



ಕೊಪ್ಪಳ ವೈದ್ಯಕೀಯ ವಿಜ್ಞಾನಗಳ ಸಂಸ್ಥೆ, ಕೊಪ್ಪಳ
KOPPAL INSTITUTE OF MEDICAL SCIENCES,
KOPPAL-583231, KARNATAKA.



**INSTRUCTIONS FOR THE STUDENTS WHO ARE TAKING ADMISSIONS
FOR I-MBBS COURSE AT KIMS, KOPPAL ALLOTTED THROUGH
KARNATAKA CET/ALL INDIA QUOTA FOR 2025-2026.**

1. Students must report in DIRECTOR's office at Koppal Institute of Medical Sciences, Koppal (KIMS KPL) for MBBS admission on or before date indicated on their selection letter issued by KEA-CET / NEET (AIQ) **before 10-00 am**. If any student fails to report before last date indicated in the offer letter, his / her admission will be withheld and the same will be intimated to concerned authorities.
2. One of **Parent/Guardian** must accompany students at the time of admission as certain documents are to be signed by them.
3. The admission process is likely to take **two days**.
4. The students are instructed to keep **three set of Xerox copies** of all original documents submitted to the office of KIMS, KOPPAL at the time of admission and preserved for future use until they are returned from Rajiv Gandhi University of Health Sciences, Bangalore after getting approved.
5. The students are instructed to **DOWNLOAD** all the below mentioned forms and must be filled in by his / her own handwriting in blue or black pen neatly and legibly in English or computer typed in **CAPITAL LETTERS ONLY**, except for signature and submit the same at the time of admission. Overwriting, strike-through and erasing in the form should be avoided. Submission of incomplete forms will lead to rejection. Check thoroughly whether you have filled all your relevant details truly correctly in the concerned forms.
6. Important :- No forms / proformas will be issued in KIMS KOPPAL office, as they are made available in KIMS website – **www.kimskoppal.kar.nic.in**.
7. The students are informed to submit the original certificates & **soft copy** of original certificates shown below with **three sets** of attested true copies of all original documents without fail.
8. College working hours: **10-00am to 1.30pm & 2.15 pm to 5.30pm**.
9. Admission fees shall be **paid through challan in SBI, KOPPAL, Branch**, only. DD / Cheques will not be accepted.
10. Students admitted to KIMS, KOPPAL institute are expected to strictly follow the code of **discipline**.
11. Students are informed to take the print outs of the proforma's in "**A4 SIZE PAPER ONLY**".
12. Please refer website:- **www.mciindia.org** regarding ragging terms and conditions. Ragging in any form is punishable by law.
13. Students are expected to maintain discipline inside and outside the college. Drinking alcohol, smoking or indulging in any anti-social activities is **strictly prohibited**.
14. Each candidate must bring with him/her the following original certificates compulsorily along with three sets of attested true copies & Soft Copy. The originals & attested true copies shall be submitted to KIMS KOPPAL office in the following sequence only.

