

## **Reporting Schedule for MBBS Allotted candidates:**

As per the notification given by DGHS, New Delhi candidates allotted into MBBS Program of Kalinga Institute of Medical Sciences (KIMS), KIIT Deemed to be University, Bhubaneswar are requested to report as per the following schedule :

**Reporting Date: 14<sup>th</sup> October to 19<sup>th</sup> October 2024.**

**Reporting Time: 10 a.m to 5 p.m**

**Reporting Venue: KIMS Auditorium**

**Kalinga Institute of Medical Sciences (KIMS)  
Campus-5, KIIT Deemed to be University  
Bhubaneswar, Odisha**

### **A. Documents Required**

1. Provisional Allotment Letter generated through Online (DGHS)
2. NEET Hall Ticket/ Admit card (Original)
3. NEET Score Card
4. 10th standard Pass Certificate for proof of date of birth (Original)
5. 10+2 Marksheet & Pass Certificate (Original)
6. Transfer Certificate or School/College Leaving Certificate issued by the School/College (Original)
7. Conduct/ Character Certificate issued by the School/College (Original)
8. Four recent passport size photographs
9. Aadhar Card Copy
10. One set of photocopies of all the above documents
11. Reservation Category Certificate (if applicable) (Original)

### **NRI CANDIDATES NEED TO PRODUCE FOLLOWING ADDITIONAL DOCUMENTS**

1. Affidavit of the person who is NRI and the sponsorer.
2. Documents claiming that the sponsorer is an NRI (Passport, Visa of the sponsorer)
3. Relationship of NRI with the candidate as per the court orders of The Hon'ble Supreme Court of India in case W.P.(c) No. 689/2017- Consortium of Deemed Universities in Karnataka (CODEUNIK) & Ans. Vs Union of India & Ors. dated 22-08- 2017.
4. Affidavit from the sponsorer that he/ she will sponsor the entire course fee of the candidate.
5. Embassy Certificate of the Sponsorer

## **B. FEES TO BE DEPOSITED ON DAY OF REPORTING**

### **I. INSTITUTIONAL FEES**

- MBBS - Rs.18,50,000/- (per annum)

### **II. FOREIGN INSTITUTIONAL FEES (NRI)**

- MBBS - USD 50,000 (per annum)

### **III. HOSTEL AND MESS FEES**

Hostel Fees (2 Beddedd AC with attached toilet) - Rs.1,40,000/- (per annum)

Mess Fess - Rs.55,000/- (per annum)

Hostel Admission Fees - Rs.15,000/- (one time)

IV. Rs.75,000/- (One time) to be paid towards Registration, Academic Kit,  
Laptop

### **Mode of Payment**

(I) NEFT/ RTGS/ Internet Banking Details

### **For MBBS**

1	Complete Bank Account No:	13462191000582
2	Beneficiary Name(As per Bank Pass Book):	KALINGA INSTITUTE OF MEDICAL SCIENCES
3	Address:	KIMS,KIIT UNIVERSITY,BHUBANESWAR-751031
4	Bank & Branch Name:	PUNJAB NATIONAL BANK, KIMS BRANCH
5	Bank Address & Phone Number:	KIMS BRANCH, KIIT UNIVERSITY, BHUBANESWAR-751031
6	MICR Code:	751024036
7	Branch Code:	134610
8	IFSC Code:	PUNB0134610
9	Contact No. & E-Mail Id:	<a href="mailto:bo134610@pnb.co.in">bo134610@pnb.co.in</a>
10	Swift Code:	PUNBINBBBN,  Branch Address: PNB Bank, 122A, Station Square, Bhubaneswar 751001  Branch Code: 0553  (For International Money transfer from outside India)

**(II) DEMAND DRAFT**

Fees can also be paid in the form of Demand Draft in favour of **KIMS** payable at **Bhubaneswar**.

**N.B: The candidate has to report Physically in the reporting Venue.**

**Contact Details of Officials/ Staff Handling Admission Process:**

**Name : Mr.D.K.Panda (Nodal Officer)**  
**Mobile Number: 9937220265/ 0674-2725182**  
**E-mail Id:dkpanda@kims.ac.in**

**Name : Dr.Avinandan Sarkar**  
**Mobile Number: 9438023479**  
**E-mail Id:avinandan.sarkar@kims.ac.in**

**Name :Ms.Adyarashmi Dash**  
**Mobile Number : 9861034187**  
**E-mail Id: adyarashmi.dash@kiit.ac.in**

**Name : Mr.Pritibasu Lenka (For accounts related query)**  
**Mobile Number : 9338664142**  
**E-mail Id: [prtibasu.lenka@kims.ac.in](mailto:prtibasu.lenka@kims.ac.in)**

# UNDERTAKING / BOND

(To be submitted on a Rs. 100 stamp paper and to be notarized)

I, Mr / Ms \_\_\_\_\_ (Name of the Candidate),  
aged about \_\_\_\_\_  
Years, S / D of \_\_\_\_\_ (Name of the  
Parents), resident of \_\_\_\_\_ (permanent / present  
address of Parent) do hereby swear an oath as follows:

I have been selected to the 1st year MBBS course at **Kalinga Institute of Medical Sciences**, KIIT Deemed to be University, through the Counselling conducted by Medical Counselling Committee, Directorate General of Health Services (DGHS), Government of India (GOI), New Delhi through NEET Rank No. .... (All India Rank).

I say that on my own will and along with my parents/guardian, took admission to the MBBS course at **Kalinga Institute of Medical Sciences** as per the DGHS allotment with NEET Roll No. \_\_\_\_\_ Allotment date .....

I, say in consideration of admission to 1st year MBBS course, I shall complete the MBBS course and accordingly undertake to pay all the Institutional fees as demanded by Kalinga Institute of Medical Sciences.

In the event of my discontinuation of MBBS course due to any reason; I along with my parent / guardian hereby undertake to pay Institutional fees to Kalinga Institute of Medical Sciences payable for the entire course without any demur. I also understand that the original documents submitted to the Institute at the time of admission, will be returned to me only after the payment of balance tuition and other fee.

What is stated above is true and correct. I along with my parent/guardian do hereby undertake to act accordingly. This, the day of \_\_\_\_ / \_\_\_\_ / 2024 at \_\_\_\_\_ , Odisha state.

Signature of the Candidate

Signature of the Parent / Guardian