Saraswathi Institute of Medical Sciences

NH-09(24), Anwarpur, Pilkhuwa, HAPUR {Dist} - (UP) 245304 E Mail ID:- admissionhead@sims.edu.in 7252999437

Student/Parents Details

*Note: -Fill all information in BLOCK le	etters only.	Date:/	_/2024
MD/MS COURSE 2024-25	COUNSELING	G 1/11/111	
Registration NoNeet Roll	No	Neet Score.	
AIRState Rank	Date of Re	porting	
Student Name			
Father Name	Whatsapp No)	
Mother Name	Whatsapp No)	
Father's Occupation	Mother's Occ	cupation	
Contact No (Res.)	Contact No (Office)	
Student E-Mail ID		• • • • • • • • • • • • • • • • • • • •	
Student Pan No	••••••••	• • • • • • • • • • • • • • • • • • • •	
Father /Mother E-Mail ID			
Father/Mother Pan No	/	•••••	
Student Aadhar Number/	//	•••••	•••••
Date of Birth/ Gender		Category	••••
Communication Address:			
••••••	•••••	• • • • • • • • • • • • • • • • • • • •	• • • • •
	Pincode	9	
Permanent Address:			
			• • • •
***************************************	Pincode	• • • • • • • • • • • • • • • • • • • •	••••
PG-I,II,III Hostel Room No	SIMS Reg N	Vo	•••
Parent's Signature	Student	's Signature	

CHECKLIST SIMS HAPUR MD/MS ACADEMIC SESSION 2024-25

	MD/MS ACADEMIC SESSION 2024-25
,	Student Name Branch
	10th MARKSHEETS
	10th PASS CERTIFICATES
	12th MARKSHEETS
4.	12th PASS CERTIFICATES
	MBBS
5.	1st PROF MARKSHEET
6.	2 nd PROF MARKSHEET
	3rd PROF PART (I) MARKSHEET
	3rd PROF PART (II) MARKSHEET
	PASS OUT CERTIFICATE
	INTERNSHIP COMPLETION CERTIFICATES
	ATTEMPT CERTIFICATE
	PERMANENT REGISTRTRATION
13.	DEGREE/PROVISIONAL DEGREE
14.	PERMANENT REGISTRATION CERTIFICATES FROM OTHER STATE / UPMC/MCI/DCI
	CHARACTER CERTIFICATE FROM LAST STUDIED COLLEGE
	MIGRATION CERTIFICATE
	TRANSFER CERTIFICATE
-	<u>NEET</u> REGISTRATION
	ADMIT CARD
	SCORE CARD
	ALLOTMENT LETTER
	NODAL CENTER LETTER
	MEDICAL FITNESS CERTIFICATE
	EXPERIENCE CERTIFICATES GOVT/PVT
	F ANY GAP CERTIFICATE (affidavit Notarized Rs-10/50/100)
26. E	EMPLOYER'S RELIEVING CERTIFICATE (IF APPLICABLE)
	CATEGORY CERTIFICATE IF ANY.,
	DOMICILE CERTIFICATE
29. I	D PROOF (AADHAR CARD,PAN CARD,PASS PORT) PHOTO COPIES
30. A	ADDRESS PROOF (VOTER ID ,DRIVING LICENCE) PHOTO COPIES
31. R	Rs. 100 AFFIDAVIT FOR REMAINING 2 YEARS FEES (10 PDCs)
32. P	ASSPORTS SIZE 24 & 6 STAMP SIZE COLOR PHOTO
	IOSTEL ALLOTMENT LETTERS WITH UNDERTAKING 03 PAGES
34. A	NTI RAGGING 2 AFFIDAVIT STUDENTS & PARENTS (@ Rs. 10/50/100 Stamp Paper)
35. R	ULES AND REGULATION 18 PAGES
	ELF ADDRESSED 10 ENVELOP WITH STAMP @Rs 50
	TTESTED 2 SET PHOTOCOPIES OF ALL ABOVE CERTIFICATES
	LL ORIGINAL CERTIFICATES TO BE SUBMITTED TO COLLEGE
9. A	bove mentioned all original documents scan in one go PDF form and send
to	o this official Email ID – <u>admissionhead@sims.edu.in</u> after the allotment before joining to
tl	ne College
dom	nic dean Office Checked By

Student Paid Security, Tuit	tion, and Other Fee Detail		
Student Name	Department		
Student Whatsapp No	Father Whatsapp No		
Attach Receipt for every part or fu	lly paid detail and fill the below:-		
DGME Refundable Security Fee	:- (Rs 2L)		
Online Transaction No	Bank Name		
Details of Tuition Fee deposited in l	OGME (Rs 20,22,143/-)		
DD No	Amount		
DD Date DD Bank			
Place	Account Holder		
2			
DD No	Amount		
DD Date DD Bank	Name		
Place	Account Holder		
Security & Hostel double sha RTGS/NEFT to College Acco			
UTR No			
Amount	Bank		
Account Holder	Place		
Other & Misc.Charge Rs. 1,41,240/- Paid by Cash			
Rs. (In Words)			
Account Dept. Checked by	&		
	•		
Parent's Signature	Student's Signature		

Saraswathi Institute of Medical Sciences HAPUR Payments and PDCs to Deposit for PG 2024-25

Kindly do the RTGS, the payments of Rs. 6,92,500/- (Security Rs. 5L, Hostel double sharing Rs. 1,92,500/-). And Misc. Charges Rs. 1,41,240/-deposit through cash 1st year & Every Year to the college.

