भारतसरकार/ Government of India

स्वास्थ्य एवंपरिवारकल्याणमंत्रालय /Ministry of Health and Family Welfare

अटल बिहारी वाजपेयीआयुर्विज्ञान संस्थानएवंडॉ. राम मनोहर लोहिया अस्पताल,नई दिल्ली

ATAL BIHARI VAJPAYEE INSTITUTE OF MEDICAL SCIENCES&

Dr. RML HOSPITAL, NEW DELHI

सत्यमेव जयते

F. No. PGS-30/3/2025-PGS-ABVIMS/534 Dated: 30/07/2025

ADMISSION NOTICE

Sub: Reporting Schedule for Candidates Allotted Seats in **DM/M.Ch and DrNB SS Courses** at ABVIMS & Dr. RML Hospital, New Delhi – **Stray Round** for the Academic Year 2024-25 – regarding.

All candidates who have been allotted seats in **DM/M.Ch and DrNB SS Courses** at ABVIMS & Dr. RML Hospital in **Stray Round** of Counseling/reporting for the Academic Year 2024-25 are required to report in person according to the schedule below. Please bring all original documents along with one set of self-attested photocopies as listed in the attachment:

Date	Courses (Vacancy)
31.07.2025 (Thursday)	D.M. Cardiac Anaesthesia (01), D.M. Cardiology (01), M.Ch. Paediatric Surgery (02), D.M. Nephrology (01), D.M. Neurology (02)
01.08.2025 (Friday)	
02.08.2025 (Saturday)	
03.08.2025 (Sunday)	
04.07.2025 (Monday)	
05.08.2025 (Tuesday)	Buffer days for pending admissions/document verification (if any).

2. Address for reporting: **Room Number 210, Second Floor, Admin Block, ABVIMS & Dr. RML Hospital. Time for reporting: 10:00 AM.**

3. At the time of reporting, a total fee of Rs. 54,500/- (including university share, college share, student activity fund and refundable security deposit) is to be paid as per instructions from the Accounts Section. The security deposit of Rs. 10,000/- is refundable after obtaining a No Dues Certificate upon course completion/leaving the Institute.

30/7/2025

(Karunesh Pratap Singh)
Dy. Registrar

Helpline Numbers (9 AM to 5 PM):
Registrar - 9873438375
Deputy Registrar – 8178988051
Sr. Admin Officer - 9968515636
Sr. Accounts Officer – 9599727254
Acadmic Branch: 011-23404755/011-23365525 – 4755

For information to:

1. PS to Director, ABVIMS & Dr. RML Hospital
2. PS to Dean, ABVIMS & Dr. RML Hospital
3. All concerned HoDs, ABVIMS & Dr. RML Hospital
4. CoE, ABVIMS & Dr. RML Hospital
5. Sr. Accounts Officer, ABVIMS & Dr. RML Hospital – for necessary action.
6. In-charge, e-Governance, ABVIMS & Dr. RML Hospital – with a request to upload it on RML Website and e-Office notice board.

Annexure 'A'

LIST OF DOCUMENTS REQUIRED FOR ADMISSION

1. Seat Allotment letter
2. Relieving Letter from previous institute/college, if applicable
3. Admit Card issued by NBE
4. Result/Rank Letter issued by NBE
5. High School Certificate/Birth Certificate for verification of date of birth.
6. MBBS Degree Certificate/Provisional Certificate
7. MBBS Marksheets of 1st, 2nd and Final Professional Examinations.
8. Internship Completion Certificate
9. MD/MS/DNB Degree Certificate
10. MD/MS/DNB Marksheet
11. MD/MS/DNB Attempt Certificate
12. MD/MS/DNB Character Certificate from the head of the Institutional from where the qualifying examination was passed.
13. Proof of writing thesis in case of candidate passed DNB Course.
14. Permanent Registration Certificate of MBBS/MS/DNB issued by from Medical Council of India/NBE/State Medical Council. Students who have completed/are completing post-graduation by 30th September, 2023 of the year of admission are eligible to apply with provisional certificate.
15. Copy of Identification Proof (ID proof) i.e. PAN Card/Driving Licence/Voter ID/Passport/Aadhar Card (any of them duly signed by the candidate).
16. Surety Bond of Rs. 10,00,000/- (Rupees ten lakhs only) on Non-Judicial Stamp Paper of Rs. 100/- (**only on Delhi stamp paper and notorised by Delhi notary only**) filled and signed by two sureties (**other than parents/resident doctors/retired officers**) in the prescribed format attached [**Annexure -1**] along with the copies of PAN card & IT returns of both sureties for last two years. The Surety Bond must be signed either by the Gazetted Govt. Official of Class-I or Class-II Rank, or the person who regularly files the Income Tax Return and having annual income about Rs. 10 Lakh. The designation and the Permanent Account Number [PAN] of the sureties be invariably mentioned.
17. Declaration form [**Annexure -2**]
18. Affidavit on non-judicial stamp paper of Rs. 10/- for gap period, if any [**Annexure -3**].
19. NOC from previous employer, if any [**Annexure -4**]
20. Duly signed hard copies of undertakings submitted online by the student and their parents at www.antiragging.in & www.amanmovement.org.
21. Affidavits for anti ragging by the student and their parents in the prescribed format attached [**Annexure -5**] one each on Non Judicial Stamp Paper of Rs. 10/-.

