

FATHER MULLER MEDICAL COLLEGE, MANGALORE

I. The following are to be submitted for PGET 2018-19 admissions :

1. **Two sets of self attested copies of the following documents:**

- a) S.S.L.C. Marks Card
- b) NEET Rank Card
- c) All MBBS Marks Cards (d) Internship Completion Certificate
- e) Attempt Certificate (f) Permanent Degree Certificate
- g) Karnataka State Council Registration Certificate
- h) Religion certificate (i) Photo ID Proof (Passport/Voters ID)
- j) Aadhar Card (k) PAN Card (l) NRI sponsor declaration affidavit
- (m) Tuition fees paid receipt copy (1 set)

2. **Originals with two sets of attested copies of the following documents:**

- a) Eligibility Certificate – for students from Non RGUHS University
Please access www.ecms.online and generate eligibility certificate
- b) Migration Certificate – for students from Non RGUHS University

3. **Originals only:**

- a) Transfer Certificate – issue by the college last studied
- b) Conduct Certificate – issue by the college last studied
- c) Medical Fitness Certificate – issued by any Regd. Med. Practitioner
- d) Passport Size Photos– 05 Nos. (write name on the back side)
- e) Anti ragging form– please access www.amanmovement.org or www.antiragging.in

II. Fees for academic year 2018-19:

College / Hostel fees : as per KEA website

Amount can be transferred through NEFT to following account:

ACCOUNT NAME : FATHER MULLER MEDICAL COLLEGE

ACCOUNT NO. : 0239 216 00000 59

BANK : SYNDICATE BANK

BRANCH & ADDRESS: FMCI BRANCH, KANKANADY, MANGALORE 575 002

BRANCH CODE : 0239

RTGS TRANSFER CODE: SYNB 0000 239

III. Undertakings to be done and notarised from Notary as follows:

1. For all candidates as per Format I – on Rs.100/- stamp paper
2. For all candidates - Compulsory Rural service bond Undertaking as per Annexure 4 of the Brochure- on Rs.100/- stamp paper
3. For govt. category clinical subjects candidates - as per Ann. 4A of the Brochure – on Rs.200/- stamp paper.

IV. Bank Guarantee for NRI & Others quota (Format II – as applicable)

V. All PGs are required to have half sleeves white aprons (doctor's coat) with college emblem and their name on it. You may approach Unicomfort Tailoring, Shop #7, Ground Floor, Presidency Zone-1, Bendoorwell Circle (Next to Kankanady Circle), Mangalore-2 for stitching of the emblem or any other tailoring shops as per your convenience.

V. More details, please call on 0824-2238383 / 2238331.

FATHER MULLER MEDICAL COLLEGE, MANGALORE

DETAILS OF THE CANDIDATE

Affix
Passport size
Photograph

NAME OF THE STUDENT :

COURSE :

FATHER'S NAME :

MOTHER'S NAME :

NATIONALITY :

DATE OF BIRTH:

RELIGION :

CASTE :

BLOOD GROUP:

MOTHER TONGUE:

NEET MARKS : MAX.: SECURED:

NEET RANK:

STATE BELONGING :

STATE OF DOMICILE :

MARITAL STATUS :

PERMANENT ADDRESS :

CORRESPONDENCE ADDRESS :

CONTACT NO :

STUDENT CONTACT NO. :

RESIDENCE NO :

STUDENT EMAIL ID :

PARENTS CONTACT NO. :

MOBILE NO. :

PARENTS EMAIL ID :

FAX :

NAME OF THE LOCAL GUARDIAN WITH FULL ADDRESS :

Signature of the Student

UNDERTAKING (Format I)
(on Rs.100/- stamp paper - for Private seat candidates - clinical)

I,, D/o, S/o, residing at have secured a seat for Post-graduate Course in M.D./M.S./Diploma in through KEA at Father Muller Medical College, Mangalore for the academic year 2018-2019.

I am aware that my seat is subject to approval by the University / Competent Authority. I shall abide by the decision.

I shall pay the dues as determined by the Management and approved by the Competent Authority from time to time.

