

Reporting Schedule for MD & MS:

As per the notification given by Directorate General of Health Services, Govt of India, New Delhi, all the candidates who have been allotted MD & MS seats in Kalinga Institute of Medical Sciences (KIMS), Bhubaneswar are hereby directed to report physically to the college for taking admission as per the following schedule:

Reporting Date: 26th January, 2025 to 3rd February, 2025

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

Reporting Venue: Principal's Office

**Kalinga Institute of Medical Sciences (KIMS)
Campus-5, KIIT 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 (Original)
6. 10+2 Pass Certificate (Original)
7. MBBS 1st, 2nd & 3rd Professional Marksheet
8. MBBS Degree/ Provisional Certificate
9. Internship Completion Certificate
10. Updated Medical Registration Certificate
11. Reservation Category Certificate (if applicable)
12. Transfer Certificate or College Leaving Certificate issued by the College last attended (Original)
13. Conduct/ Character Certificate issued by the College last attended (Original)
14. Candidates allotted seat must carry one of the ID proof at the time of admission i.e PAN Card, Driving License, Voter Id, Passport or Aadhar card
15. Four recent passport size photographs
16. One set of photocopies of all the above documents
17. Gap Certificate and Fees Bond

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 THE DAY OF REPORTING

I. INSTITUTIONAL FEES(For AIQ)

Sr	Subject	FEES PER ANNUM	
		Management/Paid Seat	NRI FEES IN USD
1	MD (Anatomy)	Rs.7,50,000/-	-
2	MD (Physiology)	Rs.7,50,000/-	-
3	MD (Biochemistry)	Rs.9,00,000/-	-
4	MD (Pharmacology)	Rs.7,50,000/-	-
5	MD (Microbiology)	Rs.9,00,000/-	-
6	MD (Pathology)	Rs.9,00,000/-	-
7	MD (Community Medicine)	Rs.9,00,000/-	-
8	MD(General Medicine)	Rs.21,00,000/-	60000
9	MD (Respiratory Medicine)	Rs.21,00,000/-	50000
10	MD (DVL)	Rs.21,00,000/-	80000
11	MD (Paediatrics)	Rs.23,00,000/-	60000
12	MS (General Surgery)	Rs.21,00,000/-	50000
13	MS (Orthopedic)	Rs.23,00,000/-	80000
14	MS-ENT	Rs.21,00,000/-	50000
15	MD (Ophthalmology)	Rs.21,00,000/-	50000
16	MS(OBG)	Rs.21,00,000/-	80000
17	MD (Radio-diagnosis)	Rs.23,00,000/-	80000
18	MD (Anaesthesia)	Rs.21,00,000/-	50000
19	MD (Psychiatry)	Rs.21,00,000/-	50000
20	MD IHBT- (Immuno Haematology Blood Transfusion)	Rs.9,00,000/-	-
21	MD (Emergency Medicine)	Rs.21,00,000/-	-

II. HOSTEL AND MESS FEES

Hostel Fee Single AC1 Premium	
Single AC1 Prem.Hostel Fees (per annum)(i.e. for 10 months)	Rs.2,20,000 /-
Hostel Admission Fees (One Time)	Rs.15,000 /-
Mess Fees (per annum) (i.e. for 10 months)	Rs.55,000 /-
TOTAL AMOUNT	Rs. 2,90,000/-

Hostel Fee Double AC2 Premium	
Double AC2 Prem.Hostel Fees (per annum) (i.e. for 10 months)	Rs.1,40,000 /-
Hostel Admission Fees (One Time)	Rs.15,000/-
Mess Fees (per annum) (i.e. for 10 months)	Rs.55,000 /-
TOTAL AMOUNT	Rs.2,10,000/-

III. Rs.75,000/- (One time) to be paid towards Registration & academic kit

The above Institutional Fees and Hostel Fees can be paid by the following mode:

Mode of Payment

For MD/ MS

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

(ii) **NEFT/ RTGS/ Internet Banking Details**

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:	bo134610@pnb.co.in
10	Swift Code:	PUNBINBBBBN, Branch Address: PNB Bank, 122A, Station Square, Bhubaneswar 751001 Branch Code: 0553 (For International Money transfer from outside India)

NB:- Kindly submit the transaction details(UTR No.) in accounts section for taking money receipt.

Contact Details of Officials/ Staff Handling Admission Process:

Name : Mr.D.K.Panda (Nodal Officer)

Mobile Number: 9937220265

E-mail Id:dkpanda@kims.ac.in

Name: Avinandan Sarkar

Mobile Number : 9438023479

Name :Ms.Adyarashmi Dash

Mobile Number : 9861034187

Name : Mr.Pritibas Lenka (For accounts related query)

Mobile Number : 9338664142

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 PG Medical course in _____ department 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 PG Medical 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 PG Medical course, I shall complete the PG Medical 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 PG Medical 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