Fees can be remitted by RTGS/NEFT favoring or DD

Beneficiary:

Saraswathi Ammal Educational and Charitable Trust

Current Account No: 20166701043

Beneficiary Bank: BANK OF MAHARASHTRA

Branch: HAPUR.

IFSC Code: MAHB0001293

Please send the full information on given below Whatsapp Numbers. after fund transferred (**Student Name**, Batch, Course, **UTR No.**, Date, Amount and Account Holder Name)

Whatsapp No: 7252999437, 7252999440

And

For 2nd Year & 3rd Year, 5 & 5 PDCs (Total Ten PDCs) for fee and other charges details to be given in Affidavit 100 Rupees Stamp Paper duly Notarized

PDCs (Posted Dated Cheques) should to be made in the name of

"Saraswathi Ammal Educational and Charitable Trust"

Rs. 10 Stamp paper duly notarized

ANNEXURE I, Part I

UNDERTAKING BY THE STUDENT

1.1,				
S/o. D/o. of Mr./ have carefully rea	Mrs./Msad and fully understood the ourt and the Central/State	e law prohibiting ra	gging and the d s regard.	irections
2. I have received Higher Education	a copy of the MCI Regula al Institutions, 2009.	tions on Curbing th	ne Menace of Ra	agging in
3. I hereby under	take that-	*		
• I will not induragging,	lge in any behavior or a	ct that may come	under the defin	nition of
• I will not particip	pate in or abet or propagat	e ragging in any for	m,	
• I will not hurt ar	nyone physically or psycho	logically or cause a	ny other harm.	
4. I hereby agree per the provisions force.	that if I found guilty of ar s of the MCI Regulations i	ny aspect of ragging mentioned above ar	, I may be puni nd/or as per th	ished as e law in
5. I hereby affirm institutions.	that I have not been exp	pelled or debarred	from admission	by any
Date	Month of	year		
Address:			•••••	
Name:				
(1) Witness:				
(2) Witness:				

Rs. 10 Stamp paper duly notarized

ANNEXURE I, Part II

UNDERTAKING BY PARENT/GUARDIAN

1. I,				F/o. M/o.
G/ounderstood the law prol		h	ave carefully rec	d and fully
Court and the Central/St	ate Government	in this regard as	ms of the Hon't well as the MCI	le Supreme Regulations
on Curbing the Menace of	f Ragging in High	er Educational I	nstitutions, 2009).
2. I assure you that my so	on/ daughter/ wa	ard will not indu	ge in any act of	ragging.
3. I hereby agree that if h punished as per the provided the law in force.	e/she is found gr isions of the MCI	uilty of any aspec Regulations me	ct of ragging, he nationed above an	she may be d/or as per
Date	Month of	year_		Bu a e
Signature				
Address:	•••••			
Name:				
(1) Witness:				
(2) Witness:				

All students of PG 2024 Batch, at the time of joining the following documents to be submitted in Principal Office with self attested in all papers in person in order.

S. NO.	DOCUMENTS	REMARKS
1	Passport Size PHOTO (16)	
2	PAN CARD	
3	AADHAR CARD	
4	Voter ID Card	
5	10 th MARKS SHEET	
6	INTERNSHIP COMPLITION CERTIFICATE	,
7	MBBS DEGREE	
8	MBBS REGISTRATION CERTIFICATE	
9	CANCELLED CHEQUE/ PASS BOOK COPY	
10	DGME ALLOTMENT LETTER	
11	NEET PG 2024 RESULT SCORE CARD	



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HOSTEL ALLOTMENT LETTER REQUEST FORM FOR POST GRADUATES

(Before filling the FORM please read the overleaf instructions carefully)

Section I (To be filled in block letters by the applicant)

1.	Name of the applicant:	5 (6)		Paste a recent
2.	Name of the Subject:		ar a	passport size photograph here
3.	Name of Degree:			(Also provide 2 extra photos)
4.	Date of admission to the course in SIMS:/_	<u>/2024</u>	* 1	
5.	Course duration: <u>3 years</u>			
6.	Date of Birth:/			
7.	Gender: Male / Female			
8.	Age:years			
9.	Student Whatsapp:	Email:		*
10.	Father's Name:			·
11.	Mother's Name:	Whatsapp:		
12.	Permanent Address:			
13.	Name & Address of the local guardian:			
			·	
14.	Contact numbers and E Mail ID of the local gu	uardian :		



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Section III (Undertaking)

I hereby declare that the information given by me in application form for Hostel Accommodation is true to the best of my knowledge. I have read the Hostel rules and understood their full implications.

I hereby undertake to abide by the Hostel rules and in case of violation the college authorities can take suitable disciplinary action against me.

Lassure that my conduct during my stay in the hostel will be good. I will not include in / support any act

of ragging. I will not involve any illegal activiti	ies.
Student's Signature	
Name	•
Date	
Certificate of good condu	uct & Undertaking by the parent / guardian
I certify that my son / daughter / ward bea	ar a good moral character.
	ughter / ward do not abide by the hostel rules, the authority can m /her. He / she will not indulge in or support any act of ragging.
Parent / Guardian's Signature	
Name	Relationship with the student:
Date	