After joining, if I withdraw before completing the course

- (1) I shall pay for the remainder of the course fee
- (2) I shall pay a sum of _____ (Rs.5,00,000/- in case of Degree/ Rs.2,50,000/- in case of diploma) along with the stipendary amount received by me to Father Muller Medical College, Mangalore

Sworn and signed before me on this day, _____.

The terms of this agreement are restricted as enforceable only through the courts at Mangalore.

Signature of the Witness

Name & Address

Signature of the candidate

Name & Address

UNDERTAKING (Format I)

(on Rs.100/- stamp paper - for Private seat candidates - Para Clinical)

I,, D/o, S/o, residing at have secured a seat for Post-graduate Course in M.D./M.S./Diploma in through KEA at Father Muller Medical College, Mangalore for the academic year 2018-2019.

I am aware that my seat is subject to approval by the University / Competent Authority. I shall abide by the decision.

I shall pay the dues as determined by the Management and approved by the Competent Authority from time to time.

After joining, if I withdraw before completing the course

- (1) I shall pay for the remainder of the course fee
- (2) I shall pay a sum of _____ (Rs.1,00,000/- in case of Degree/ Rs.50,000/- in case of diploma) along with the stipendary amount received by me to Father Muller Medical College, Mangalore

Sworn and signed before me on this day, _____.

The terms of this agreement are restricted as enforceable only through the courts at Mangalore.

Signature of the Witness

Name & Address

Signature of the candidate

Name & Address

UNDERTAKING (Format I)

(on Rs.100/- stamp paper - for Private seat candidates - Pre Clinical)

I,, D/o, S/o, residing at have secured a seat for Post-graduate Course in M.D./M.S./Diploma in through KEA at Father Muller Medical College, Mangalore for the academic year 2018-2019.

I am aware that my seat is subject to approval by the University / Competent Authority. I shall abide by the decision.

I shall pay the dues as determined by the Management and approved by the Competent Authority from time to time.

After joining, if I withdraw before completing the course

- (1) I shall pay for the remainder of the course fee
- (2) I shall pay with the stipendary amount received by me to Father Muller Medical College, Mangalore

Sworn and signed before me on this day, _____.

The terms of this agreement are restricted as enforceable only through the courts at Mangalore.

Signature of the Witness

Name & Address

Signature of the candidate

Name & Address

UNDERTAKING - Format I
(on Rs.100/- stamp paper - for Govt. candidates - for clinical seats)

I,, D/o, S/o, residing at have secured a seat for Post-graduate Course in M.D./M.S./Diploma in through PGET at Father Muller Medical College, Mangalore for the academic year 2018-2019.

I am aware that my seat is subject to approval by the University / Competent Authority. I shall abide by the decision.

I will pay a sum of _____ **(Rs.5,00,000/- (Rupees five lakhs only) in case of Degree/ Rs.2,50,000/- (Rupees two lakhs fifty thousand only) in case of diploma)** to the College along with the stipendary amount received by me if I leave the course before its completion. I will also pay the remaining period course fee to Father Muller Medical College, Mangalore in the event of me leaving the course before its completion.

* - I will serve the Government for a minimum period of 3 years after completion of the course, if Government desires.

* - I will serve the Government for a minimum period of 5 years after completion of the course, if Government desires. (if you are availing 100% tuition fee reimbursement from the Government).

I will pay a penalty of Rs. _____ (Rs.50 lakhs for degree and Rs.25 lakhs for diploma) to the Government in case I fail to serve the Government after completion of the course as per the Undertaking.

Sworn and signed before me on this day, _____.

* - (please choose whichever is applicable)

Signature of the Witness

Name & Address

Signature of the candidate

Name & Address

UNDERTAKING - Format I
(on Rs.100/- stamp paper - for Govt. candidates - for para clinical seats)

I,, D/o, S/o, residing at have secured a seat for Post-graduate Course in M.D./M.S./Diploma in through PGET at Father Muller Medical College, Mangalore for the academic year 2018-2019.

I am aware that my seat is subject to approval by the University / Competent Authority. I shall abide by the decision.

