

### **Instruction for Candidates**

As per circular the students can join the allocated college by sending confirmatory email regarding acceptance of seat and upload scanned copies of relevant document and pay requisite fee online to the Accounts department of college. The students also have to fill the admission form sent to them through email along with undertakings. The Admission form and undertaking can also be downloaded from DR. RMLIMS college website- [www.drrmlims.ac.in](http://www.drrmlims.ac.in).

In this regard the following protocol is planned for the PG counseling and admission 2020.

1. The students are instructed to send the acceptance on email: PG cell [email- pgcell.rml03@gmail.com](mailto:pgcell.rml03@gmail.com) & Dean Office email- [deanrmlims@gmail.com](mailto:deanrmlims@gmail.com)
2. They can contact Dr. Manish Kumar Verma (Mob No- 7704079045) Member, PG Admission and Management Committee via mobile for any guidance.
3. The scanned documents of allotment and list of documents as mentioned in application form to be emailed to PG Cell. Please note that all scanned document file in total should not exceed 25 MB.
4. The balance fees of Rs 44100/-for admission to be deposited via online transfer **RTGS/NEFT** to (**DR. R.M.L. INST. OF MED. SCIENCES ACADEMIC ACCOUNT A/C No- 1773010888888888**, IFSC Code-**IOBA0001773** Bank Name- **INDIAN OVERSEAS BANK**) and payment receipt with UTR No and receipt of fee of Rs 30000/- paid to DGME is to be sent to email - [pgcell.rml03@gmail.com](mailto:pgcell.rml03@gmail.com)
5. The students reporting at time of joining duties should bring fitness certificate from any Government hospital & shall be signing Anti- Ragging form & bond as applicable in the college.
6. All student submitting documents online should note that their admission is provisional subject to verification of documents physically at the time of reporting.
7. The candidate is advised to deposit fee in college account only after successful receipt of all mandatory documents online. The candidate would be mailed for deposition of fee. It is the sole responsibility of the candidate to check his/her email regularly, deposit the fee and sent the receipt to the aforementioned email id. If the candidate fails to do so before the due date, he/she would have no claim over the seat allotted to him/her, and the seat would be declared vacant before MCC; the candidate himself/herself would be solely responsible for this.

**To Whom It May Concern**

I Dr-----S/O D/O-----NEET-PG 2020  
Roll No-----have been allotted MD/MS seat (Subject) -----  
-----at Dr. Ram Manohar Lohia Institute of Medical Sciences, Lucknow. I am willing  
to join the course online as per letter no- U-12021/44/2019/14-MEC dated-08/04/2020  
of Office of ADGME. I solemnly declare the following

1. I am submitting the scanned copies of the required documents. I declare that all these documents are original and correct. I bear the full responsibility for originality of these documents. I shall be producing all these documents in original at the time of joining and I am aware that they shall be kept with the institute till the bond conditions are fulfilled. IN case I am unable to produce these original documents at the time of joining or any of these documents are found to be incorrect/forged later, I am aware that my admission is likely to be cancelled and the institute/government shall have full right in taking legal action against me.
2. I am aware of the bond conditions for taking admission to the aforementioned course. I am unable to submit the original bonds/affidavits due to the Lockdown. However, I shall be submitting these bonds/affidavits in original at the time of joining the institute. I am fully aware that if I fail to submit these bonds/affidavits, my admission is likely to be cancelled and the institute/government shall have full right in taking legal action against me.
3. I declare that I am medically fit to perform my duties as resident doctor at Dr. RMLIMS Lucknow. I shall be submitting medical fitness certificate from Registered Medical Practitioner at the time of admission. In case I am found to be medically unfit for the job later, I am fully aware that my admission is liable to be cancelled.
4. I am aware that the institute has the full right to grant me provisional admission letter only after successfully receiving the scanned admission form, documents, undertakings and admission fee.
5. I AM WILLING/NOT WILLING (STRIKE OUT THE UNAPPLICABLE) TO PARTICIPATE IN THE SECOND ROUND OF ALL INDIA NEET PG 2020 COUNSELING.

Date.....

Signature of candidate:-

Name of candidate:-

Address:-

Mobile No:-

**Document submission & verification sheet:**

Name of candidate: .....

Course/ Degree: .....

