

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** letters only.

Date: ____/____/2025

MD/MS COURSE 2025-26 COUNSELING I/II/III.....

Registration No.....Neet Roll No.....Neet Score.....

AIRState Rank Date of

Reporting.....

Student Name.....

Whatsapp No.....

Father Name

Whatsapp No.....

Mother Name

Whatsapp No.....

Father's Occupation

Mother's Occupation

Contact No (Res.)

Contact No (Office).

Student E-Mail ID.....Sub Category.....

Father /Mother E-Mail ID.....Blood Group.....

Father/Mother Pan No...../.....

Student Aadhar Number/...../...../.....

Date of Birth/...../..... Gender Category.....

Communication Address:

.....

.....Pincode.....

Permanent Address:

.....

.....Pincode.....

PG-I,II,III Hostel Room No.....

SIMS Reg No.....

Parent's Signature

Student's Signature

CHECKLIST SIMS HAPUR
MD/MS ACADEMIC SESSION 2025-26

Student Name..... Branch.....

1. 10th MARKSHEETS
2. 10th PASS CERTIFICATES
3. 12th MARKSHEETS
4. 12th PASS CERTIFICATES
- MBBS
5. 1st PROF MARKSHEET
6. 2nd PROF MARKSHEET
7. 3rd PROF PART (I) MARKSHEET
8. 3rd PROF PART (II) MARKSHEET
9. PASS OUT CERTIFICATE
10. INTERNSHIP COMPLETION CERTIFICATES
11. ATTEMPT CERTIFICATE
12. PERMANENT REGISTRTRATION
13. DEGREE/PROVISIONAL DEGREE
14. PERMANENT REGISTRATION CERTIFICATES FROM OTHER STATE / UPMC/MCI/DCI
15. CHARACTER CERTIFICATE FROM LAST STUDIED COLLEGE
16. MIGRATION CERTIFICATE
17. TRANSFER CERTIFICATE
- NEET
18. REGISTRATION
19. ADMIT CARD
20. SCORE CARD
21. ALLOTMENT LETTER
22. NODAL CENTER SLIP
23. MEDICAL FITNESS CERTIFICATE
24. EXPERIENCE CERTIFICATES GOVT/PVT
25. IF ANY GAP CERTIFICATE (affidavit Notarized Rs-10/50/100)
26. EMPLOYER'S RELIEVING CERTIFICATE (IF APPLICABLE)
27. CATEGORY CERTIFICATE IF ANY.,
28. DOMICILE CERTIFICATE
29. ID PROOF (AADHAR CARD,PAN CARD,PASS PORT) PHOTO COPIES
30. ADDRESS PROOF (VOTER ID ,DRIVING LICENCE) PHOTO COPIES
31. Rs.100 AFFIDAVIT FOR REMAINING 2 YEARS FEES (10 PDCs)
32. PASSPORTS SIZE 24 & 6 STAMP SIZE COLOR PHOTO
33. HOSTEL ALLOTMENT LETTERS WITH UNDERTAKING 03 PAGES
34. ANTI RAGGING 2 AFFIDAVIT STUDENTS & PARENTS (@ Rs. 10/50/100 Stamp Paper)
35. RULES AND REGULATION 21 PAGES
36. SELF ADDRESSED 10 ENVELOP WITH STAMP @Rs 50
37. ATTESTED 1 SET PHOTOCOPIES OF ALL ABOVE CERTIFICATES
38. ALL ORIGINAL CERTIFICATES TO BE SUBMITTED TO COLLEGE
39. **Above mentioned all original documents scan in one go PDF form and send to this official E mail id – admissionhead@sims.edu.in after the allotment before joining to the College**

Parent's Signature

Student's Signature

Student Paid Security, Tuition, and Other Fee Detail

Student Name.....Department.....

Student Whatsapp No.....Father Whatsapp No.....

Attach Receipt for every part or fully paid detail and fill the below:-

DGME Refundable Security Fee:- (Rs 2L)

Online Transaction No Amount.....

Online Payment Date Bank Name.....

Place..... Account Holder.....

Details of Tuition Fee deposited in DGME (Rs 2022143/-)

DD No Amount.....

DD Date DD Bank Name.....

Place..... Account Holder.....

2

DD No Amount.....

DD Date DD Bank Name.....

Place..... Account Holder.....

Security & Hostel double sharing fee to be Paid through RTGS/NEFT to College Account (Rs.7,02,225/-)

UTR No

Amount.....

Account Holder.....

Payment Date Payee Bank Name.....

Place.....

Misc.Charge Rs. 141240/- to be Paid in Cash

Rs..... (In Words)

Parent's Signature

Student's Signature

Rs. 100 Stamp paper duly notarized

AFIDAVIT CUM UNDERTAKING FROM STUDENT AND PARENTS

(1) I/We (student).....S/D/W of.....
R/o

(2) And (Parent)..... S/D/W of

R/o

Do hereby solemnly affirm, declare and undertake as under:-

1. I Dr....., have taken admission for MD/MS Discipline for the Academic Year 2025-26 in Saraswathi Institute of Medical Sciences, NH- 9 (24), Anwarpur, Pilkhuwa, Hapur District, and Uttar Pradesh. Pin code 245304.
2. I, Mr./Mrs., am the parent/husband of Mr./Miss/Mrs/Dr.
3. We are aware that the proposed fees for the 2nd and 3rd year to the course are as under:

Details of fee	Date	Clinical T. Fee	Pathology T. Fee	Misc. Charge	Hostel Fee double Sharing (Non AC)
2nd Year	22.12.2026	2022143	1088846	141240	233825
3rd Year	22.12.2027	2022143	1088846	141240	263825

4. We are depositing the following post dated cheques (PDCs) for fees/other charges of 2nd and 3rd year towards as under: **(Make each cheque below 10 Lakhs)**

- a) Date-22.12.2026 Cheque No.....Amount 900000/= Bank Name.....
- b) Date-22.12.2026 Cheque No.....Amount 900000/= Bank Name.....
- c) Date-22.12.2026 Cheque No.....Amount 222143/= Bank Name.....
- d) Date-22.12.2026 Cheque No..... Amount 141240/= Bank Name.....
- e) Date-22.12.2026 Cheque No..... Amount 233825/= Bank Name.....