I will pay a sum of _____ (**Rs.1,00,000/- in case of Degree/ Rs.50,000/- in case of diploma**) to the College along with the stipendary amount received by me if I leave the course before its completion. I will also pay the remaining period course fee to Father Muller Medical College, Mangalore in the event of me leaving the course before its completion.

Sworn and signed before me on this day, _____.

* - (please choose whichever is applicable)

Signature of the Witness

Name & Address

Signature of the candidate

Name & Address

UNDERTAKING - Format I
(on Rs.100/- stamp paper - for Govt. candidates - for pre clinical seats)

I,, D/o, S/o, residing at have secured a seat for Post-graduate Course in M.D./M.S./Diploma in through PGET at Father Muller Medical College, Mangalore for the academic year 2018-2019.

I am aware that my seat is subject to approval by the University / Competent Authority. I shall abide by the decision.

I will pay the stipendary amount received by me if I leave the course before its completion. I will also pay the remaining period course fee to Father Muller Medical College, Mangalore in the event of me leaving the course before its completion.

Sworn and signed before me on this day, _____.

* - (please choose whichever is applicable)

Signature of the Witness

Name & Address

Signature of the candidate

Name & Address

UNDERTAKING - Format I
(on Rs.100/- stamp paper - for Inservice candidates)

I,, D/o, S/o, residing at have secured a seat for Post-graduate Course in M.D./M.S./Diploma in through PGET through In-service quota at Father Muller Medical College, Mangalore for the academic year 2018-2019.

I am aware that my seat is subject to approval by the University / Competent Authority. I shall abide by the decision.

I will pay a sum of _____ **(Rs.5,00,000/- (Rupees five lakhs only) in case of Degree/ Rs.2,50,000/- (Rupees two lakhs fifty thousand only) in case of diploma)** to the Government as penalty and also debarred for three years from appearing entrance test if I leave the course before its completion. I will also pay the remaining period course fee to Father Muller Medical College, Mangalore in the event of me leaving the course before its completion.

I shall render service in the Government for a minimum period of ten years or till the attainment of superannuation, whichever is earlier.

I will pay a penalty of Rs. _____ (Rs.50 lakhs for degree and Rs.25 lakhs for diploma) in case I fail to serve the Government after completion of the course as per the Undertaking.

Sworn and signed before me on this day, _____.

Signature of the Witness

Name & Address

Signature of the candidate

Name & Address

UNDERTAKING - Format I
(on Rs.100/- stamp paper - for NRI/Management seat candidates)

I,, D/o, S/o, residing at have secured a seat for Post-graduate Course in M.D./M.S./Diploma in through KEA at Father Muller Medical College, Mangalore for the academic year 2018-2019.

I am aware that my seat is subject to approval by the University / Competent Authority. I shall abide by the decision.

I shall pay the dues as determined by the Management and approved by the Competent Authority from time to time and as per the Bank Guarantee submitted.

After joining, if I withdraw before completing the course

- (1) I shall pay for the remainder of the course fee
- (2) I shall pay a sum of Rs.25,00,000/- along with the stipendary amount received by me to Father Muller Medical College, Mangalore
- (3) I shall submit the Bank Guarantees for the balance years immediately to the College.

Sworn and signed before me on this day, _____.

The terms of this agreement are restricted as enforceable only through the courts at Mangalore.

Signature of the Witness

Name & Address

Signature of the candidate

Name & Address

BANK GUARANTEE - Format II

- Candidates who are allotted admissions under NRI / Others quota for the academic year 2018-19 have to furnish following two bank guarantees separately -one for academic year 2019-20 and second for academic year 2020-21 on a 100 Rupees Stamp Paper each.

