

SHRI SHANKARACHARYA INSTITUTE OF MEDICAL SCIENCES

JUNWANI, BHILAI (C.G.)

PUBLIC NOTICE

It is informed to the general public that admission for the session 2024-25 in Shri Shankaracharya Institute of Medical Sciences, Junwani, Bhilai (Chhattisgarh) will be done only on the basis of NEET merit through online counseling by the counseling committee constituted by the Directorate of Medical Education. No outsider or concerned person/employee of the institution can get anyone admitted.

No agent or person is authorized for admission in Shri Shankaracharya Institute of Medical Sciences, Junwani, Bhilai (Chhattisgarh). So don't be confused, don't get misled by any person or agent.

For any kind of information related to admission contact Directorate of Medical Education Raipur (Chhattisgarh).

सर्वसाधारण को सूचित किया जाता है कि श्री शंकराचार्य इंस्टीट्यूट ऑफ मेडिकल साइंसेस, जुनवानी, भिलाई (छ.ग.) में सत्र 2024-25 हेतु प्रवेश केवल संचालनालय चिकित्सा शिक्षा में गठित काउंसलिंग समिति के द्वारा ऑनलाईन काउंसलिंग के माध्यम से नीट मैरिट के आधार पर किया जावेगा। कोई भी बाहर का व्यक्ति अथवा संस्था के संबंधित व्यक्ति/कर्मचारी किसी का भी प्रवेश नहीं करा सकते हैं।

श्री शंकराचार्य इंस्टीट्यूट ऑफ मेडिकल साइंसेस, जुनवानी, भिलाई (छ.ग.) में प्रवेश दिलाने हेतु किसी भी एजेंट या व्यक्ति को अधिकृत नहीं किया गया है। अतः भ्रम में ना रहें, किसी भी व्यक्ति या एजेंट के बहकावे में ना आएं।

प्रवेश से संबंधित किसी भी प्रकार की जानकारी के लिए संचालनालय चिकित्सा शिक्षा रायपुर (छ.ग.) में संपर्क करें।

Dean

SSIMS Bhilai (C.G.)

Chairman

SSIMS Bhilai (C.G.)

SHRI SHANKARACHARYA INSTITUTE OF MEDICAL SCIENCES
JUNWANI, BHILAI (C.G.)

REQUIRED DOCUMENTS LIST FOR MD/MS ADMISSION 2024

Documents to be submitted at the time of verification at scrutiny centre:-

- 1 Allotment Letter
- 2 Scrutiny Receipt
- 3 Demand Draft of Rs. 10,79,000/- For Clinical Subjects.
(In Favor of SSIMS College 1 (60259725957), Payable at Bhilai)
- 4 Demand Draft of Rs. 8,73,200/- For Non-Clinical Subjects.
(In Favor of SSIMS College 1 (60259725957), Payable at Bhilai)
- 5 Hostel fee Demand Draft as per fee structure point No. 4,5 and 6
(In Favor of SSIMS Hostel 1 (60259726789), Payable at Bhilai)
- 6 Bank Guarantee of Rs. 10,00,000/- (Rs. Ten Lacs Only)
- 7 NEET Admit Card
- 8 NEET Score Card
- 9 10th Marksheet
- 10 12th Marksheet
- 11 MBBS All Marksheets
- 12 MBBS Degree Certificate
- 13 Internship Completion Certificate
- 14 Attempt Certificate
- 15 UG Medical Council Registration Certificate
- 16 Transfer Certificate & Character Certificate
- 17 Migration Certificate
- 18 Medical Fitness Certificate
- 19 Cast Certificate (If applicable)
- 20 Domicile Certificate
- 21 Gap Certificate (If applicable)
- 22 Income Certificate of Last Three Year (For OBC)
- 23 FF/PH/SS Certificate (If applicable)
- 24 Breakage Bond (Kindly see – www.ssimsb.ac.in for format)
- 25 Affidavit for Correctness of Documents (Kindly see – www.ssimsb.ac.in for format)
- 26 Service Bond (Kindly see – www.ssimsb.ac.in for format)
- 27 Aadhaar Card of Student & Parents
- 28 08 Passport Size Photo
- 29 05 Set Xerox of all Documents

For In-Service Candidate

- No Objection Certificate from Employer
- Service Certificate from DME/DHS
- Relieving Letter from Employer
- Undertaking/Declaration regarding sanction of Leave With Pay/Leave Without Pay

SHRI SHANKARACHARYA INSTITUTE OF MEDICAL SCIENCES
JUNWANI, BHILAI (C.G.)

