DME/PGS/40/2018-19

Date: 28.02.2019

To,

Dr. B. Srinivas
Assistant Director General,
DGHS,
New Delhi.

Sir/Madam,

Sub:- Furnishing the information regarding fee structure and bond format for the All India PG Counseling for the academic year 2019-20 in the state of Karnataka

*****

With respect to above subject, we would like to furnish the Fee structure and the Bond format for the All India Post Graduate Counseling for the academic year 2019-20 in the state of Karnataka. This is for you kind information. And request to display it in your website.(Copy Enclosed)

Yours sincerely,

[Signature]

Director, Medical Education

Encl:- 1. Fee Structure Copy
2. Bond Format (Annexure- IV, IVA)
Fee structure for the academic year 2019-20

<table>
<thead>
<tr>
<th>Sl. No</th>
<th>Course</th>
<th>Tuition Fee per year</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>PG Medical Degree Course</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(MD/ MS)</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Clinical</td>
<td>Rs 1,00,000/-</td>
</tr>
<tr>
<td>2</td>
<td>Para Clinical</td>
<td>Rs 50,000/-</td>
</tr>
<tr>
<td>3</td>
<td>Pre Clinical</td>
<td>Rs 25,000/-</td>
</tr>
<tr>
<td></td>
<td>PG Dental Course (MDS)</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Clinical</td>
<td>Rs. 50,000/-</td>
</tr>
</tbody>
</table>

Director, Medical Education
Annexure 4

Compulsory Rural Service Bond Format for non in-service Candidates

(To be submitted at college at the time of admission)

I ----------------------------------- aged -------------------------- S/o, D/o, W/o-----------

------------------------------------------ Permanent of Resident of -------------

---------------------------------------- at present residing at ----------------------------

-----, do hereby swear on oath as follows;

1. That I am admitted to ------------------------------- College for PG/Broad-
specialty/Degree/Diploma in --------------------------- (mention the subject) under ---------

------------------------------------------ quota.

2. I am submitting the bond after reading and fully understanding the Karnataka Compulsory
service by candidates completed Medical course act 2012 and its amendment dated

3. I state that I have admitted under non-in-service State quota / All India quota.

4. I understand that all the candidates (other than the candidates who have undergone
compulsory rural service after award of MBBS degree) who take admission to PG Medical
Degree/Diploma courses and successfully complete the Post Graduate Degree/ Diploma
shall under go one-year compulsory service in Government hospital in urban area as per
Karnataka Compulsory service training by the candidates completed medical courses
(counseling, allotment, and certification) as per Karnataka Compulsory Service Act 2012 as
amended in 22/09/2017 and rules there under to the said act.

5. I am fully aware of the fact that the candidates will be entitled to only temporary
registration till completion of such service. I shall be abide voluntarily to the said condition.
**Personal Details**

(Needs to be submitted by the candidate along with the bond).

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Particulars</th>
<th>To be filled by the candidates</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Name</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Age with date of birth</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>Fathers Name</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>Mothers Name</td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>Present Address</td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td>Permanent Address</td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td>Contact number of the Candidate</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Mobile :</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Landline</td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td>Contact No. of Parent/Guardian/reference of candidate to contact in case of</td>
<td></td>
</tr>
<tr>
<td></td>
<td>emergency</td>
<td></td>
</tr>
<tr>
<td>9.</td>
<td>E-mail ID</td>
<td></td>
</tr>
<tr>
<td>10.</td>
<td>Aadhaar No.</td>
<td></td>
</tr>
<tr>
<td>11.</td>
<td>State Medical Registration No.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>State</td>
<td></td>
</tr>
<tr>
<td>12.</td>
<td>All NEET Rank</td>
<td></td>
</tr>
<tr>
<td>13.</td>
<td>KEA/State NEET rank</td>
<td></td>
</tr>
<tr>
<td>14.</td>
<td>Admission order details</td>
<td></td>
</tr>
<tr>
<td>15.</td>
<td>Name of the College to which candidate is admitted</td>
<td></td>
</tr>
<tr>
<td>16.</td>
<td>UG/Super speciality/PG/Diploma</td>
<td></td>
</tr>
<tr>
<td>17.</td>
<td>Discipline /Subject</td>
<td></td>
</tr>
<tr>
<td>18.</td>
<td>Details of the reservation quota under which candidate is admitted</td>
<td></td>
</tr>
</tbody>
</table>
Annexure 4-A

UNDEUTAKING AS REQUIRED UNDER RULE 15(5) OF THE KARNATAKA CONDUCT OF ENTRANCE TEST FOR SELECTION AND ADMISSION TO THE POST-GRADUATE MEDICAL AND DENTAL DEGREE AND DIPLOMA COURSES RULES, 2006 FOR CLINICAL SUBJECTS IN MEDICAL / DENTAL COURSES.

(To be executed on a stamp paper of Rs. 200/- duly notarized)

I ..................................................................................................................

S/o, D/O, W/o ..............................................................................

aged ............... years, having Aadhar no............... , PAN No. ........

permanent resident of ..........................................................................

and

presently residing at ............................................................................, (herein after referred to as BOUNDEN) do hereby swear on oath as follows:-

1) That I am admitted to ‘Government’/‘Government-quota’ seat for ‘All India quota’/‘State quota’ in ................................................................. college for post-graduate medical/dental degree/diploma in ................................................................. (Indicate the subject) during the centralized counseling for admission to post-graduate courses-2018.

2) I am aware of the fact that the Fees for ‘Government’/‘Government-quota’ seat is highly subsidized, I shall be under an obligation to serve the State of Karnataka for a minimum period of three years after completion of my post-graduate course as required under rule 15(5) of the Karnataka Conduct Of Entrance Test For Selection And Admission To The Post-Graduate Medical And Dental Degree And Diploma Course Rules, 2006. After reading and fully understanding the above mentioned Rules, I have opted for the ‘Government’/‘Government-quota’ seat.

3) In compliance with the above Rule 15(5), I hereby furnish the undertaking voluntarily, with my free will that I shall abide by the condition to serve the Government of Karnataka for a period of three years after completion of my post-graduate course in any location decided by the Government of Karnataka, and that If I fail to comply with undertaking, myself and/or my sureties mentioned below do hereby bind ourselves and each of us, our and each of heirs,
executors and administrators jointly and severally to pay to the Governor of Karnataka on demand, we shall pay a penalty of Rs. 50.00 lakh (RUPEES FIFTY LAKH ONLY) for post-graduate degree/ Rs. 25.00 lakh (RUPEES TWENTY FIVE LAKH ONLY) for post-graduate diploma to the Government and only after payment of penalty, I shall collect my original documents which are in the custody of the Institution.

4) I am enclosing the details of two sureties along with their self-attested copies of PAN card and Aadhar card.

Signed this day of ................................., by the Bounden

DETAILS OF SURETIES

1. Name : ............................................................... ..........................................................

S/o, D/O, W/o ..........................................................

aged ............... years, having Aadhar no................., PAN No. ........

permanent resident of ..........................................................

and

presently residing at ..........................................................

2. Name : ............................................................... ..........................................................

S/o, D/O, W/o ..........................................................

aged ............... years, having Aadhar no................., PAN No. ........

permanent resident of ..........................................................

and

presently residing at ..........................................................

BOUNDEN

SURETIES

1.

2.

WITNESS

1.

2.