B.G. No. Date

FORMAT OF BANK GUARANTEE

In consideration of the Father Muller Medical College, Mangalore (hereinafter called the College) being agreed to exempt Dr. _____ S/o. D/o _____ residing at _____ (presently Post-graduate student of Father Muller Medical College, Mangalore) from the demand under the terms and conditions of Father Muller Medical College, Mangalore for payment of fees on production of bank guarantee of Rs. _____ for academic year 2019-20 (second bank guarantee for academic year 2020-21)

1. We, _____ Bank _____ Branch referred to as "The Bank" at the request of Dr _____ (student's name) do hereby undertake to pay to Father Muller Medical College, Mangalore an amount not exceeding _____ on demand by the authorities of Father Muller Medical College, Mangalore.
2. We, _____ Bank _____ undertake to pay the amounts due and payable under this guarantee without any demur, merely on demand from Father Muller Medical College, Mangalore stating that the amount claimed is required be paid. Any such demand made on the Bank shall be conclusive proof as regard to the amount due and payable by the Bank under the guarantee to an amount not exceeding _____ (Rupees _____ only).
3. We undertake to pay to Father Muller Medical College, Mangalore any money so demanded notwithstanding any dispute or disputes raised by Dr _____ in any claim or proceedings pending before any court or tribunal relating thereto, our liability under this present being absolute and unequivocal.
4. The payment so made by us under this bond shall be a valid discharge of our liability for payment hereunder and the student shall have no claim whatsoever against us for making such payment.
5. We, _____ Bank _____ Branch further agree that the guarantee herein contained shall remain in full force and effect during the period that would be taken for the performance of the terms and conditions and that it shall continue to be forceable till all the terms and conditions have been fully and properly carried out by the said student and accordingly discharges this guarantee, unless a demand or claim under this guarantee is made on the bank on or before the dates mentioned in the schedule, bank shall be discharged from all liabilities under this guarantee thereafter.

6. We, _____ Bank _____ Branch, further agree with Father Muller Medical College, Mangalore that the Father Muller Medical College, Mangalore have the fullest liberty without our consent and without affecting in any manner our obligations hereunder to vary any of the terms and conditions of the said letter or to extend time of performance by the said student from time to time or to postpone for any time or from time to time any of the powers exercisable by Father Muller Medical College, Mangalore against the said student and to forbear or enforce any of the terms and conditions relating to the said letter and we shall not be relieved from our liability by reason of any such variation or extension being granted to the said student, act or omission on the part of Father Muller Medical College, Mangalore to the said student or any such matter or thing whatsoever which under the law relating to sureties would, but for this provision, have effect of so relieving us.
7. This guarantee will not be discharged due to the change in the constitution of the bank or Father Muller Medical College, Mangalore.
8. We, _____ Bank _____ Branch, lastly hereby undertake not to revoke this guarantee except with the previous consent of Father Muller Medical College, Mangalore in writing.
9. This agreement shall be valid upto on or before the dates mentioned in the schedule unless extended on demand by Father Muller Medical College, Mangalore as required.

Notwithstanding anything contained herein:

- Our liability under this Bank Guarantee shall not exceed Rs. _____
- This Bank Guarantee shall be valid upto the dates mentioned in the Schedule or the extended period by Father Muller Medical College, Mangalore whichever is later.
- We are liable to pay guaranteed amount or any part thereof under the Bank Guarantee only, and only if you serve upon us a written claim or Demand .

SCHEDULE OF B.G. AMOUNT AND PERIOD

- | | | |
|----|-----------------------|--------------------------------------|
| 1. | II year Tuition fees | Rs. _____ (01.05.2019 to 30.06.2019) |
| 2. | III year Tuition fees | Rs. _____ (01.05.2020 to 30.06.2020) |

Signature & seal of the Bank
with full address & Phone No.
with STD Code.

ON THE LETTER HEAD OF THE BANK

Ref. No.:

Date:

To

Father Muller Medical College,
Kankanady,
Mangalore 575 002.

Dear Sir,

Guarantee No.:
Amount of Guarantee :
Guarantee cover from
Last date for lodgment of claim

This deed of guarantee executed by the _____ (name of the bank) having its head office at _____, a branch at _____ (hereinafter referred to as the Bank) in favour of Father Muller Medical College (hereinafter referred to as the Beneficiary) for an amount not exceeding _____ and _____ at the request of Dr. _____

The Guarantee is issued subject to the condition that liability of the Bank under the Guarantee is limited to a maximum of Rs. _____ and _____ and the Guarantee shall remain in full force up to _____ (date of expiry) and cannot be invoked otherwise than by a written demand or claim under the guarantee served of the Bank of or before the date _____ and _____.

Signature with seal of the Bank