Sl.No	Particulars
1	Original challan for having paid college fee from State Bank of INDIA at KOPPAL Branch ,
2	Requisition letter addressed to the DIRECTOR, KIMS KOPPAL requesting for MBBS admission (download proforma).
3	Form-I & Form-II (download proforma).
4	NEET/CET-2025 Admission Order to Professional Colleges (Medical) – (for NEET/CET students).
	CBSE-NEET–Common Entrance Test-2025– Marks Sheet
	KEA – Admission Ticket for common Entrance Test – 2025(for CET students)
	Eligibility Certificates for the students claiming reservation under Hyderabad-Karnataka Region (Article-371J) – (for CET students)
	Regional language & English translated Caste Certificates from eligible CET students to be submitted during admission by SC/ST/CAT-I, 2A, 2B, 3A & 3B students who scored less than 50% and more than 40% marks in 10+2 (PCB) examination required for submission to MCI, New Delhi. (for CET students).
5	Regional language & English translated Caste Certificates from eligible CET students to be submitted during admission by SC/ST/CAT-I, 2A, 2B, 3A & 3B students who scored less than 50% and more than 40% marks in Entrance Examination required for submission to MCI, New Delhi. (for CET students).
	All India Quota Under Graduate Medical Allotment Process – Counseling – Provisional Allotment Letter (for AIQ students)
	Counseling Rank Letter – All India Quota Seats – 2025 (for AIQ students)
	CBSE - All India Pre-Medical entrance Test AIPMT-2025 Result Sheet (for AIQ students)
6	CBSE - All India Pre-Medical entrance Test AIPMT-2025 Provisional Admit Card (for AIQ students)
	10 th marks card / 10 th Passing Certificate
	12 th marks card / 12 th Passing Certificate
	Transfer certificate from the institution last studied.
9	Study certificate from the institute last attended
10	Character & conduct certificates from the institute last studied .
11	Caste Certificate (if required)
12	Income Certificate
13	Eligibility Certificate from Rajiv Gandhi University of Health Sciences, (RGUHS), Bangalore (for students other than Karnataka PU board)
14	Domicile certificate (□□□ □□□□□ □□□□□□ □□□□ for other than Karnataka Students).
15	Migration certificate from the board if passed 12 th standard from the board other than Karnataka PU board or from the university last attended
16	Physical fitness certificate (Medical Certificate)
17	The students if selected for MBBS course under Defense, Jammu & Kashmir , NCC, PH, etc; shall submit the concerned certificate issued from competent authorities.
18	UNDERTAKING CONCERNING RAGGING by the candidate/student - to be typed in Rs. 100/- E-stamp paper. (download proforma). Bonds to be purchased in the name of First party :- Candidate / Student's Name & Second party- DIRECTOR, KIMS, KOPPAL
19	Undertaking :- Rural Service Bond – by the students who are taking admissions at KIMS, KOPPAL through KEA / AIQ - to be typed in Rs. 100 E-stamp paper (download proformas). Both Bonds to be purchased in the name of First party is the Candidate / & Second party is Government of Karnataka (or As specified in the KEA website)
20	Undertaking :- Hostel Bond, Bonds to be purchased in the name of First party :- Candidate / Student's Name & Second party- Warden Boys/Girls Hostel, KIMS, Koppal.
21	Fifteen (15) identical recent (taken within one month, Candidate's name & Date of Birth) Color passport size photographs with name of candidate and date of taking photograph shall be submitted.
22	One single zip file for preserving original documents along with latest photograph affixed on it including name and address of the candidate shall be submitted.
23	Each candidate must bring with him/her the above original certificates compulsorily along with three sets of attested true copies & Soft Copy . The originals & attested true copies shall be submitted to KIMS KOPPAL office in the above sequence only



*Please Download The Following Proformas
Required For Submission To KIMS KOPPAL Office During
Admission To First Year MBBS Course.*

APPLICATION LETTER FOR THE ADMISSION OF CET STUDENTS

To
The Director,
KIMS, Koppal.

Date :

Sir,

Sub:- Application for admission to I Year MBBS course at KIMS, KOPPAL allotted through **Karnataka Common Entrance Test** – reg.

Ref:- Letter No. _____ dated: _____ of Executive Director, KEA, Bangalore.

As per the letter cited under reference, I, Sri / Kum. _____ S/o, D/o. _____, bearing Admission Order No. _____, CET No. _____ Rank No. _____ who belong to _____ category has been allotted MBBS seat at Koppal Institute of Medical Sciences, Koppal under _____ category. I am herewith enclosing the original fee challan for having paid college fees along with necessary original documents.

Hence, I request your kind self to admit me at KIMS, Koppal for I MBBS course. Admission taken is at my own request. I am aware that my admission is subject to the approval of the concerned competent authorities for which KIMS, KOPPAL will not be held responsible for any consequences / objections arise in future with regard to my admission. I have not furnished any false information.

