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 and opting for **FREEZE** option are hereby directed to report physically to the college for taking admission as per the following schedule:

Reporting Date: 20th November, 2026 to 25th November, 2026

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

Reporting Venue: Conference Hall, 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.11,00,000/-	-
7	MD (Community Medicine)	Rs.10,00,000/-	-
8	MD(General Medicine)	Rs.26,00,000/-	70000
9	MD (Respiratory Medicine)	Rs.23,00,000/-	50000
10	MD (DVL)	Rs.26,00,000/-	80000
11	MD (Paediatrics)	Rs.26,00,000/-	60000
12	MS (General Surgery)	Rs.23,00,000/-	50000
13	MS (Orthopedic)	Rs.26,00,000/-	80000
14	MS-ENT	Rs.23,00,000/-	50000
15	MD (Ophthalmology)	Rs.23,00,000/-	50000
16	MS(OBG)	Rs.23,00,000/-	80000
17	MD (Radio-diagnosis)	Rs.26,00,000/-	80000
18	MD (Anaesthesia)	Rs.23,00,000/-	50000
19	MD (Psychiatry)	Rs.23,00,000/-	60000
20	MD IHBT- (Immuno Haematology Blood Transfusion	Rs.10,00,000/-	-
21	MD (Emergency Medicine)	Rs.23,00,000/-	-
22	FMT	Rs.10,00,000/-	-

II. HOSTEL AND MESS FEES

Hostel FeeSingle AC1 Premium	
Single AC1 Prem.Hostel Fees (per annum)(i.e. for 10 months)	Rs.2,40,000 /-
Hostel Admission Fees (One Time)	Rs.15,000 /-
Mess Fees (per annum) (i.e. for 10 months)	Rs.55,000 /-
TOTAL AMOUNT	**Rs. 3,10,000/-**

Hostel Fee Double AC2 Premium	
Double AC2 Prem.Hostel Fees (per annum) (i.e. for 10 months)	Rs.1,60,000 /-
Hostel Admission Fees (One Time)	Rs.15,000/-
Mess Fees (per annum) (i.e. for 10 months)	Rs.55,000 /-
TOTAL AMOUNT	**Rs.2,30,000 /-**

III. Rs.75,000/- (One time) to be paid towards Registration & admission 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.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),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 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 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 _____ /_____ / 2026 at_____ , Odisha state.

Signature of the Candidate Signature of the Parent / Guardian

SELF ATTESTED DECLARATION(For NRI)

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

I_____, Son/Daughter of _____ bearing Roll no._____ of NEET PG 2026 Counselling, do hereby solemnly affirm that I am an NRI/OCI/PIO or my Father/Mother is an NRI/OCI/PIO and have certificates issued by Indian Mission/Posts, in due compliance of the latest guidelines issued by Ministry of External Affairs.

However, I declared myself as 'INDIAN' during the process of filing NEET PG 2026 Application on NTA Website. I have attached all the relevant documents herein for my application as NRI Candidate:

1. NEET Score Card of the candidate

2. Self-Certified Affidavit stating that the candidate is NRI or Child of NRI Parents.

3. OCI/PIO card, if Applicable.

4. NRI Embassy Certificate/Citizenship Card of Parents/Candidates.

5. Family Tree.

I hereby request to consider my application for allowing me to choose NRI Seats in NEET PG 2026 Counselling.

I state that if any information as stated in the documents is found to be false or frivolous at any point of time, my seat will be 'CANCELLED' and I will be liable to be subjected to any punitive action including legal actions against me as per law.

Date:
Place:

Signature of the Candidate
(Name in full)

Signature of the Parent/Guardian
(Name in full)

UNDERTAKING FOR NRI CANDIDATES

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

I, **[Full Name of Candidate]**, son/daughter of **[Parent/Guardian Name]**, and resident of **[Full Address]**, hereby declare and undertake as follows:

1. That I have been allotted a seat in the PG Medical course at **Kalinga Institute of Medical Sciences, KIIT Deemed to be University, Bhubaneswar** under the NRI category through the MCC Counselling process.
2. That the course fee for my admission has been paid **entirely from the NRE bank account of my sponsor**, namely **[Name of Sponsor]**, who has sponsored my education under the NRI quota.
3. That I am fully aware and agree that, in the event of any discrepancy, dispute, or objection raised by the competent authorities during document verification or at any stage of the admission process regarding the source of funds or my eligibility under the NRI category, **my candidature/admission shall stand cancelled**.
4. That I further undertake that **Kalinga Institute of Medical Sciences (KIMS)** , **KIIT Deemed to be University, Bhubaneswar** shall in no way be held responsible for such cancellation and I shall have no claim whatsoever against the institution in this regard.
5. That I have read and understood the above terms and I am signing this undertaking on my own free will without any pressure or coercion.

Date:
Place:

Signature of the Candidate
(Name in full)

Signature of the Parent/Guardian
(Name in full)