



Government of Karnataka

BELAGAVI INSTITUTE OF MEDICAL SCIENCES

Dr. B R Ambedkar Road, Belagavi – 590 001

(Autonomous Medical Institution)

Office No. 0831-2421464, 2421453, Fax No. 0831-2403126. E.Mail: belgaum.bims@gmail.com

No: BIMS/UG/Admn/

/2019-20/

Date: 9/7/2019

ACKNOWLEDGEMENT

Miss / Mr.....has admitted in this College for MBBS Course on..... and submitting herewith the following Original and Zerox Documents with Attestation.

Sl. No.	List of Documents submitted	Yes / No	Remarks
1	NEET Allotment Letter		
2	NEET Marks Statement		
3	NEET Admit Card		
4	NEET Rank Letter		
5	Transfer Certificate		
6	SSLC Marks Card		
7	PUC / 10 + 2 Marks Card		
8	Caste and Income Certificate (If applicable)		
9	Rural Certificate (If applicable)		
10	Study Certificates / Conduct / Character (School & PUC)		
11	Kannada Medium Certificate (If applicable)		
12	Physical Handicap Certificate (If applicable)		
13	Medical Certificate i.e, Fitness Certificate		
14	Eligibility Certificate (in case of CBSE / ICSE and students)		
15	Migration Certificate (in case of CBSE / ICSE students)		
16	Domicile Certificate (in case of CBSE / ICSE students)		
17	Fee Paid Challan Copy in KEA		
18	Bonds of RS. 100/- 50/- and 20/-		
19	Photos 4 ID Size and 2 Stamp Size		
20	Others (Aadhar Card zerox and Anti Ragging Generated Copy from Online		
21	(CD) one soft copy of the above documents in jpg. / pdf file 50kb and label each documents		

Director,

Belagavi Institute of Medical Sciences,
Belagavi.

BELAGAVI INSTITUTE OF MEDICAL SCIENCES, BELAGAVI.

Dr. B.R. Ambedkar Road, Belagavi – 590001.

Paste here
stamp size
Photo

Note: Fill all the Information in **BLOCK** Letters

Year: 2019-20

Sl. No.	Particulars		Information of the Candidates			
1	Name of the Candidates (as per SSLC Marks Card)					
2	Student Mobile No.					
3	Student E-mail ID					
4	Date of Birth		19	Rural / Urban		
5	Place of Birth		20	Mother Tongue		
6	Religion		21	Blood Group		
7	Caste & Sub – Caste		22	Gender: M / F		
8	Karnataka or Non - Karnataka		23	Nationality		
9	Permanent Address & Pin Code					
10	Father's Name		24	Mother's Name		
11	Occupation		25	Occupation		
12	Mobile No.		26	Mobile No.		
13	Annual Income of Parents / Guardian					
14	State / CBSE					
15	Marks Secured in PUC / 10 + 2 Subject i.e, ENGLISH	Max. Marks:		Secured:		%
16	Reg. No. of PUC Marks Card		27	Passed Date:		
17	Name of the Board / University (PUC / 10 +2)					
18	Seat Allotment Date		28	Reported to College on		
STATE QUOTA (NEET Information)						
29	CET No.		30	Admission Order No.		
31	NEET Rank		32	Round		
33	Category (Applied)		34	Category (Allotted)		
35	Marks Obtained	Physics	Chemistry	Biology	Max. Marks	Obtained
a	PUC / 10 + 2				300	
b	Entrance Exam NEET				720	(Percentile)
ALL INDIA QUOTA (NEET Information)						
36	NEET Reg. No.		38	Roll No.	40	AIQ Rank
37	Seat Allotment Date		39	Round		
40	Reported on					
41	Marks Obtained	Physics	Chemistry	Biology	Max. Marks	Obtained
a	PUC / 10 + 2					
b	Entrance Exam N				720	(Percentile)

42	Fees Details				
	Particulars	Date	Amount	Challan No. / Receipt No.	
a	KEA - NEET				
b	MCC - NEET				
43	Hostel Fees Details				
a	Hostel Deposit		10,000/-		
b	Hostel Rent (One Year)		9,000/-		
44	Any other Information			45	Aadhar No.: (Candidate)

We hereby declare that, the above information is true and best of our knowledge and belief.

Signature of the Parents / Guardian

Signature of the Candidate

From:

TC Application

To,

The Principal,

Sir,

I have been provisionally admitted to the First Year MBBS/PG Course, for the year 2019-20 at Belagavi Institute of Medical Sciences, Belagavi. Hence, I request you to send my Transfer Certificate to the Principal of this College.

I have attended the _____ Class in your College, during the year _____ and passed _____ Examination held in _____

I have joined in your College in _____ my Reg. / Roll Number was _____.

Thanking you,

Yours faithfully,

(Signature of the Student)

No: BIMS/UG/Admn/ /2019-20/ Office of the Principal/Director,
Belagavi Institute of Medical Sciences,
Belagavi, Dated:

Forwarded to the Principal _____

.....for information and needful.


Director,

Belagavi Institute of Medical Sciences,
Belagavi.