE PROGRAMME AS PER RGUHS CURRICULUM

I _____ So/Do of _____ (herein after called the Natural Guardian of the Student) hereby given an undertaking that on admission to I MBBS at **Koppal Institute of Medical Sciences, KOPPAL**, during the year **2015-16**, read the rule No.11 of the ordinance of Governing M.B.B.S. Degree Program of Rajiv Gandhi University of Health Sciences, Bangalore, vide Notification No. ACA/BOS-27/97-98, dated: 24.03.1998, and I shall abide / by the ordinance that reads that no student shall be permitted to join Phase-II (Para Clinical & Clinical) Group of subjects until he / she passes in the Phase-I (pre-clinical) subject for which he / she will be permitted not more than four chances (Actual Examination) provided four chances are completed within three years from the date of enrolment.

Signature of the student
with full address

Witness :

1)

2)

**SEAL & SIGNATURE OF
THE GOVERNMENT NOTARY**

Bond to be purchased in the name of :-

First party :- Student's Name
Second Party :- Director, KIMS, Koppal

**Execution of bond by Candidates who select MBBS seats in Government Medical Colleges OR
Government seats in Private Medical Colleges (On Rs.100/- e- Stamp Paper)**

I, Mr. / KumS/o. / D/o
..... a candidate with 'CET-2015' Admission
Ticket No..... residing at
.....
.....
have on my own volition allotted a MBBS seat on In
..... vide admission order number
..... dated and do hereby undertake as follows:

In accordance with the Amendment to Rule 11 of the Karnataka Selection of Candidates for Admission to Government seats in Professional Educational Institutions Rules, 2006, vide Government Notification – 1. No.HFW 79 RGU 2011 dated 17-07-2012, I am prepared on completion of the course to serve in any Primary Health Center or Primary Health Unit situated in Rural Areas in the State of Karnataka for a minimum period of ONE year, failing which I render myself liable to pay a penalty of Rupees Ten Lakhs to Government of Karnataka.

What is stated above is true and correct and I and my parent hereby undertake to act accordingly.

Signature of the candidate

Date:.....

Place :.....

Signature of the Parent

(Father / Mother)

**SEAL & SIGNATURE OF
THE GOVERNMENT NOTARY**

First party :- Student's Name

Second Party :- Government of Karnataka

To be typed in Rs. 20/- E-stamp paper

Undertaking should be given by the candidates who select MBBS seats in Koppal Institute of Medical Sciences, Koppal.

UNDERTAKING

I _____, S/o, D/o _____ Resident of

_____ (permanent

address) hereby give undertaking that I am prepared on completion of the MBBS course at Koppal Institute of Medical Sciences, Koppal to serve in any Primary Health Center or Primary Health Unit situated in Rural Areas in the State of Karnataka for a minimum period of ONE year OR as decided by Government of Karnataka.

I and my parent hereby undertake to act accordingly.

Signature of the candidate

Date:.....

Place :.....

Signature of the Parent

(Father / Mother)

**SEAL & SIGNATURE OF
THE GOVERNMENT NOTARY**

First party :- Student's Name

Second Party :- Government of Karnataka



ಕೊಪ್ಪಳ ವೈದ್ಯಕೀಯ ವಿಜ್ಞಾನಗಳ ಸಂಸ್ಥೆ (ರಿ), ಕೊಪ್ಪಳ

KOPPAL INSTITUTE OF MEDICAL SCIENCES (R), KOPPAL

ನೋಂದಣಿ ಸಂಖ್ಯೆ:KOL-S243-2012-13 ದಿನಾಂಕ:15-03-2013

(ಕರ್ನಾಟಕ ಸರ್ಕಾರದ ಸ್ವಾಯತ್ತ ಸಂಸ್ಥೆ)



Website : www.kimskoppal.kar.nic.in
Director : 08539 225944

Fax:08539 225944

email :directorkimskoppal@gmail.com
Med. Suptd : 08539 225022

FORM-I

APPLICATION FORM FOR ADMISSION TO MBBS COURSE

Incomplete Applications will be rejected

Candidate Details (ALL THE ENTRIES IN THE FORM SHOULD BE IN **CAPITAL LETTERS ONLY**)
(Strike out whichever is not applicable)