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Annexure – 1

SURETY BOND
[For Post Graduate Medical Programmes (PGMC/SSMC)]

(On a Non-Judicial Stamp Paper of Rs. 100/-)

In pursuance of my undertaking given on_____(date) this Surety Bond, hereafter the bond, is executed at Delhi on this_(date & month) day of_____(year) by Ms./Mr./Dr._____ son/daughter of Smt._____and Sh._____hereafter the student, admitted in_____(name of the course), hereafter the course at _____ (name of the institution) hereafter the institution, in favour of Registrar, Guru Gobind Singh Indraprastha University and the Principal/Dean/Director of_____(Name of the institution).

Whereas, the student has applied and has been admitted in the course, a PGMC/SSMC, being conducted bythe Guru Gobind Singh Indraprastha University, Delhi.

Whereas on the basis of the merit, the student was offered various course(s) at various institution(s) availableat the time of his/her counselling and he/she has voluntarily opted for the course at the__(name of the institution) and he/she admitted in the course at the institution with the understanding and subject to the undertaking that the student shall undergo the course on full-time and regular basis and shall maintain the required standard of performance and shall not indulge in indiscipline/misconduct.

The student has, therefore, agreed to be liable to pay a sum of Rs. 10 lacs (for PGMC/SSMC) to the institution underany of the following circumstances:-

A. If the student does not join the course at the allotted institution on or before the stipulated date.
B. If the student leaves the course before its completion.
C. If the admission/registration of the student is cancelled/terminated by the University on account ofunsatisfactory performance/misconduct/indiscipline.

Whereas the student undertakes that till the entire surety amount Rs. 10 lacs (for PGMC/SSMC) is paid, the institution and/or the Guru Gobind Singh Indraprastha University shall have the right to retain the original certificates of thestudent.

Whereas I have requested Ms./Mr._____son/daughter of Smt._____ and Sh._____resident of_____.

and

Ms./Mr._____son/daughter of Smt._____and Sh._____ resident of_____to stand as sureties severally and jointly, for me for the payment ofthe said amount.

Signature of the Student Name_____
Date_____
Place _____

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That I Dr./ Ms/ Mr._____son/daughter of Smt._____and Sh._____resident of_____, the student aforesaidacknowledge my indebtness to the Registrar, Guru Gobind Singh Indraprastha University and the Principal/Dean/Director of_____(name of the institution) to a sum of Rs. 10 Lacs (for SSMC) / Rs. 10 lacs (forPGMC), which, I hereby promise to pay on demand to the institution.

Signature of the Student Name _____
Date_____
Place _____

In consideration of the bond executed by the student Dr._____son/daughter of Smt._____ and Sh._____resident of_____, in favour of Registrar, Guru Gobind Singh Indraprastha University and the Principal/Dean/Director of_____ _____(nameof the institution) for a sum of Rs. 10 lacs (for PGMC/SSMC). I_____, hereby stand as surety, jointly and severally, for the payment of the said amount on the terms mentioned above in case the student fails to pay on demand a sum of Rs. 10 Lacs (for SSMC) / Rs. 10 lacs (for PGMC),I , the said surety, shall without any objection, pay the said due amount to the institution on demand.

