Reporting Schedule for Super Speciality (D.M./ M.CH.):

As per the notification given by DGHS, New Delhi candidates allotted into Super Speciality (D.M./M.CH.) 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: 14th August, 2026 to 20th August, 2026.

Reporting Time: 10 a.m to 4 p.m

Reporting Venue: Principal Office
Kalinga Institute of Medical Sciences (KIMS)
Campus-5, KIIT University
Bhubaneswar, Odisha

A. Documents Required

Candidates have to produce the following documents IN ORIGINAL along with one set Xerox at the time of joining in the allotted institute.

1. Provisional Allotment Letter generated through Online (DGHS).
2. Admit card issued by NBE (Original).
3. Result /Rank Letter issued by NBE.
4. 10th standard Pass Certificate for proof of date of birth (Original)
5. 12th standard Pass Certificate and Mark sheet(Original)
6. MBBS Mark sheet and Degree Certificate (Original)
7. Permanent Registration Certificate issued by MCI/State Medical Council (Original)
8. MD/MS / DNB Marksheet and Degree Certificate in the concerned Speciality (Original)
9.Transfer and Character Certificate (Original)
10. Candidates allotted seat must carry one of the identification proofs (ID Proof) i.e. PAN Card, Driving License, Voter ID ,Passport or Aadhar Card
11. Four recent passport size photographs

B. FEES TO BE DEPOSITED ON THE DAY OF REPORTING

I. INSTITUTIONAL FEES(For AIQ)

DEPARTMENT	FEES PER ANNUM
D.M. CARDIOLOGY	Rs. 12,00,000/-
D.M. MEDICAL GASTROENTEROLOGY	Rs. 12,00,000/-
D.M. NEUROLOGY	Rs. 10,00,000/-
D.M. CLINICAL IMMUNOLOGY & RHEUMATOLOGY	Rs. 12,00,000/-
D.M. ENDOCRINOLOGY	Rs. 12,00,000/-
D.M. NEPHROLOGY	Rs. 12,00,000/-
M.CH. NEURO SURGERY	Rs. 10,00,000/-
M.CH. UROLOGY	Rs. 12,00,000/-
D.M.CRITICAL CARE MEDICINE	Rs. 12,00,000/-
D.M.NEONATOLOGY	Rs. 12,00,000/-
M.CH. PLASTIC & RECONSTRUCTIVE SURGERY	Rs. 5,00,000/-
M.CH.PAEDIATRIC SURGERY	Rs. 5,00,000/-

II. HOSTEL AND MESS FEES

Hostel Fees (Two Bedded AC with attached toilet) - Rs.1,60,000/- (per annum)

(Single Bedded AC with attached toilet)- Rs.2,40,000/- (per annum)

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

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

III. Rs.75,000/- (One time) to be paid towards registration.

The above Institutional Fees and Hostel Fees can be paid by the mode stated below only after generation of Final Allotment letter by MCC.

Mode of Payment

For MD/ MS

(i) Fees to 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(**pritibasu.lenka@kims.ac.in**) for taking money receipt.

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: Avinandan Sarkar
Mobile Number: 9438023479

Name: Ms.Adyarashmi Dash
Mobile Number: 9861034187

Name: Mr.Pritibasu 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), agedabout _____ 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 Super Speciality course in department at **Kalinga Institute of Medical Sciences,** KIIT Deemed to be University, through the Counselling conducted by Medical Counselling Commitee, 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 Super Speciality 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 Super Speciality course, I shall complete the PG Super Speciality 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 Super Speciality 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 _____ /_____ / 2025at_____ , Odisha state.

Signature of the Candidate Signature of the Parent / Guardian