Passport Size
Photograph
attested by the
Dean/Principal /
Gazetted Officer

1	Candidate's Name: (As mentioned in SSLC/ 10 th marks card)							
2	Date of Birth							
3	Father's / Mother's Name (please specify guardian's name, if parents are not alive).			Father's Name : Mother's Name : Guardian's Name :				
4	Annual Income & Occupation of Father/Mother			Father : Mother :				
5	Religion / Caste / Category (please tick:✓) particulars			Religion : _____ Caste :- _____ Category: GM[] OBC[] SC[] ST[] OTHERS[]				
6	Address for Communication							
	City							
	Pin							
	District							
	State							
7	E-mail							
8	Telephones :			Land Line		Mobile No.		
9	Details of Education :			(10+2) / PUC				
	Name of the Board / University							
	Name of College studied							
10	Please enter the percentage of Marks scored in Qualifying exam(Please don't enter % Symbol)							
	Exam Passed	Register No.	Name of the Board / University	Year of Passing	Maximum Marks	Secured Marks	% of marks obtd. in aggregate of all subjects	
	SSLC/*Equivalent							
	10+2/PUC/*Equivalent							
	Any Other							
11	Please enter the of Marks scored and percentage in Qualifying exam (Please don't enter % Symbol)							
	Subjects	Max. Marks	Marks obtained	% of Marks	PCB aggregate %			
	Physics							
	Chemistry							
	Biology							
	Total							
	English							
12	CET Entrance Exam Details							
	Admn. Order No.	CET No	Rank	Category	Allotted Category	Max. Marks	Marks Obtained	
						180		
13	AIQ Entrance Exam Details							
	Roll No.	All India Quota Rank	Category	Allotted Category	Max. Marks	Marks Obtained	% of Marks	
					720			
14	Selected under				PH / Sports /J&K / Others			
15	Total amount paid during admission							
16	SBM Receipt No & Date							

PLACE : SIGNATURE OF THE CANDIDATE :

DATE : SIGNATURE OF THE PARENT :



ಕೊಪ್ಪಳ ವೈದ್ಯಕೀಯ ವಿಜ್ಞಾನಗಳ ಸಂಸ್ಥೆ (ರಿ), ಕೊಪ್ಪಳ

KOPPAL INSTITUTE OF MEDICAL SCIENCES (R), KOPPAL

ನೋಂದಣಿ ಸಂಖ್ಯೆ:KOL-S243-2012-13 ದಿನಾಂಕ:15-03-2013

(ಕರ್ನಾಟಕ ಸರ್ಕಾರದ ಸ್ವಾಯತ್ತ ಸಂಸ್ಥೆ)



Website : www.kimskoppal.kar.nic.in
Director : 08539 225944

Fax:08539 225944

email :directorkimskoppal@gmail.com
Med. Suptd : 08539 225022

FORM-II

APPLICATION FORM FOR ADMISSION TO MBBS COURSE

Incomplete Applications will be rejected

Candidate Details (ALL THE ENTRIES IN THE FORM SHOULD BE IN CAPITAL LETTERS ONLY)

(Strike out whichever is not applicable)

Passport Size
Photograph
attested by the
Dean/Principal /
Gazetted Officer

1	Candidate's Name (As given in SSLC/ 10 th Certificate)	
2	Father's Name :	
3	Mother's Name	
4	Sex	
5	Student's Address Cell No. Email-id.	
6	Religion	
7	Mother Tongue	
8	Category – Please specify SC/ST/CAT.I/IIA/IIB/IIIA/IIIB/OBC/GM/OTHER S	
9	Nationality	
10	State	
11	Urban / Rural	
12	Seat Category	Government Seat
13	Seat Type – CET / AIQ	
14	AIQ Rank	
15	AIQ %age	
16	CET Rank	
17	CET %age	
18	Qualifying Exam (12th / PUC)	
19	Register No	
20	Passed Date & Year	
21	University / Board	
22	Optional Subjects	PCB
23	Total Max. Marks in PCB	
24	Total Marks secured in PCB	
25	Date of Admission	
26	Date of Birth	
27	Blood Group	

