



# CHHATTISGARH INSTITUTE OF MEDICAL SCIENCES

(AUTONOMOUS)

GOVERNMENT OF CHHATTISGARH, BILASPUR (C.G.) 495001

## POST GRADUATION ADMISSION FORM

No.

YEAR 20\_\_ - 20\_\_

I \_\_\_\_\_ Son / daughter of  
Shri \_\_\_\_\_ have been selected  
through counselling conducted by Director Medical Education, Govt. of  
Chhattisgarh, Raipur for admission in M.D. Degree Sub. \_\_\_\_\_  
at Govt. Chhattisgarh Institute of Medical Sciences, Bilaspur. I may kindly be  
admitted. I have gone through the general rules & regulations given in the  
information Brochure 201\_\_ - 201\_\_ and shall abide by them. I also declare  
that I shall deposit the due fees, as and when required without any legal remedy.

Passport  
Photograph

Signature of Student

1. Name (Capital letters) : \_\_\_\_\_
2. Date of Birth : \_\_\_\_\_
3. Status (Category) : UR / S.C. / S.T. / O.B.C. / FF / Sainik / disabled.
4. Father's / Guardians : \_\_\_\_\_  
( Name & Address ) \_\_\_\_\_  
( Capital letters ) \_\_\_\_\_
5. Occupation : \_\_\_\_\_
6. Mother's Name : \_\_\_\_\_
7. Income (Permonth) : \_\_\_\_\_
8. Local Guardian's Name : \_\_\_\_\_  
(If any) with address \_\_\_\_\_  
\_\_\_\_\_
- Phone No. / Mobile : \_\_\_\_\_
9. Address for Correspondence : \_\_\_\_\_  
\_\_\_\_\_
- Phone No. / Mobile : \_\_\_\_\_
10. Name, Address & Telephone : \_\_\_\_\_  
No. of the person to be \_\_\_\_\_  
contacted in Emergency \_\_\_\_\_

11. Academic Record

Name of Examination	Name of Board/ University	Year of Passing	Total Marks Obtain	Division & Percentage of Marks	Subject
High School					
HSSC (10+2)					
M.B.B.S.					
Pre P.G.					

12. Details of fees paid during Counselling :

D.D. No./Cash Receipt No.	Issuing Bank / Branch	Date

13. I certify that I will not indulge any activity amounting to ragging

I certify that the above information / statement given by me are correct. I promise to pay the institute dues regularly without taking any legal remedy.

Pre P.G. Roll No. \_\_\_\_\_

Rank \_\_\_\_\_

Date .....

Place .....

Signature of Student & Name

**DECLARATION BY THE PARENTS / GUARDIAN**

In the event my ward \_\_\_\_\_ being admitted to the Govt. Chhattisgarh Institute of Medical Sciences, Bilaspur. I shall be responsible for his / her conduct and behaviour during his / her stay at the Institute, I undertake to pay without delay all his / her institute dues for the entire period of education / training and all his / her personal expenses during his / her stay in the Govt. Chhattisgarh Institute of Medical Sciences without taking any legal remedy.

I certify that my ward will not indulge in any activity amounting to ragging and in every of indulgence consequences will be entirely of my ward and mine.

Date .....

Place .....

Signature of Parents/ Guardians

Name : \_\_\_\_\_

**FOR OFFICE USE ONLY**

Admitted in the Govt. Chhattisgarh Institute of Medical Sciences, Bilaspur in M.D.Degree Sub \_\_\_\_\_ provisionally subject to payment of university dues.

Signature of Dean

Admission Incharge

## घोषणा

मैं प्रमाणित करता हूँ / करती हूँ कि उपरोक्त विवरण मेरे द्वारा भरे गये हैं तथा सही है। मैंने सूचना एवं विवरणिका पत्रिका में दिये गये सामान्य नियम एवं विनियमों को पढ़ लिया है तथा मैं इसका पालन करूंगा/करूंगी और मैं भी रैगिंग और अन्य अनुशासनहीन कार्याभे में सलिप्त नहीं रहूंगा/रहूंगी। इस संबंध में किसी प्रकार की अदालती कार्यवाही नहीं करूंगा।

I certify that the above statements have filled in by me and that the entries made by me are correct. I have read the general rules and regulations given in the information and admision brochure and I shall abide by them. Also I shall not involve my self in any ragging and indisciplinary activities. In this connection I shall not involve myself in any legal action.

Place : Bilaspur

अभ्यार्थी के हस्ताक्षर Signature of Applicant

Date :

अभिभावक/संरक्षक के प्रति हस्ताक्षर

Counter Signature of Parent / Guardian

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## अभिभावक / संरक्षक द्वारा घोषणा

मैं अपने आश्रित .....  
जो शासकीय छत्तीसगढ़ आयुर्विज्ञान संस्थान, बिलासपुर में प्रवेश ले रहा/ रही है, संस्थान में उसके आचरण तथा व्यवहार के लिये उत्तरदायी रहूंगा / रहूंगी। मैं उसके संस्थान के समस्त शैक्षणिक शुल्क और छात्रावास शुल्क और छात्रावास एवं व्यक्तिगत व्यय का उत्तरदायित्व सहर्ष वहन करूंगा / करूंगी। इस संबंध में किसी प्रकार की अदालती कार्यवाही नहीं करूंगा।

In the event of my ward ..... being admitted to the Govt. Chhatisgarh Institute of Medical Sciences, Bilaspur, I shall be responsible for his / her conduct and behaviour during his / her stay at the Institution and undertake to pay without demur all his / her dues for the entire period of education / training in CIMS, Bilaspur and all his / her hostel dues and personal expenses during his / her stay in the campus. In this connection I shall not involve myself in any legal action.

Place : Bilaspur

अभिभावक/संरक्षक के प्रति हस्ताक्षर

Date :

Counter Signature of Parent / Guardian