Yours faithfully,

(Signature of the candidate)

(Signature of the parent / Guardian)

Place : KOPPAL

Date :

REQUISITION LETTER FOR AIQ STUDENTS

To

Date :

The Director,
KIMS, KOPPAL.

Sir,

Sub:- Application for admission to I Year MBBS course at KIMS, KOPPAL allotted through **All India Quota** – reg.

Ref:- Provisional Allotment Letter of AIQ-UG Medical counseling -Reg

As per the letter cited under reference, I, Sri / Kum. _____ S/o or D/o. _____, bearing Roll No. _____, AIQ Rank No. _____ who belong to _____ category has been allotted MBBS seat at Koppal Institute of Medical Sciences, KOPPAL under _____ category. I am herewith enclosing the original fee challan for having paid college fees along with necessary original documents.

Hence, I request your kind self to admit me in your institute for I MBBS course on my request and risk and I am aware that my admission is subject to the approval of the concerned competent authorities, for which KIMS, KOPPAL will not be held responsible for any consequences / objections arise in future with regard to my admission.

Yours faithfully,

(Signature of the candidate)

(Signature of the parent / Guardian)

Place : KOPPAL

Date :



ಕರ್ನಾಟಕ ಸರ್ಕಾರ
GOVERNMENT OF KARNATAKA

ಕೊಪ್ಪಳ ವೈದ್ಯಕೀಯ ವಿಜ್ಞಾನಗಳ ಸಂಸ್ಥೆ, ಕೊಪ್ಪಳ
KOPPAL INSTITUTE OF MEDICAL SCIENCES, KOPPAL



ನೋಂದಣಿ ಸಂಖ್ಯೆ:KOL-S243-2012-13 ದಿನಾಂಕ:15-03-2013 (ಕರ್ನಾಟಕ ಸರ್ಕಾರದ ಸ್ವಾಯತ್ತ ಸಂಸ್ಥೆ)

Website : <https://kimskoppal.karnataka.gov.in/>

email :directorkimskoppal@gmail.com

Director : 08539 225522

Fax:08539 225522

Med. Suptd : 08539 225022

FORM-I

APPLICATION FORM FOR ADMISSION TO MBBS COURSE

Incomplete Applications will be rejected

Candidate Details (ALL THE ENTRIES IN THE FORM SHOULD BE IN **CAPITAL LETTERS ONLY**)
(Strike out whichever is not applicable)

Passport Size
Photograph
attested by the
Dean/Director /
Gazetted Officer

1	Candidate's Name: (As mentioned in SSLC/ 10 th marks card)						
2	Date of Birth						
3	Father's / Mother's Name (please specify guardian's name, if parents are not alive).			Father's Name : Mother's Name : Guardian's Name :			
4	Annual Income & Occupation of Father/Mother			Father : Mother :			
5	Religion / Caste / Category (please tick:✓) particulars			Religion : _____ Caste :- _____ Category: GM[] OBC[] SC[] ST[] OTHERS[]			
6	Address for Communication						
	City						
	Pin						
	District						
	State						
7	E-mail						
8	Telephones :			Land Line		Mobile No.	
9	Details of Education :			(10+2) / PUC			
	Name of the Board / University						
	Name of College studied						
10	Please enter the percentage of Marks scored in Qualifying exam(Please don't enter % Symbol)						
	Exam Passed	Register No.	Name of the Board / University	Year of Passing	Maximum Marks	Secured Marks	% of marks obtd. in aggregate of all subjects
	SSLC/*Equivalent						
	10+2/PUC/*Equivalent						
	Any Other						
11	Please enter the of Marks scored and percentage in Qualifying exam (Please don't enter % Symbol)						
	Subjects	Max. Marks	Marks obtained	% of Marks	PCB aggregate %		
	Physics						
	Chemistry						
	Biology						
	Total						
	English						
12	CET Entrance Exam Details						
	Admn. Order No.	CET No	Rank	Category	Allotted Category	Max. Marks	Marks Obtained
						180	
13	AIQ Entrance Exam Details						
	Roll No.	All India Quota Rank	Category	Allotted Category	Max. Marks	Marks Obtained	% of Marks
					720		
14	Selected under				PH / Sports /J&K / Others		
15	Total amount paid during admission						
16	SBM Receipt No & Date						