***Must submit ORIGINAL & 3 sets of photocopies of the following:***

1. Admit card & Result/ Rank Letter issued by NBE
2. Allotment letter issued by the Counseling authority
3. All Professional Marksheets of MBBS/MD/MS
4. MBBS Degree / Provisional Certificate
5. MD/MS/DNB Degree certificate in concerned specialty
6. Permanent Registration Certificate of MBBS issued by MCI  
Permanent Registration Certificate of MD/ MS issued by MCI, Or Registration  
Certificate of DNB issued by NBE
7. (Students who have completed/are completing post-graduation by July 31, 2019 are eligible to  
apply with provisional certificate)
8. High school certificate/ Higher secondary certificate as proof of date of birth  
Attested copies of proof of identification (Tick one- PAN Card | Driving License |  
Voter ID | Passport | Aadhar Card)
9. Identification proof number: \_\_\_\_\_  
Issuing Office: \_\_\_\_\_
10. Relieving order/NOC, if applicable
11. Caste Certificate in prescribed format, if applicable
12. Internship Completion Certificate & Character Certificate
13. Intermediate Marksheet /Certificate
14. Migration Certificate

Candidate	Office
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**Candidate**

Office

**Remarks**

***Undertaking/ Bonds/ Affidavits in ORIGINAL in prescribed format:***

1. *Bond on loss of seat following resignation*
2. *Service Bond after completion of course*
3. *Affidavit on allotted seat being a permitted one (if applicable)*
4. *Affidavit on abiding by the rules & regulations of the institute*
5. *Undertaking on Ragging by candidate & parent/ guardian*

<b>Full Signature of candidate with date</b>	<b>Checked by PG Committee :</b>  Dr. Sanjay Bhat.....  Dr. Rajani Bala Jasrotia .....  Dr. Arvind Kumar Singh.....  Dr. Manish K Verma .....	<b>Signature of Chairman, PG Committee</b>	<b>Signature of Dean , Dr RMLIMS Lucknow</b>
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डा० राम मनोहर लोहिया आयुर्विज्ञान संस्थान, उ०प्र० लखनऊ

Dr. Ram Manohar Lohia Institute of Medical Sciences, U.P. Lucknow

## ADMISSION FORM

### **Important Instructions:**

- ❖ Application form to be filled in by the Candidate in his/her own handwriting.
- ❖ Please read Rules & Instructions carefully before filling in the Form.
- ❖ Erroneous information may lead to cancellation of candidature/admission.
- ❖ Incomplete application will not be considered.

Paste a self-attested  
recent photograph

### **A. Details of qualifying examination:**

1. Name of the course: M.D. / M.S. / D.M. / M.Ch/DNB Specialty:.....
2. Roll Number of entrance examination: .....
3. All India Rank: ..... [State Rank, if applicable] .....
4. Allotted Category: UR / SC / ST / OBC [Horizontal category, if applicable] .....

### **B. General Information:**

1. Full Name [in English block letters] .....
2. परीक्षार्थी का पूरा नाम हिन्दी में.....
3. Date of birth (as in High School Certificate):     /     /
4. Gender: Male / Female     5. Category: UR / SC / ST / OBC     RELIGION ~ .....
6. Marital status: Married / Unmarried / Separated
7. Father's Name [in English block letters] .....
8. Mother's Name [in English block letters] .....
9. Address for communication: .....  
..... City ..... State ..... PIN .....
10. Permanent Address (if different from above): .....  
..... City ..... State ..... PIN .....
11. Mobile Number: +91- \_\_\_\_\_ [Alternative No. \_\_\_\_\_]
12. AADHAR Number: \_\_\_\_\_ 13. Email: .....

**C. Academic Information:**

Examination / Degree	Year of passing	Name of school/ college	Name of board/ university/ institute	Marks Obt/ Total Marks	Aggregate percentage & Division	MCI Reg. Number/ Date of reg.	No. of attempts (Write '0' if no attempt)
High School						---	
Intermediate						---	
MBBS	First Prof.						
	Second Prof.						
	Third Prof.						
MD/ MS (Subject-.....)							

**D. Previous work experience/internship:**

- Employed at present: No / Yes (If yes, please attach proper NOC from the current employer in original).
- Details of previous employments (including work experience as Resident/ Demonstrator):

Name of post held	Name & Address of employer	From (date)	To (date)	Total period

**Declaration:**

- I certify that the particulars given as above are correct.
- I agree to abide by the Rules of the Admission Committee and consequent to admission shall not take part in any activity disruptive of discipline and academic life of the Institute.
- My admission may be cancelled in case any information furnished by me in this application form is found to be incorrect or false. Any other penalty as may be deemed necessary by the authorities may be imposed upon me in these circumstances.
- I agree that decision of the Admission Committee will be binding on me.

