





SHRI BALAJI INSTITUTE OF MEDICAL SCIENCE
MOWA, RAIPUR (C.G.)
SHRI BALAJI HOSPITAL CAMPUS

Date:- 30.10.2024

FEES STRUCTURE
POST GRADUATE (MD/MS) ADMISSION BATCH-2024-25

S. No.	Type of Fees	Amount
1.	Tuition Fees for Clinical Subjects	10,54,000/-
2.	Tuition Fees for Pre/Para Clinical Subjects	8,48,200/-
3.	Caution Money (refundable)	25,000/-
4.	Hostel & Mess Charges, Educational Transportation Fees, CME, Workshop, Conference	4,52,700/-
5.	Family Quarter (2BHK), Educational Transportation Fees, CME, Workshop, Conference	5,52,700/-
Fees for NRI candidate (Tuition Fees) -\$90000 USD American Dollar Per Year and fees Mentioned SL. No- 03, 04 and 5 are applicable in same manner.		
Mode of payment – By Demand Draft/RTGS/NEFT in favour of “SHRI BALAJI INSTITUTE OF MEDICAL SCIENCE”, payable at Raipur.		


Dean
Shri Balaji Institute of Medical Science
Mowa, Raipur (C.G.)





SHRI BALAJI INSTITUTE OF MEDICAL SCIENCE RAIPUR (C.G.)

Date- 30.10.2024

PG(MD/MS) COURSE ADMISSION 2024-25

ORIGINAL DOCUMENTS REQUIRED FOR ADMISSION

1. Allotment Letter
2. Scrutiny Receipt
3. Demand Draft of **Rs.10,54,000/- (Rs. Ten lakh Fifty Four Thousand only)** For Clinical Subjects. (**In favor of Shri Balaji Institute of Medical Science payable at Raipur.**)
4. Demand Draft of **Rs.8,48,200/- (Rs. Eight Lakh Fourty Eight Thousand Two Hundred)** For Non-Clinical Subjects. (**In favor of Shri Balaji Institute of Medical Science payable at Raipur.**)
5. Hostel fees & Caution Money Demand Draft as per fee structure point No. 3, 4 & 5 (**In favor of Shri Balaji Institute of Medical Science payable at Raipur.**)
6. Bank Guarantee of Rs. **10, 54, 000/- (Rs. Ten lakh Fifty Four Thousand only).**
7. NEET Admit Card (Pre-PG NEET Exam)
8. NEET Score Card
9. Relieving Letter(For Candidate who previously admitted in other institute in 1st allotment and allotted seat for this institute in 2nd allotment)
10. Mark- Sheet of Class 10th or Birth Certificate
11. Mark-Sheet of Class 12th
12. MBBS All Mark-sheets
13. Internship Completion Certificate (Before 15 August 2024)
14. MBBS Degree Certificate.
15. Medical Council Registration Certificate.
16. Transfer Certificate.
17. Character Certificate.
18. Migration Certificate
19. Domicile Certificate
20. Gap Certificate (If applicable)
21. Caste Certificate (If applicable). OBC category candidate produce income certificate of last 3 years.
22. Relieving letter/Bonus marks letter (for In-Service Candidate).
23. Such candidate who are serving their services under bond in the state Government, they should submit a no-objection letter issued by DHS/DME for admission. Or they can submit a copy of the acknowledgment of the application given for the No-objection letter.
24. Service Bond of one year in prescribed format.
25. Course Breakage Bond in prescribed format.
26. Affidavit for Correctness of all documents.
27. Payment Of Fees Format.
28. Medical Fitness Certificate.
29. Disability Certificate (For PH Candidate).
30. Aadhar Card and Pan Card of Student.
31. Aadhar Card and Pan Card of Parents
32. 5 Set photocopies of all documents with self-attested.
33. 10 Passport Size Colour Photograph.

Tobe made on Rs.250Stamp paper & Notarized

COURSE DISCONTINUATION/BREAKAGE BOND

I, Dr.aged about..... Years,
S/D/W/O Resident of
.....do here by swear an oath as follow:

I have been selected to the 1st year PG course at Shri Balaji Institute of Medical Science, Mowa Raipur (C.G.) through the C.G. State counseling conducted by the Directorate of Medical Education, Government of Chhattisgarh, Raipur through NEET Rank No..... (AIR)

I, and my parents affirm that I am voluntarily taking admission in the PG (MD/MS) course
..... (Name of Subject) at Shri Balaji Institute of Medical Science, Mowa Raipur (C.G.)
as per the CGDME Allotment No.....Dated.....