PLACE :

SIGNATURE OF THE CANDIDATE :

DATE :

SIGNATURE OF THE PARENT :



ಕರ್ನಾಟಕ ಸರ್ಕಾರ
GOVERNMENT OF KARNATAKA



ಕೊಪ್ಪಳ ವೈದ್ಯಕೀಯ ವಿಜ್ಞಾನಗಳ ಸಂಸ್ಥೆ, ಕೊಪ್ಪಳ
KOPPAL INSTITUTE OF MEDICAL SCIENCES, KOPPAL

ಕೊಪ್ಪಳ ಸಂಸ್ಥೆ, ಕೊಪ್ಪಳ : KOL-S243-2012-13 ಕೊಪ್ಪಳ ಸಂಸ್ಥೆ : 15-03-2013 (ಕರ್ನಾಟಕ ಸರ್ಕಾರದ ಸ್ವಾಯತ್ತ ಸಂಸ್ಥೆ)

Website : <https://kimskoppal.karnataka.gov.in/>

email : directorkimskoppal@gmail.com

Director : 08539 225522

Fax:08539 225522

Med. Suptd : 08539 225022

FORM-II

APPLICATION FORM FOR ADMISSION TO MBBS COURSE

Incomplete Applications will be rejected

Candidate Details (ALL THE ENTRIES IN THE FORM SHOULD BE IN CAPITAL LETTERS ONLY)

(Strike out whichever is not applicable)

Passport Size
Photograph
attested by the
Dean/Director /
Gazetted Officer

1	Candidate's Name (As given in SSLC/ 10 th Certificate)	
2	Father's Name :	
3	Mother's Name	
4	Sex	
5	Student's Address Cell No. Email-id.	
6	Religion	
7	Mother Tongue	
8	Category – Please specify SC/ST/CAT.I/IIA/IIB/IIIA/IIIB/OBC/GM/OTHER S	
9	Nationality	
10	State	
11	Urban / Rural	
12	Seat Category	Government Seat
13	Seat Type – CET / AIQ	
14	AIQ Rank	
15	AIQ %age	
16	CET Rank	
17	CET %age	
18	Qualifying Exam (12 th / PUC)	
19	Register No	
20	Passed Date & Year	
21	University / Board	
22	Optional Subjects	PCB
23	Total Max. Marks in PCB	
24	Total Marks secured in PCB	
25	Date of Admission	
26	Date of Birth	
27	Blood Group	

PLACE :

SIGNATURE OF THE CANDIDATE :

DATE :

SIGNATURE OF THE PARENT :

INFORMATION TO BE FILLED UP BY ELIGIBLE KARNATAKA CET/ALL INDIA QUOTA STUDENTS
(STRIKE WHICHEVER IS NOT APPLICABLE)

1) I, Sri/Kum _____ S/o, D/o _____
has been selected to MBBS course through **KARNATAKA CET-2025 / ALL INDIA QUOTA** and allotted at KIMS, KOPPAL. My admission details are as follows:-

CET Entrance Exam Details							
Admn. Order No.	CET No	CET Rank	Category	Allotted Category	Max. Marks	Marks Obtained	% of Marks
					180		
AIQ Entrance Exam Details							
Roll No.		All India Quota Rank	Category	Allotted Category	Max. Marks	Marks Obtained	% of Marks
					720		
Specify special category seats if selected under :- Defence, Jammu & Kashmir , NCC, PH, etc; if applicable.							
Last Date for Admission as mentioned in Admission Order.							