Date : .....

Signature of the Candidate in full

UNDERTAKING BY THE CANDIDATE/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 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.

Signed this \_\_\_\_\_ day of \_\_\_\_\_ month of \_\_\_\_\_ year

Signature

Address:- \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Name:

(1) Witness:

(2) Witness:

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.

Signed this \_\_\_\_\_ day of \_\_\_\_\_ month of \_\_\_\_\_ year

Signature

Address:- \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Name:

(1) Witness:

(2) Witness:

**Information required by MCI for online filing**

**ACADEMIC YEAR-.....**

Name of student: Dr.....

Degree/Dept: .....

COURSE NAME	
ACADEMIC YEAR	
STUDENT NAME	
GENDER	
DATE OF BIRTH	
STUDENT REGISTRATION NO AT MCI/SMC	
REGISTERED COUNCIL NAME	
ADMITTED ON RECOGNIZED / PERMITTED SEAT?	
CATEGORY	
DATE OF ADMISSION	
NAME OF ENTRANCE EXAM	
NEET ROLL NO.	
NEET TOTAL MARKS	
NEET MARKS OBTAINED	
ENTRANCE EXAM PERCENTAGE	
NEET PERCENTILE	
NEET ALL INDIA RANK	
NEET STATE RANK	
NEET STATE RANK OF WHICH STATE	
PHYSICALLY HANDICAPPED	
STIPEND PAID(Y/N)	
STIPEND PAID IN AMOUNT	
STIPEND PAID BY THE GOVT. INST.	
NAME OF PG TEACHER UNDER WHOM STUDENT ADMITTED	

Date-

Signature of the candidate



DR. RAM MANOHAR LOHIA INSTITUTE OF MEDICAL SCIENCES,  
VIBHUTI KHAND, GOMTI NAGAR, LUCKNOW  
Ph No.(0522) 4918504,6692000 Fax No.- 0522-4918506, Website- [www.drrmlims.ac.in](http://www.drrmlims.ac.in)

**DEPARTMENT JOINING REPORT**

Name of Subject.....Permitted/Recognized.

To,  
The Dean,  
Dr. Ram Manohar Lohia Institute of Medical Sciences,  
Vibhuti Khand Gomti Nagar  
Lucknow

Stick Self attested  
Passport size photo  
here

Through: Head of the Department of ....., Dr. Ram Manohar Lohia  
Institute of Medical Sciences, Lucknow.

Sir/Madam,

In reference to office order No-..... Dated..... I am joining  
the.....course which is permitted/recognized/ (Please Tick) in the  
forenoon/afternoon of .....

I have also deposited the required fees of Rs...../- in the, office of Finance Controller,  
Dr. Ram Manohar Lohia Institute of Medical Sciences, Gomti Nagar, U.P. Lucknow vide receipt  
Book No..... Receipt No.....Dated .....

Yours Faithfully,

(Signature With full name)

Address.....

Endorsement of the Head of the Department

.....  
.....

Phone/Mob No.....

No.....Date.....

Certified that the documents submitted by the candidate duly self -attested have been kept in the  
office records.

Dean Seal

Dean Signature



All the candidates will have to submit following affidavits duly notarized by notary in **10 Rs Stamp Paper** each as under:-

**Affidavit No.1**

- i. The candidate has been fully explained during counseling that the Medical Council of India has given permission to start.....course at Dr Ram Manohar Lohia Institute of Medical Sciences, Lucknow, which he/she has chosen to join. The course is permitted and not yet recognized by MCI.
- ii. The candidate will be given certificate of MCI recognized degree after the course is duly recognized by the MCI. In the event of the seat not getting recognized by MCI, Dr Ram Manohar Lohia Institute of Medical Sciences will not be responsible or liable for any claim.