I, say in consideration of admission to 1st year PG course, I shall complete the PG course and accordingly undertake to pay all the tuition and other fees as demanded by Shri Balaji Institute of Medical Science, Mowa Raipur (C.G.)

In the event of my discontinuation of the postgraduate course, for any reason whatsoever, I, along with my parent/guardian, hereby unconditionally undertake to pay the entire balance of tuition and other fees to Shri Balaji Institute of Medical Science for the complete duration of the course.

What is stated above is true and correct. I along with my parent/guardian do hereby agree to comply with all terms and conditions.

Place: -.....

Date:-.....

Signature of the Candidate

Signature of the Parent/Guardian

To be made on Rs250/-Stamp Paper & Notarized

BANK GUARANTEE FORMAT

To

The Dean

Shri Balaji Institute of Medical Science,

Mowa Raipur (C.G.)

Dear Sir,

Bank Guarantee Number:-

Date of Issuing Bank Guarantee:-

Amount of Guarantee:-

Guarantee Coverage Duration:-

Last Date of Lodgment of Claim:-

Whereas in consideration of you are agreeing to allot admission to PG Course to Mr.....

.....S/O-D/O.....

R/O.....

(Here in after referred to as 'Party' which expression shall include his/her successor sand assigns) on furnishing a bank guarantee of equivalent value in the manner hereinafter contained.

WeBank, a body corporate constituted under Banking Companies (Acquisition and Transfer of Undertakings) Act 1970, having its Head Office at.....

.....And inter alia a branch office at.....

(Here in after referred to as 'The Bank' which expression shall, unless repugnant to the context, include its successors and assigns) do hereby covenant and agree with you as follows...

1. We here by under take to pay to you the sum in aggregate not exceeding Rs.10,54,000/- (Rs Ten Lakh Fifty Four Thousand Only) representing the course fees in the manner detailed below.
 - (a). Rs.10,54,000/- (Rs. Ten Lakh Fifty Four Thousand Only) from date of admission to **31/12/2027** without demur, merely on the first written demand signed by you or by your duly authorized representative. Any such demand made on us shall be conclusive as regards the amount due and payable to you by us under this guarantee.

2. This guarantee shall come into force from date of issue of guarantee and shall remain in full force and effect up to and including **31/12/2027**.
3. Notwithstanding anything contained herein above
 - (a). Our liability under this Guarantee is restricted to Rs.10,54,000/- (Rs. Ten Lakh Fifty Four Thousand Only)
 - (b). This Guarantee shall remain valid up to **31/12/2027**.
 - (c). We are liable to pay the guarantee amount or any part thereof under this Bank Guarantee only if you serve us a written claim or demand on or before 30 days (Thirty Days) after the date of claim period as mentioned in column number 3 against each payment due from the party as shown in the below mentioned schedule-

Date of Payment to be made by Party	Amount Due	Date of Expiry of Claim Period
As per Schedule	Rs.10,54,000/-Only	31/12/2027

Signed and delivered this.....day of2024.

Bank Details: -For BG Issuance Only

Account No: -50100503259917

Name: -SHRI BALAJI INSTITUTE OF MEDICAL SCIENCE

IFSC CODE: -HDFC0003656

Signature of Bank Official with Stamp

To Be Notarized

To be made on Rs. 100 Stamp Paper

UNDERTAKING

Date:-.....

I.....S/D/W/O.....

R/O.....

Have got admission in Shri Balaji Institute of Medical Science, Mowa Raipur (Chhattisgarh) under Government/Management/NRI Quota for Session 2024-25. I have submitted required original documents in this college.

I declare that all documents submitted by me, are genuine and valid to the best of my knowledge and belief and nothing has been concealed there in.

I am well aware of the fact that if the information given by me is found to be false/not true at any point of time, candidature/Admission/Enrolment will be cancelled and I will be liable to legal action as per guidance by Government/University /DME, Govt. of CG/Management, against me and any benefit accrued by me will be summarily cancelled.