Further I am here by submitting the following documents to KIMS, Koppal office (please tick:✓)

Sl. No	Particulars	Submitted	Not submitted	Not applicable
1	Original challan for having paid college fee from State Bank of Mysore at <u>KIMS Branch, KOPPAL</u> .			
2	Requisition letter addressed to the DIRECTOR, <u>KIMS, KOPPAL</u> requesting for MBBS admission (<u>download proforma</u>).			
3	Form-I & Form-II (<u>download proforma</u>).			
4	CET-2025 <u>Admission Order</u> to Professional Colleges (Medical) – (<u>for CET students</u>).			
	Karnataka Examination Authority–Common Entrance Test-2025– <u>Marks Sheet</u> (<u>for CET students</u>)			
	KEA – <u>Admission Ticket</u> for common Entrance Test – 2025 (<u>for CET students</u>)			
	Eligibility Certificates for the students claiming reservation under Hyderabad-Karnataka Region (Article-371j) – (<u>for CET students</u>)			
	Regional language & English translated <u>Caste Certificates</u> from eligible CET students to be submitted during admission by SC/ST/CAT-I, 2A, 2B, 3A & 3B students who scored less than 50% and more than 40% marks in 10+2 (PCB) examination required for submission to MCI, New Delhi. (<u>for CET students</u>).			
	Regional language & English translated <u>Caste Certificates</u> from eligible CET students to be submitted during admission by SC/ST/CAT-I, 2A, 2B, 3A & 3B students who scored less than 50% and more than 40% marks in Entrance Examination required for submission to Mci, New Delhi. (<u>for CET students</u>).			
5	All India Quota Under Graduate Medical Allotment Process – Counseling – <u>Provisional Allotment Letter</u> (<u>for AIQ students</u>)			
	<u>Counselling Rank Letter</u> – All India Quota Seats – 2025 (<u>for AIQ students</u>)			
	CBSE - All India Pre-Medical entrance Test AIPMT-2025 <u>Result Sheet</u> (<u>for AIQ students</u>)			
	CBSE - All India Pre-Medical entrance Test AIPMT-2025 <u>Provisional Admit Card</u> (<u>for AIQ students</u>)			
6	10 th marks card / 10 th Passing Certificate			
7	12 th marks card / 12 th Passing Certificate			
8	Transfer certificate from the institution last studied.			
9	Study certificate from the institute last attended			
10	Character & conduct certificates from the <u>institute last studied</u> .			
11	Caste Certificate			
12	Income Certificate			
13	Eligibility Certificate from Rajiv Gandhi University of Health Sciences, (RGUHS), Bangalore (<u>for students other than Karnataka PU board</u>)			

Sl. No	Particulars	Submitted	Not submitted	Not applicable
14	Domicile certificate – □□□ □□□□□ □□□□□□ □□□□ (for other than Karnataka Students).			
15	Migration certificate from the board if passed 12 th standard from the board other than Karnataka PU board			
16	Migration certificate from the university last attended (if applicable)			
17	Physical fitness certificate (Medical Certificate)			
18	The students if selected for MBBS course under Defense, Jammu & Kashmir , NCC, PH, etc; shall submit the concerned certificate issued from competent authorities.			
19	UNDERTAKING CONCERNING RAGGING by the candidate/student - to be typed in Rs. 100/- E-stamp paper. (download proforma). Bonds to be purchased in the name of First party :- Candidate / Student's Name & Second party-DIRECTOR, KIMS, KOPPAL			
20	Undertaking :- Rural Service Bond – by the students who are taking admissions at KIMS, KOPPAL through KEA / AIQ - to be typed in Rs. 100 E-stamp paper (download proformas). Both Bonds to be purchased in the name of First party is the Candidate / & Second party is Government of Karnataka (or As specified in the KEA website)			
21	Undertaking :- Hostel Bond, Bonds to be purchased in the name of First party :- Candidate / Student's Name & Second party-Warden Boys/Girls Hostel, KIMS, Koppal.			
22	Fifteen (15) identical recent (taken within one month, Candidate's name & Date of Birth) Color passport size photographs with name of candidate and date of taking photograph shall be submitted.			
23	One single zip file for preserving original documents along with latest photograph affixed on it including name and address of the candidate shall be submitted.			
24	Each candidate must bring with him/her the above original certificates compulsorily along with three sets of attested true copies & Soft Copy. The originals & attested true copies shall be submitted to KIMS KOPPAL office in the above sequence only			

PLACE : KOPPAL

SIGNATURE OF THE CANDIDATE:

DATE :

SIGNATURE OF THE PARENT :

FOR OFFICE USE ONLY

The concerned student has submitted the above documents for admission to I Year MBBS course at KIMS, KOPPAL. If approved he/she will be admitted provisionally at KIMS, KOPPAL.