**Affidavit No.2**

- i. That I will not take part in any strike/ragging/undesired activities. In case I am found to have taken part in such activities, the Institute administration shall be free to take suitable action against me including expulsion.
- ii. I will wear the white apron bearing my name-plate as prescribed during Hospital duty hours and will follow all the rules and regulations of the institute.
- iii. I will accept the schedule of as decided by the university in accordance with the regulation of Medical Council of India and shall abide by the same.
- iv. I will not do anything which is unbecoming for a medical student vis-a vis a medical professional which may lower the prestige of Dr. Ram Manohar Lohia Institute of Medical Sciences, Vibhuti Khand, Gomti Nagar, Lucknow, or that of the Medical ethics.
- v. I have been fully explained about the Bond condition, Fee structure & refund rules, in case I cancel my admission in subsequent counseling's, I do not have any objection to these conditions.
- vi. I have been fully explained that in case of any of the certificates submitted by me are found to be fake, or any deviation in format of "Bond of Rs five lakh fine & refund of stipend till the date of resignation" is caught later by the college authorities, my admission will be cancelled automatically by the Institute authorities.
- vii. I have been explained that, the decisions of the Director/Dean, Dr. Ram Manohar Lohia Institute of Medical sciences, Gomti Nagar Lucknow will be final in any matter and I will be bound to follow all the decisions.

**Format of Bond on Rs 100 stamp paper and Government order regarding compulsory Government Job after completing Post Graduate MD/MS/DM/MCh Courses**

Uttar Pradesh

No.....

**DR RAM MANOHAR LOHIA INSTITUTE OF MEDICAL SCIENCES, LUCKNOW-226010**

**BOND FOR THE CANDIDATE ADMITTED TO MD/MS/DM/MCH COURSE**

**(JUNIOR RESIDENT/SENIOR RESIDENT) AT DR.RMLIMS**

Known all men by these present that we ..... S/O or D/O ..... R/O ..... at present a selected candidate of MD/MS/DM/MCh..... Dr. Ram Manohar Lohia Institute of Medical Sciences Lucknow-226010 (hereinafter called the Junior Resident/Senior Resident) and Shri.....S/O.....R/O..... (hereinafter called the surety), do hereby jointly and severally bind ourselves (and shall include our respective heirs, executors, administrators etc.) to pay the Director General Medical Education, U.P. on demand without any demur, claim, proceedings the sum not exceeding Rs Five Lac & the stipend received till the date of resignation.

WHEREAS the above named ..... has been selected in the discipline /Department of MD/MS/DM/MCh..... against the post of Senior Resident /Junior Resident for a period of three years, commencing from .....

WHEREAS the above named Junior Resident/Senior Resident has undertaken to join the above post on the conditions that he/she shall not leave the post /course in between the mid-term of the entire session of three years.

AND WHEREAS the above named Junior Resident/Senior Resident has also undertaken that if he/she resigns or leaves the course/seat after the second counseling through NEET UP PG/ NEET All India PG counselings/NEET Superspeciality Examination as is applicable in that case, or at any time during the course of study, leading to a loss of the seat, he/she is liable to pay a sum of Rs 5,00,000/-(Rupees Five lac) & the stipend received till the date of resignation only as damages/compensation/penalty to the institute.

AND WHEREAS the liability under above bond shall be binding & effective for full term of the course from the commencement of the session and shall be enforceable for any liability arising there after subject to the following clause.

PROVIDED that on request of the Junior Resident/Senior Resident and/or surety if the DGME U.P. extends the time for making the above noted sum of Rs 5,00,000/- (of Rupees Five Lac) & the stipend received till the date of resignation as damages/compensation/penalty to the Institute as in the case may be , this bond shall remain effective and in force till such payment is made. However the bond executed by the Junior Resident/ Senior Resident and the surety shall remain effective, binding & enforceable till the time of decision of DGME U.P. as to how to enforce the same by order of competent authority.

PROVIDED always that the liability of the surety here in shall not be discharged/impaired by reason of the time being granted or by any other act of by any for bearance, act of the DGME U.P. or any person authorized by them. Nor shall it be necessary for the DGME U.P. to sue the said Junior Resident/Senior Resident before suing the above named surety ..... for the amount or part of the amount due hereunder:-

The decision of the DGME U.P. shall be final on any dispute that may arise. All dispute shall be subject to Lucknow Jurisdiction.

SIGNED EXECUTED AND DELIVERED ON THIS DATE ..... IN THE PRESENCE OF FOLLOWING WITNESSES.

WITNESS:-

1.

Junior Resident/Senior Resident

.....

SURETY

2.

.....