Date_____
Place _____

Signature _____

Name of the Surety (1): _____
Designation : _____
PAN : _____
Present Address: _____
Permanent Address: _____
Phone/Mobile No.: _____

In consideration of the bond executed by the student Dr._____son/daughter of Smt._____ and Sh._____resident of_____, in favour of Registrar, Guru Gobind Singh Indraprastha University and the Principal/Dean/Director of_____ _____(name of the institution) for a sum of Rs. 10 lacs (for PGMC/SSMC). I _____, hereby stand as surety, jointly and severally, for the payment of the said amount on the terms mentioned above in case the student fails to pay on demand a sum of Rs. 10 lacs (for PGMC/SSMC), I , the said surety, shall without any objection, pay the said due amount to the institution on demand.

Date_____
Place _____

Signature _____

Name of the Surety (2): _____
Designation : _____
PAN : _____
Present Address: _____
Permanent Address: _____
Phone/Mobile No.: _____

Note:

1. The Surety Bond must be signed by either the Govt Official of Class - I or Class -II Rank, or the Persons who regularly file the Income Tax Return. The Designation and the Permanent Account Number (PAN) ofthe Sureties should be invariably mentioned.
2. The bond surety value shall be notified together with the detailed counseling schedule. The format shall beas above.

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Annexure - 2

DECLARATION BY THE CANDIDATE
[for Post Graduate/Super Specialty Medical Programmes (PGMC/SSMC)]

a. I,_____.(name) son/daughter of Smt. _____and Shri _____resident of_____hereby, solemnly and sincerely affirm that the statement made and information furnished by me in the application form is true and correct. I have not concealed any information. If any information furnished, herein, is found fraudulent, incorrect or untrue, I understand that I am liable to criminal prosecution, and I also agree to forego my seat in SSMC / PGMC. Further I am liable to be punished by the University and the selection and admission to the course is liable to be cancelled. I agree to abide by the Rules and Regulations governing the Examination as contained in the Admission Brochure.

b. In case, I fail to join the course offered to me and accepted by me within the prescribed date, my selection/ registration to the course be treated as cancelled.

c. I undertake that in the event of my admission to any SSMC/Degree/Diploma course I will not apply for or accept admission to any course in any University/ Institution till I complete the course to which I am admitted on the basis of this application.

d. I undertake that in the event of my selection for a SSMC / PGMC, I shall deposit all my original certificates alongwith a Surety Bond of Rs. 10 lacs in case of SSMC / Rs 10 lacs in the case of PGMC. In the event of (i) my not joining the course at the allotted institution on or before the stipulated date (ii) leaving the course before its completion and (iii) cancellation/ termination of my admission/ registration by the University on account of unsatisfactory performance / conduct/ discipline, I will deposit a sum of Rs. 10 lacs / Rs. 10 lacs as applicable in the institution where I am enrolled to redeem my original certificates.

e. I agree to undergo the said course on full-time basis and shall not engage myself in practice or any part-time/ full-time job during the period of the course and if I do so, my name may be removed from the rolls of University.

f. I am aware that the University can remove my name from its rolls in case my work is not reported satisfactory by my Supervisor/Head of the Institution.

g. On admission, I shall submit myself to the disciplinary jurisdiction of the Vice Chancellor and the several authorities ofthe University who may be vested with the authority to exercise discipline under the Act, the Ordinances, the rules and regulations that have been framed by the University from time to time.

Signature of Candidate _____

Name Dr./Ms./Mr. _____

Address for communication_____

Dated_____
Place _____

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Annexure-3

Gap Affidavit

I, Dr._____ S/o _____
R/o _____ do hereby solemnly affirms and declares that during the gap period from Date /Month /Year till date, I did not join any College/University/Institution as I was preparing myself for SS Entrance Exam. During the above gap period, I was not involved in any criminal activities and also that I was not working during the gap period anywhere.

Deponent

Verification

My above statement is true and correct to the best of my knowledge and belief.

Deponent

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Annexure - 4

EMPLOYER'S CERTIFICATE FORM
(FOR CANDIDATES WHO ARE IN SERVICE)

I am forwarding, herewith, the application for admission to the SSMC / PGMC Programmes in respect of Dr./Mr./ Ms. _____ who is a full-time employee in this organization w.e.f. _____ and has been working as _____ (Please give designation) and his/her emoluments, including D.A., C.C.A. and H.R.A. etc. are Rs._____.