1) OFFICE SUPERINTENDENT :

2) C.A.O. :

3) A.A.O. :

4) DIRECTOR :

CONTACT DETAILS

PHONE : 08539 225524 (Office)
FAX : 08539 225524
WEBSITE : www.kimskoppal.kar.nic.in
EMAIL : directorkimskoppal@gmail.com
ADDRESS : Koppal Institute of Medical
Sciences, Gangavati Road,
Kididal Gate KOPPAL,
Karnataka, India. Pin- 583231.





ANNEXURE - 1

GENERAL AFFIDAVIT

(To be submitted on Rs 20/- Bond paper (To be deposited after allotment of seats along with other originals))

I, ... son /daughter of residing at have appeared for UG NEET 2025 conducted by CBSE, New Delhi with Roll Number _____ and Register Number and have secured score in the said test.

I hereby solemnly declare that during 2025, I have not taken MBBS / BDS admission in any college allotted by other exam conducting bodies. I have not surrendered any seat in past UG exams/other UG entrance exams conducted by central / state Government and various other authorities.

I shall immediately notify the Karnataka Examinations Authority, Bangalore if I am getting admission in any college through other exam conducting bodies.

I shall also not surrender any seat after the admission at institute level through any seat allotting bodies, if I need to surrender I shall do so at Karnataka Examinations Authority, Bangalore.

I shall produce all required original documents for verification and submit the same after allotment of seat to concerned college.

I shall not produce/submit fake/concocted documents for verification or admission.

I will forfeit the seat allotted to me and also I am liable for criminal proceedings if any one of the above information/documents produced by me is found to be false / incorrect.

Date:

Deponent

PLACE

Signature of the Candidate

Sworn Before Me



ANNEXURE - 9

EXECUTION OF BOND BY CANDIDATE WHO SELECTS MBBS SEAT IN MEDICAL COLLEGES OF KARNATAKA (TO BE DEPOSITED AFTER ALLOTMENT OF SEATS ALONG WITH OTHER ORIGINALS)
(ON RS.100/- E-STAMP PAPER)

I, Mr / Kum S/o./ D/o
a candidate with UGNEET 2025 Roll Number / Admission Ticket No.....
..... residing at
.....
..... have on my
own volition allotted a MBBS seat on in
.....vide admission order number
.....dated and do hereby undertake as
follows.

In accordance with the Amendment to Rule 11 of the Karnataka Selection of Candidates for Admission to MBBS seats in Professional Educational Institution Rules, 2006, vide Government Notification -1 No. HFW 79 RGU 2011 dated 17-07-2017 and Amendment act 2017 dated 6-07-2017 I am prepared on completion of the course to serve in any Primary Health Center or Primary Health unit situated in Rural Areas in the state of Karnataka for a minimum period of ONE year and I will abide to rules and regulation of Government of Karnataka.

What is stated above is true and correct and I and my parent / Guardian hereby undertake to act accordingly.

Signature of the Candidate.

Date:

Place :

Signature of the Parent
(Father / Mother)

Witness:

1).

2).

UNDERTAKING

MBBS DEGREE PROGRAMME AS PER RGUHS CURRICULUM

I _____ So/Do of _____ (herein after called the Natural Guardian of the Student) hereby given an undertaking that on admission to I MBBS at **Koppal Institute of Medical Sciences, KOPPAL**, during the year **2019-20**, read the rule No.11 of the ordinance of Governing M.B.B.S. Degree Program of Rajiv Gandhi University of Health Sciences, Bangalore, vide Notification No. ACA/BOS-27/97-98, dated: 24.03.1998, and I shall abide / by the ordinance that reads that no student shall be permitted to join Phase-II (Para Clinical & Clinical) Group of subjects until he / she passes in the Phase-I (pre-clinical) subject for which he / she will be permitted not more than four chances (Actual Examination) provided four chances are completed within three years from the date of enrolment.