FEES STRUCTURE
FOR
POSTGRADUATE (MD/MS) ADMISSION BATCH 2024-25

Sr. No.	Type of Fees	Amount
1	Tuition Fees For Clinical Subjects	Rs. 10,54,000/-
2	Tuition Fees For Pre/Pra Clinical Subjects	Rs. 8,48,200/-
3	Caution Money	Rs. 25,000/- (Refundable)
4	Hostel Charges (Without AC)	Rs. 3,52,700/-
5	Hostel Charges (With AC)	Rs. 4,52,700/-
6	Family Quarters (2BHK with AC)	Rs. 5,52,700/-

Important Note:-

1. Demand Draft Details For Fees Payment-

- **College Fees - DD** In favor of
'SSIMS College 1 (60259725957)'
Which is payable at Bhilai
- **Hostel Charges - DD** In favor of
'SSIMS Hostel 1 (60259726789)'
Which is payable at Bhilai

Dean
SSIMS, Bhilai (C.G.)

To be made on Rs. 250/- Stamp paper & Notarized

To
The Dean
Shri Shankaracharya Institute of Medical Sciences, Bhilai (C.G.)

Dear Sir,

Bank Guarantee Number:-

Date of Issuing Bank Guarantee:-

Amount of Guarantee:- Rs. 10,00,000/- Only

Guarantee Coverage Duration:- Date of Admission ___/___/2024 to 30/09/2027

Last Date for Lodgment of Claim:- 30/09/2028

Whereas in consideration of your agreeing to allot admission to MBBS Course to Mr.

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

R/O.....

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

We.....Bank , a body corporate constituted under Banking Companies (Acquisition and Transfer of Undertakings) Act 1970, having its Head Office at.....and interalia a branch office at(hereinafter 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 hereby undertake to pay to you the sum in aggregate not exceeding Rs. 10,00,000/- (Rs. Ten Lacs Only) representing the course fees in the manner detailed below.

(a). Rs. 10,00,000/- (Rs. Ten Lacs Only) from date of admission to 30/09/2027 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 in to force from date of issue of guarantee and shall remain in full force and effect up to and including 30/09/2027.

To be made on Rs. 250/- Stamp paper & Notarized

3. Notwithstanding anything contained hereinabove

(a). Our liability under this Guarantee is restricted to Rs. **10,00,000/-** (Rs. Ten Lacs Only).

(b). This Guarantee shall remain valid up to **30/09/2027**.

(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 column number 3 against each payment due from the part as shown in the below mentioned schedule-

Date of Payment to be made by Party	Amount Due	Date of Expiry of Claim Period
30/09/2025	10,00,000/-	30/09/2027

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

Signature of Bank Official with Stamp

COURSE DISCONTINUATION/BREAKAGE BOND

I, Mr / Ms/Dr....., aged about..... Years,
S/D/O..... resident
of.....
do hereby swear an oath as follow:

I have been selected to the 1st MBBS/MD/MS.....
course at Shri Shankaracharya Institute of Medical Sciences, Bhilai (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, say that on my own will and along with my parents/ guardian took admission
to the MBBS/MD/MS..... course at Shri Shankaracharya
Institute of Medical Sciences, Bhilai (C.G.) as per the CGDME Allotment No./Round
..... Dated.....

I, say in consideration of admission to 1st MBBS/MD/MS
..... course, I Shall complete the MBBS/MD/MS course and
accordingly undertake to pay all the tuition and other fees as demanded by Shri
Shankaracharya Institute of Medical Sciences, Bhilai (C.G.).

In event of my discontinuation of MBBS/MD/MS course due to any reason; I
along with my parent/ guardian hereby undertake to pay balance tuition and other fees
to Shri Shankaracharya Institute of Medical Sciences, Bhilai (C.G.) payable for the entire
course without any demur.

What is stated above is true and correct. I along with my parent/ guardian do
hereby undertake to act accordingly.

Place:-.....

Date:-.....

Signature of the candidate

Signature of the Parent/ Guardian

To be furnished in Rs. 100 Stamp & Notarized

UNDERTAKING

Date-

I,S/D of

R/O

have been admitted in Shri Shankaracharya Institute of Medical Sciences Bhilai under Government /Management/NRI Quota for Session 2024-25. I have submitted original documents required for admission in this college.

I declare that all documents submitted by me, are true and correct to best of my knowledge.

If any falsification is found, Government/ University/DME/ College Management is liable to cancel my Candidature/ Enrolment and I am solely responsible for any sort of legal action taken by Government /University/DME/ College Management, against me.

Signature of Student

Signature of Parent/Guardian

// शपथ पत्र/बन्धन पत्र //

मै 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 शंकराचार्य ईस्टीट्यूट ऑफ मेडिकल साईंसेस, भिलाई छ.ग. मे
..... पाठ्यक्रम हेतू 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 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 सीनीयर रेसिडेन्ट/ट्यूटर/डेमोन्स्ट्रेटर के रूप में अनिवार्य रूप से कार्य करूंगा/करुंगी।
- 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. 10,00,000/- (दस 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

// 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

गवाह- पालक का नाम एवं हस्ताक्षर.....

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