Signature of Student

Signature of Parents/Guardian

// शपथ पत्र / बन्धन पत्र //

मैं डॉ.....आत्मज.....

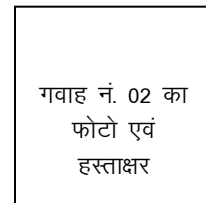
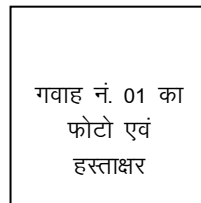
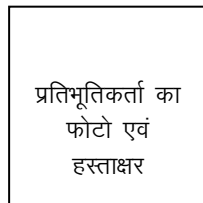
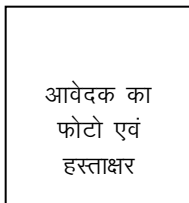
निवासी.....

का हूँ जो कि निम्नलिखित कथन शपथपूर्वक करता/करती हूँ:-

1. यह कि मुझे छ.ग. राज्य के चिकित्सा स्नातकोत्तर पाठ्यक्रम के काउंसिलिंग से श्री बालाजी इंस्टीट्यूट ऑफ मेडिकल साईंस मोवा रायपुर छत्तीसगढ़ में पाठ्यक्रम हेतु ऑनलाईन सीट आबंटित हुई है।
2. यह कि मैंने छत्तीसगढ़ राज्य के चिकित्सा स्नातकोत्तर प्रवेश नियम 2021 को भलि-भांति पढ़ लिया है।
3. यह कि मैं यह शपथ पत्र/बन्धन पत्र निम्न शर्तों पर निष्पादित करता/करती हूँ कि मैं एमडी/एमएस पाठ्यक्रम को सफलतापूर्वक पूर्ण कर लेने के उपरान्त इस चिकित्सा महाविद्यालय के अधीन एक वर्ष की कालावधि तक सिनियर रेसिडेंट/ट्यूटर/डेमोन्स्ट्रेटर के रूप में अनिवार्य रूप से कार्य करूंगा। करूंगी।
4. यह कि इस शपथ पत्र / बन्धन पत्र के उल्लंघन होने की दशा में महाविद्यालय प्रबंधन को यह अधिकार होगा की वह मेरे चल/अचल संपत्ति से रु. 25,00,000/- (पचीस लाख रु.मात्र) की वसूली कर सकेगा।
5. यह कि जब तक की पूरी राशि की वसूली नहीं हो जाती तब तक मुझे अधिष्ठाता के द्वारा अनापत्ति/अनुभव/राहत/स्थानान्तरण तथा चरित्र प्रमाण पत्र प्रदान नहीं किया जायेगा।

शपथकर्ता हस्ताक्षर

आवेदक/निष्पादनकर्ता



आवेदक (नाम)

प्रतिभूतिकर्ता(नाम)

गवाह नं. 01(नाम)

गवाह नं. 02(नाम)

// सत्यापन //

मैं शपथकर्ता यह सत्यापित करता/करती हूँ कि मेरे द्वारा कंडिका क्रमांक 1 से 5 तक दी गई जानकारी सही एवं सत्य है। अतः आज दिनांक को स्थान में पढ़ व समझकर अपना हस्ताक्षर कर दिया/दी हूँ।

दिनांक.....

स्थान

शपथकर्ता हस्ताक्षर
आवेदक/निष्पादनकर्ता

ON RS. 100/- STAMP PAPER AND NOTARIZED

AFFIDAVIT FOR PAYMENT OF FEES

I Dr. _____ S/O/D/O/W/O _____, who has been admitted to First year MD/MS course during academic year 2024-25 in Shri Balaji Institute of Medical Science, have read the AFRC norms for academic year 2024-2025, 2025-2026 and 2026-2027, and have clearly understood that, the present fees charged to us is fixed by AFRC. Shri Balaji Institute of Medical Science has appealed in Honorable High Court of Chhattisgarh for revision of fees fixed by AFRC. In case of fee increased by any authorities, I will have to pay the difference amount. I hereby agree to pay the increased fee.

Verification: -

Verified at Raipur on this _____ day of _____ 20____ that the above contents are true to the best of my knowledge and belief.

Parents Name

Students Name

Name & Signature

Name & Signature

Students Name: -

Students Contact No: -

Residential Address: -

Parents Contact No:-

Parents Email ID:-