Signature of the student
with full address

Witness :

1)

2)

**SEAL & SIGNATURE OF
THE GOVERNMENT NOTARY**

Bond to be purchased in the name of :-

First party :- Student's Name
Second Party :- Director, KIMS, Koppal

ANNEXURE - III

TO BE TYPED IN RS. 20/- E-STAMP PAPER

UNDERTAKING CONCERNING RAGGING

I, Mr. / Kum.....S/o./D/o.....seeking admission to MBBS Course during the year of 2018-19 at Belagavi Institute of Medical Sciences, Belagavi hereby give undertaking that;

1. I am aware of college approach towards ragging. That I am aware that ragging is banned in the college and anyone found including in ragging is likely to be punished appropriately, which may include expulsion from the college.
2. I am aware of Definition of ragging: Any disorderly conduct whether by words spoken or written or by an act which has the effect of teasing or handling with rudeness any other student, indulging in rowdy or in-disciplined activities which causes or is likely to cause annoyance, hardship or psychological harm or to raise fear or apprehension thereof in a fresher or a junior student or asking students to do any Act or perform something which such student will not do in the ordinary course and which has the effect of causing or generating a sense of shame or embarrassment so as to adversely affect the physique or psyche of a fresher or a junior student.
3. I shall upon my own conscience, neither suffer nor make others suffer by virtue of my position and contribute my best in upholding the rich tradition of the professional course and sanctity of the campus.
4. I shall abide by the steps taken by the college to curb Ragging the Laws, Rules and Regulation framed for the purpose either by Government or University or College or any other Authority is binding on me.
5. Given the undertaking on (DD/MM/YY)_____/2018.

Signature of the Student

Name:.....

Address &

Mobile No:

UNDERTAKING CONCERNING RAGGING

I.....F/O.....who is taking admission to MBBS course during the year 2018-19 hereby authenticate the undertaking given by my son above. I undertake to state that I am responsible directly for any violation of code of conduct on part my son and that I shall accept the decision of the college take under the provisions of related law.

Signature of the Parent / Guardian

Name:.....

Address&

Mobile No:

To be typed in Rs. 100/- E-stamp paper

AFFIDAVIT

**To,
The Warden
Girls and Boys Hostel,
KIMS, Koppal.**

DECLARATION

I, Dr./Mr./Ms D/o or S/o solemnly declare that, I will agree to abide by the ladies/girls and boys hostel rules and regulations and maintain good conduct during my stay in the college and hostel. I hereby undertake to take food in the mess attached to the hostel. If I go against the rules and regulation of the hostel and the college authorities, I understand that I may be expelled from the hostel without notice. Further, I understand that ragging is strictly prohibited in the hostel and college premises. I solemnly declare that, I will not directly or indirectly indulge in ragging. If I am caught for involving myself in ragging activities directly or indirectly legal action may taken against me as deemed fit or as directed by the competent authorities.

Name and Signature of the Candidate

I, Mr./Ms/ Address: is the father of Dr./Mr./Ms. solemnly declare that the ladies/girls and boys hostel admission procedure and fee structure has been explained to me prior to admission and agree to take admission as per the hostel rules and regulation. Further I declare that, my ward will abide to the hostel rules and regulation. If my ward goes against the rules and regulations of the hostel or gets involved with any kind of misbehavior, disciplinary action may be taken against her/him as decided by the college authorities.

Place:Koppal
Date :

Name and Signature of the Parent

**SEAL & SIGNATURE OF
THE GOVERNMENT NOTARY**

First party :- Student's Name

Second Party :- The Warden Girls OR Boys Hostel KIMS, Koppal.