- f) Date-22.12.2027 Cheque No.....Amount 900000/= Bank Name.....
- g) Date-22.12.2027 Cheque No.....Amount 900000/= Bank Name.....
- h) Date-22.12.2027 Cheque No.....Amount 222143/= Bank Name.....
- i) Date-22.12.2027 Cheque No.....Amount 141240/= Bank Name.....
- j) Date-22.12.2027 Cheque No.....Amount 263825/= Bank Name.....

5. We shall ensure that the above cheques would be honored on presentation to the Bank by the Institute on due dates.

Parent's Signature

Student's Signature

6. In case of the return of the cheques, the Institute may initiate suitable action on us under the provisions of Law/penalty Rs-25000/- per Cheque.
7. We hereby undertake not to report to the college or attend the classes or enter into the hostel unless full fees for the ensuing academic are fully deposited.
8. Previous Job, (Experience/Permission/Not Employed), Undertaking in the given format.
9. We shall abide by the rules and regulations of the Institute Scrupulously
10. I will not participate in any other counseling. This is my final admission.
We hereby solemnly declare that the statement made in 1 to 10 above is true to the best of Our knowledge and we have not concealed any fact.

Note: The Institute has filed Writ Petition before Honorable High Court of U.P. Lucknow Bench for revision of the fee of UG and PG Course for Academic Year 2024-25, and 2025-26. Any revision of fee shall be applicable as per the decision of the Honorable High Court of U.P. / State Govt of U.P.

Date:/...../.2025

Deponents

Place: HAPUR

Parent's Signature

Student's Signature

Saraswathi Institute of Medical Sciences HAPUR

Payments and PDCs to Deposit for PG 2025-26

Kindly do the RTGS, the payments of (Security Rs. 5L, **Hostel double sharing** Rs. 2,02,225/- Misc. Charges Rs. 141240/- deposit through cash only Every Year to the college.

Fees can be remitted by RTGS/NEFT favoring

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”

Parent's Signature

Student's Signature

Rs. 10 Stamp paper duly notarized

ANNEXURE I, Part I

UNDERTAKING BY THE STUDENT

1. I, _____
S/o. D/o. of Mr./Mrs./Ms. _____,
have carefully read and fully understood the law prohibiting ragging and the directions of the Supreme Court and the Central/State Government 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.

5. I hereby affirm that I have not been expelled or debarred from admission by any institutions.

Date _____ Month of _____ year - 2025

Signature

Address:

Name:

(1) Witness:

(2) Witness:

Parent's Signature

Student's Signature

Rs. 10 Stamp paper duly notarized

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 Hon’ble 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/ ward 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.

Date _____ Month of _____ year - 2025

Signature

Address:.....

Name:

(1) Witness:

(2) Witness:

Parent’s Signature

Student’s Signature

All students of PG 2025 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	PHOTO Passport Size (10)	
2	PAN CARD Copy	
3	AADHAR CARD AND VOTAL ID CARD	
4	10 th MARKS SHEET	
5	INTERNSHIP COMPLITION CERTIFICATE	
6	MBBS DEGREE	
7	MBBS REGISTRATION CERTIFICATE	
8	CANCELLED CHEQUE/ PASS BOOK COPY	
9	DGME ALLOTMENT LETTER	
10	NEET PG 2025 RESULT SCORE CARD	

Parent's Signature

Student's Signature

SARASWATHI INSTITUTE OF MEDICAL SCIENCES

**NH-9 (24), Anwarpur, Pilkhuwa Post 245304, Hapur
District, Uttar Pradesh**

HOSTEL ALLOTMENT REQUEST LETTER FORM FOR PG

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

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

Date :-----

1. Name of the applicant :
2. Name of the Subject :
3. Name of Degree:
4. Date of admission to the course in SIMS:
5. Year of the course: 3 Years From/...../.....
6. Date of Birth
7. Gender: MALE / FEMALE
8. Age :Year
9. Contact: Whatsapp.....Email.....
10. Father's Name: Whatsapp_____Mother's Whatsapp._____
11. Local Contact Nos.(1)_____ (2)_____
12. PermanentAddress:.....
.....Pincode.....
13. Name & Address of the local guardian.....
.....
14. Contact numbers and E Mail ID of the local guardian

Paste a recent
passport size
photograph
here (Also
provide 2
extra photos

With Sign)

Parent's Signature

Student's Signature

SARASWATHI INSTITUTE OF MEDICAL SCIENCES

NH-9 (24), Anwarpur, Pilkhuwa Post 245304, Hapur

District, Uttar Pradesh

Section II (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.

I assure that my conduct during my stay in the hostel will be good. I will not indulge in / support any act of ragging

Student’s Signature

Name.....

Date.....

Certificate of good conduct & Undertaking by the parent / guardian

I certify that my son / daughter / ward bear a good moral character.

I have read the hostel rules. If my son / daughter / ward do not abide by the hostel rules, the authority can take suitable disciplinary action against him /her. He / she will not indulge in or support any act of ragging.

Parent / Guardian’s Signature

Name.....

Relationship with the student:

Date :.../.../2025

Parent’s Signature

Student’s Signature