

FATHER MULLER MEDICAL COLLEGE, MANGALORE

I. The following are to be submitted to the College at the time of reporting for PGET 19-20 admissions :

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

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

* - Please note that all students should compulsorily obtain Karnataka State Council Registration before reporting to the College.

NRI Quota (In addition to above documents):

- | | |
|---|---|
| (a) NRI sponsor declaration affidavit | (b) Candidate's passport / VISA / Resident VISA |
| (c) Candidate's parents resident certificate issued by the Embassy | |
| (d) Citizenship of the candidate | (e) If NRI Ward - with Ward Certificate |
| (f) Candidate's Study certificate for having studied outside India | |
| (g) Income Tax Documents required as per the Income Tax Act 1961 | |
| (h) If candidate is foreign medical graduate must submit screening test certificate | |

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 2019-20:

College / Hostel fees : as hosted on KEA website

(Rs.65000/- (College) and Rs.1,43,000/- (Hostel) = **Total Rs.2,08,000/-**

Amount can be transferred through NEFT to following account and transfer code submitted to the office

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. 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 & name 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 and notarise – 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 2019-2020.

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 and notarise – 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 2019-2020.

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 and notarise – 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 2019-2020.

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 an notarise – 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 2019-2020.

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 and notarise – 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 2019-2020.

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 and notarise – 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 2019-2020.

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 and notarise – 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 2019-2020.

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 and notarise – 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 2019-2020.

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.25,00,000/- 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