If he/she is selected by the University for admission, he/she will be relieved to join the above course as a full time/ regular student in the institution assigned to him/her by the stipulated date of joining the course concerned.

Note: The relieving certificate will also be sent to the University before the candidate joins the course concerned by the stipulated date.

Dated._____
Place._____

Signature of the Officer
Name _____
Designation _____
Official Seal

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Annexure - 5

UNDERTAKING BY THE STUDENT WITH RESPECT TO ANTI RAGGING

I, (full name of student with admission/registration/enrolment number) _____ s/o d/o Mr./Mrs./Ms. _____, having been admitted to (____(name of the institution)____, have received a copy of the UGC Regulations on Curbing the Menace of Ragging in Higher Educational Institutions, 2009, (hereinafter called the "Regulations") carefully read and fully understood the provisions contained in the said Regulations.

2) I have, in particular, perused clause 3 of the Regulations and am aware as to what constitutes ragging.

3) I have also, in particular, perused clause 5 and clause 6.1 of the Regulations and am fully aware of the penal and administrative action that is liable to be taken against me in case I am found guilty of or abetting ragging, actively or passively, or being part of a conspiracy to promote ragging.

4) I hereby solemnly aver and undertake that

a) I will not indulge in any behaviour or act that may be constituted as ragging under clause 3 of the Regulations.

b) I will not participate in or abet or propagate through any act of commission or omission that may be constituted as ragging under clause 3 of the Regulations.

5) I hereby affirm that, if found guilty of ragging, I am liable for punishment according to clause 9.1 of the Regulations, without prejudice to any other criminal action that may be taken against me under any penal law or any law for the time being in force.

6) I hereby declare that I have not been expelled or debarred from admission in any institution in the country on account of being found guilty of, abetting or being part of a conspiracy to promote, ragging; and further affirm that, in case the declaration is found to be untrue, I am aware that my admission is liable to be cancelled.

Declared this___day of_____month of_____year.

_____
Signature of deponent
Name:
Address:
Telephone/Mobile No.

VERIFICATION

Verified that the contents of this affidavit are true to the best of my knowledge and no part of the affidavit is falseand nothing has been concealed or misstated therein.

Verified at (place) _____ on this the (day) _____ of (month) _____, _____ (year)

_____
Signature of deponent

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UNDERTAKING BY PARENT/GUARDIAN WITH RESPECT OF ANTI RAGGING

I, Mr./Mrs./Ms._____(full name of parent/guardian) father/mother/guardian of, (full name of student with admission/registration/enrolment number) , having been admitted to (name of the institution) , have received a copy of the UGC Regulations on Curbing the Menace of Ragging in Higher Educational Institutions, 2009, (hereinafter called the "Regulations"), carefully read and fully understood the provisions contained in the said Regulations.

2) I have, in particular, perused clause 3 of the Regulations and am aware as to what constitutes ragging.

3) I have also, in particular, perused clause 5 and clause 6.1 of the Regulations and am fully aware of the penal and administrative action that is liable to be taken against my ward in case he/she is found guilty of or abetting ragging, actively or passively, or being part of a conspiracy to promote ragging.

4) I hereby solemnly aver and undertake that

a) My ward will not indulge in any behave our or act that may be constituted as ragging under clause 3 of the Regulations.

b) My ward will not participate in or abet or propagate through any act of commission or omission that may be constituted as ragging under clause 3 of the Regulations.

5) I hereby affirm that, if found guilty of ragging, my ward is liable for punishment according to clause 9.1 of the Regulations, without prejudice to any other criminal action that may be taken against my ward under any penal law or any law for the time being in force.

6) I hereby declare that my ward has not been expelled or debarred from admission in any institution in the country on account of being found guilty of, abetting or being part of a conspiracy to promote, ragging; and further affirm that, in case the declaration is found to be untrue, the admission of my ward is liable to be cancelled.

Declared this ___day of_____month of_____year.

_____

Signature of deponent

Name:

Address:

Telephone/ Mobile No.:

VERIFICATION

Verified that the contents of this affidavit are true to the best of my knowledge and no part of theaffidavit is false and nothing has been concealed or misstated therein.

Verified at (place)_____on this the (day)_____of (month)_____, (year)_____.

_____

Signature of deponent

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