EXECUTIVE REGISTRAR

DEAN

DIRECTOR

**ANNEXURE NO. -2**

**Rs 100 Stamp Paper**

**AGREEMENT BOND FOR CANDIDATES ADMITTED TO**

**----- COURSE ----- SESSION**

**THIS DEED OF AGREEMENT BOND IS EXECUTED AT ----- ON THIS DAY OF**

**BETWEEN**

**NAME -----**

**S/O, D/O, W/O -----**

**RESIDING AT (PERMANENT ADDRESS) -----**

**(TEMPORARY ADDRESS) :-----**

**MOBILE NO.: -----**

**E-Mail id.: -----**

**AADHAR No. :-----**

**Hereinafter referred to as ("FIRST PARTY") of the one part  
AND**

**Governor of Uttar Pradesh ( here in after referred to as "Government") of the Second Part.**

**WHEAREAS FIRST PARTY has applied for admission to ----- course and FIRST PARTY has been selected to the said course. As per the Prospectus, the FIRST PARTY has agreed to serve the Government for a period not less than two year after successful completion of the -----course. If the FIRST PARTY fails to serve the government for a period of two year the FIRST PARTY shall forthwith pay a sum of Rs. 40 Lacs for Degree and 20 Lacs for Diploma, MDS to Government at the specified Government Treasury. During the above period the FIRST PARTY shall be paid Stipend and the Government will request their services within a period of three months from the date of successful completion of the ----- course. In case the Government does not provide services in mentioned period, the BOND shall be released; AND WHEREAS the FIRST PARTY has also agreed that on successful completion of the ----- course his/her certificates relating to ----- course will not be given to the FIRST PARTY unless the FIRST PARTY successfully Serves the Government for a period of two year or pay to the Government on demand the sum of Rs.----- (Rupees -----) only.**

**If the FIRST PARTY fails to deposit the aforesaid amount in specified period, FIRST PARTY shall be liable to pay interest at the rates specified by the Government as per applicable law during the period 'of delay: AND WHEREAS the Government have, at the request of the FIRST PARTY ----- employed as ----- granted stipend to him/her for a period of 24 months effect from ----- in order to enable his/her to study at ----- college.**

**AND WHERE AS if the FIRST PLARTY ----- work s for a period of less than 24 months during the ----- Super specialty course DM/MCH/----- Post Graduate Degree MD/MS/Diploma/MDS/Graduate Degree MBBS/BDS course, the proportionate amount will be treated as stipend and the FIRST PARTY ----- shall pay back in addition to the security amount of Rs. ....(Rupees-----only) the balance amount of stipend to the Government. This bond shall in all respects be governed by the Laws of India, for the time being in force, and the rights and liabilities shall, where necessary, be accordingly determined by the appropriate courts in India.**

**NOW THIS DEED OF AGREEMENT BOND WITNESSES AS FOLLWOS: -**

- 1. The FIRST PARTY has agreed to serve the Government for a period of two year on successful completion of the ----- Super specialty course DM/MCH/Post Graduate Degree MD/MS/Diploma/MDS/Graduate Degree MBBS/BDS course. If the FIRST PARTY fails to**

serve the Government for a period of two year, FIRST PARTY shall pay forthwith a sum of Rs. ----- (Rupees ----- only) to the Government in the specified Government Treasury.

2. The FIRST PARTY Agrees that till the successful completion of the period of two year service to the Government or till the payment of Rs. ----- (Rupees ----- ) only is paid the certificates relating to ----- Super specialty course DM/MCH/- ----- Post Degree MD/MS/Diploma/MDS/ Graduate Degree MBBS/BDS course shall be in the custody of the Concerned Institution/University/College and the Government has a First lien over all the certificates gained by the candidates at the time of admission.
3. The FIRST PARTY authorizes the Concerned Institution/University/College for retention of the certificates till the lien of Government is cleared/discharged.
4. This BOND shall in all respect be governed by the Laws of India, for the time being in force, and the rights and liabilities shall, where necessary, be accordingly determined by the appropriate courts in India.
5. If the FIRST PARTY fails to deposit the aforesaid amount in specified period, FIRST PARTY shall be liable to pay interest at the rate specified by the Government as per applicable law during the period of delay, failing which Government shall have right to recover the aforesaid amount together with interest as arrear of land revenue.
6. The FIRST PARTY shall borne the Stamp duty chargeable on this BOND IN WITNESS WHEREOF parties to this Deed have signed this BOND on the date first above mentioned.

For and behalf of  
FIRST PARTY  
( )

For and behalf of  
Governor  
( )

Witnesses : -