

**SIMS  
WELCOMES  
UNDER  
GRADUATES  
2020-21**

Candidates are instructed to  
submit the following  
Bonds compulsorily at the  
time of admission without fail.

## DECLARATION

To  
The Director,  
Shimoga Institute of Medical Sciences,  
Shivamogga.

Sir/Madam,

				MBBS 2020-21
NAME OF THE CANDIDATE				
FATHER'S NAME				
UG NEET ROLL NO.		UG NEET Rank		
TYPE OF ALLOTMENT	AIQ / SQ	I Round	II Round	MOP UP Round
CATEGORY CLAIMED	GM / Cat I / Cat II A / Cat II B / Cat II B / Cat III A / Cat III B / OBC / SC / ST			
CATEGORY ALLOTTED	GM / Cat I / Cat II A / Cat II B / Cat II B / Cat III A / Cat III B / OBC / SC / ST			
e Mail			Mobile No	

I S/oD/o \_\_\_\_\_ residing at \_\_\_\_\_

have joined the allotted MBBS seat at Shimoga Institute of Medical Sciences during the Academic year 2020-21 on \_\_\_\_\_ (date) do hereby undertake as follows.

I have submitted all the required Original Certificate at time of admission for the approval of MBBS admission seat.

If found fake or colour xerox i will be held responsible for the same.

Place: Shivamogga

Date:

Signature of Parent/Guardian

Signature of Candidate

**NOTARISED BOND TO BE EXECUTED ON A E-STAMP PAPER OF RS. 100/-**

FOR CANDIDATES WHO SELECT MBBS SEATS IN GOVERNMENT MEDICAL COLLEGE OR GOVERNMENT SEATS IN PRIVATE MEDICAL COLLEGES

						<b>MBBS 2020-21</b>
NAME OF THE CANDIDATE						
FATHER'S NAME						
UG NEET ROLL NO.				UG NEET Rank		
TYPE OF ALLOTMENT	AIQ / SQ	I Round	II Round	III Round	MOP UP Round	
CATEGORY CLAIMED	GM / Cat I / Cat II A / Cat II B / Cat II B / Cat III A / Cat III B / OBC / SC / ST					
CATEGORY ALLOTTED	GM / Cat I / Cat II A / Cat II B / Cat II B / Cat III A / Cat III B / OBC / SC / ST					
e Mail				Mobile No		

I \_\_\_\_\_ S/o/ D/o \_\_\_\_\_  
(hereinafter called the Natural Guardian of the Student) Resident of \_\_\_\_\_ on my own volition have joined the allotted MBBS seat at Shimoga Institute of Medical Sciences during the Academic year 2020-21 on \_\_\_\_\_ (date) do hereby undertake as follows.

In accordance with the Amendment to Rule 11 of the Karnataka Selection of Candidates for admission to MBBS seats in Professional Educational Institutions Rules, 2006, vide Government Notification-1. No. HFW 79 RGU 2011, dated: 17.07.2012 and amendment act 2017 dated: 06.07.2017 on completion of the course I am prepared 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 and I will abide to rules and regulations of Government of Karnataka.

The above statement is true and correct. My parent and I hereby undertake to act accordingly.

Place: Shivamogga

Date:

Signature of Candidate

Signature of Parent/Guardian

Witness

1		2	
	Signature		Signature
Name		Name	
Address		Address	

**E-stamp papers :-**

- 1<sup>st</sup> party is the candidate &
- 2<sup>nd</sup> party is the Director, Directorate of Medical Education, Karnataka

**Notarised Affidavit (Article 4) by the student to be executed on a e-stamp paper of Rs. 50/-**

**ANNEXURE I**  
**AFFIDAVIT BY THE STUDENT**

I, \_\_\_\_\_ (full name of student with Institute Roll Number)  
s/o d/o Mr./Mrs./Ms. \_\_\_\_\_, having  
been admitted to \_\_\_\_\_ (name of the institution), have  
received or downloaded 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.

- 1) I have, in particular, perused clause 3 of the Regulations and am aware as to what constitutes ragging.
- 2) I have also, in particular, perused clause 7 and clause 9.1 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.
- 3) 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.
- 4) 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.
- 5) 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.
- 6) Along with the above mentioned points I do hereby declare that
  - a) I will obey the code of conduct of the institute and do not indulge in any kind of in-disciplined activity  
while in and off the institution campus.
  - b. I will be solely responsible for any kind of accident/mishap caused on account of the above mentioned  
clause (6.a).

Declared this \_\_\_ day of \_\_\_\_\_ month of \_\_\_\_\_ year.

\_\_\_\_\_  
Signature of deponent  
Name: \_\_\_\_\_

**VERIFICATION**

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

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

\_\_\_\_\_  
Signature of deponent  
Solemnly affirmed and signed in my presence on this the -----(day) of -----(month),  
----- (year ) after reading the contents of this affidavit.

**OATH COMMISSIONER**

*Note : It is mandatory to submit this affidavit in the above format, if you desire to register for the  
forthcoming academic session.*

**E-stamp papers :-**

- > 1<sup>st</sup> party is the candidate &
- > 2<sup>nd</sup> party is the Director, Shimoga Institute of Medical Sciences, Shivamogga

**ANNEXURE II  
AFFIDAVIT BY PARENT/GUARDIAN**

I, Mr./Mrs./Ms. \_\_\_\_\_ (full name of parent/guardian) father/mother/guardian of, (full name of student with University Roll Number), having been admitted to \_\_\_\_\_ (name of the institution), have received or downloaded 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.

- 1) I have, in particular, perused clause 3 of the Regulations and am aware as to what constitutes ragging.
- 2) I have also, in particular, perused clause 7 and clause 9.1 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.
- 3) I hereby solemnly aver and undertake that
  - a) My ward will not indulge in any behaviour 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.
- 4) 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.
- 5) 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.
- 6) Along with the above mentioned points I do hereby declare that
  - a) My ward will obey the code of conduct of the institute and do not indulge in any kind of in-disciplined activity while in and off the institution campus.
  - b) My ward will be solely responsible for any kind of accident/mishap caused on account of the above mentioned clause (6.a).

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 false and nothing has been concealed or misstated therein.

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

\_\_\_\_\_  
Signature of deponent

Solemnly affirmed and signed in my presence on this the \_\_\_\_\_ (day) of \_\_\_\_\_ (month), \_\_\_\_\_ (year) after reading the contents of this affidavit.

OATH COMMISSIONER

*Note: It is mandatory to submit this affidavit in the above format, if you desire to register for the forthcoming academic session.*

**E-stamp papers :-**

- > 1<sup>st</sup> party is the Parent &
- > 2<sup>nd</sup> party is the Director, Shimoga Institute of Medical Sciences, Shivamogga