PLACE : SIGNATURE OF THE CANDIDATE :

DATE : SIGNATURE OF THE PARENT :

INFORMATION TO BE FILLED UP BY ELIGIBLE KARNATAKA CET/ALL INDIA QUOTA STUDENTS
(STRIKE WHICHEVER IS NOT APPLICABLE)

- 1) I, Sri/Kum _____ S/o, D/o _____
has been selected to MBBS course through **KARNATAKA CET-2015 / ALL INDIA QUOTA** and allotted at KIMS, KOPPAL My admission details are as follows:-

CET Entrance Exam Details							
Admn. Order No.	CET No	CET Rank	Category	Allotted Category	Max. Marks	Marks Obtained	% of Marks
					180		
AIQ Entrance Exam Details							
Roll No.	All India Quota Rank	Category	Allotted Category	Max. Marks	Marks Obtained	% of Marks	
				720			
Specify special category seats if selected under :- Defence, Jammu & Kashmir , NCC, PH, etc; if applicable.							
Last Date for Admission as mentioned in Admission Order.							

Further I am here by submitting the following documents to KIMS, Koppal office (please tick:✓)

Sl. No	Particulars	Submitted	Not submitted	Not applicable
1	Original challan for having paid college fee from State Bank of Mysore at Branch, Koppal.			
2	Requisition letter addressed to the Director, KIMS, Koppal requesting for MBBS admission (download proforma).			
3	Form-I & Form-II (download proforma).			
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	Counselling Rank Letter – All India Quota Seats – 2015 (for AIQ students)			
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10	Character & conduct certificates from the institute last studied.			
11	Caste Certificate			
12	Income Certificate			
13	Eligibility Certificate from Rajiv Gandhi University of Health Sciences, (RGUHS), Bangalore (for students other than Karnataka PU board)			

Sl. No	Particulars	Submitted	Not submitted	Not applicable
14	Domicile certificate – मूल निवास प्रमाण पत्र (for other than Karnataka Students).			
15	Migration certificate from the board if passed 12 th standard from the board other than Karnataka PU board			
16	Migration certificate from the university last attended (if applicable)			
17	Physical fitness certificate (Medical Certificate)			
18	The students if selected for MBBS course under Defense, Jammu & Kashmir , NCC, PH, etc; shall submit the concerned certificate issued from competent authorities.			
19	Annexure-I, Part-I :- undertaking by the candidate/student - to be typed in Rs. 100/- E-stamp paper. (download proforma). Bonds to be purchased in the name : First party :- Candidate / Student's Name & Second party :- Director, KIMS, Koppal.			
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21	Undertaking :- MBBS Degree Programme as per RGUHS Curriculum - to be typed in Rs. 50/- e-stamp paper. (download proforma). Bonds to be purchased in the name : First party :- Candidate / Student's Name & Second party :- Director, KIMS, Koppal.			
22	Rural Service Bond shall be submitted to KIMS Office as specified in www.kea.kar.nic.in or any other Government of Karnataka website only by the students who are taking admissions at KIMS, Koppal THROUGH KEA / AIQ Bonds to be purchased in the name : As specified in the website OR First party :- Candidate / Student's name & Second party :- Government of Karnataka			
23	Six (06) identical recent (taken within one month) Color passport size photographs with name of candidate and date of taking photograph shall be submitted. Candidate's name & Date of Birth shall be written on back side of all the photographs.			
24	One single zip file for preserving original documents along with latest photograph affixed on it including name and address of the candidate shall be submitted.			

PLACE : KOPPAL

SIGNATURE OF THE CANDIDATE :

DATE :

SIGNATURE OF THE PARENT :

FOR OFFICE USE ONLY

The concerned student has submitted the above documents for admission to I Year MBBS course at KIMS, KOPPAL. If approved he/she will be admitted provisionally at KIMS, KOPPAL.

- 1) OFFICE SUPERINTENDENT :
- 2) C.A.O. :
- 3) A.A.O. :
- 4) DIRECTOR :



CONTACT DETAILS

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For more details contact **Mr. Sunilkumar.B.M, DEO**, KIMS,
KOPPAL to Mobile No. 9986123723 during working hours