# Admission M.B.B.S. 202**g**-2**4**-Batch at Dr.RamManoharLohia Institute of Medical Sciences, VibhutiKhand, Gomti Nagar, Lucknow – 226010

#### 1. Fee structure:-

Total (SC/ST/OBC)		40,700/-		
	(GEN/EWS)	49,700/-		
15.	Foundation Course	1000/-	At the time of Admission	
14.	Alumni Fees	1000/-	At the time of Admission	
13.	Computer Fees	500/-	At the time of Admission	
12.	Admission Form Fee	100/-	At the time of Admission	
11.	Student Welfare	1000/-	At the time of Admission	
10.	Athletic	100/-	At the time of Admission	
7.	Caution Wolley	10000/	(Refundable)	
9.	Caution Money	1000/-	At the time of Admission	
8.	Mark Sheet Fees	1000/-	Each Year/Per Examination	
7.	Examination Fees	6000/-	Each Year/Per Examination	
6.	Library	2000/-	Each Year	
5.	Development	2000/-	Each Year	
4.	Others	4000/-	Each Year	
J.	Tultion rees	9000/- (SC/ST/OBC)	Law. I va	
3.	Tuition Fees	18000/-(GEN/EWS)	Each Year	
2.	Enrolment Fee	1000/-	At the time of Admission	
1.	Admission Fees	2000/-	At the time of Admission	
S.No.	Heads	Amount	Remarks	

# 1 – HOSTEL FEES DETAILS, TO BE PAID AT THE TIME OF HOSTEL ALLOTMENT (MBBS STUDENTS 2023-24 BATCH)

Hostel Security Money (Refundable)	5000/-

#### 2 - Hostel Fee: - Every Year each (Boy's) Student

Hostel	Double Seated	Rs. 2400/- Per year
Electricity	Double Seated	Rs. 2500/- Per year
Air conditioner charges		Rs. 18000/- Per year

#### 3 - Hostel Fee:- Every Year each (Girl's) Student

Hostel	Double Seated	Rs. 2400/- Per year
Electricity	Double Seated	Rs. 2500/- Per year .
4 Men Fees: Paid	directly to vender as	Rs. 2500/- Per year.  Per praaiting reites

The fees may be deposited in the following manner-

- (i) Through Cash/debit card/credit card in Administrative Block, Room No.12
- (ii) Direct deposit in Indian Oversease Bank, VibhutiKhand, Gomti Nagar, Lucknow, A/c Name:- DR.RAM MANOHAR LOHIA INSTITUTE OF MEDICAL SCIENCES ACADEMIC ACCOUNT

A/c No-177301088888888

IFSC Code:-IOBA0001773

Note- Proof of depositing of fee must be get verified by accounts department, room no. 18 (A) of Administrative Block

- 6. All students will be required to bring the following documents in original at the time of admission-
  - Original /\( \text{dmit/Rank Card Letter /Allotment Letter} \)
  - Original High School Mark Sheet and Certificate with 2 set of attested photocopy.
  - Original Intermediate Mark Sheet and Certificate with 2 set of attested photocopy.
  - Other (B.Sc. Mark sheet in Original etc.) with 2 set of attested photocopy.
  - Transfer/Migration Certificate in Original with 2 attested Photocopy.
  - Character Certificate in Original with 2 attested Photocopy.
  - Caste Certificate in Original with 3 attested Photocopy.
  - Sub Category with 2 set of attested or self attested photocopy (i.e. EA/FF/PH/NC) if applicable as prescribed in NEET - 2023 brochure.
  - 04 Photographs-passport size
  - Self addressed 2 Envelopes with 40Rupees stamp.
  - Domicile Certificate with 2 set of attested or self attested photocopy if applicable.
  - Affidavits as prescribed.
- 7. All the students will have to undergo medical examination at this institute before admission.
- 8. All students will be required to submit affidavits on stamp paper of Rs. 10/- denomination as per the following (Annexure)

Dr. Navbir Pasricha Additional Professor Department of Anatomy

Sub-Dean
Member Secretary, U.G. Committee
Dr. Ram Manohar Lohia
Institute of Medical Sciences
Lucknow

31/1

# BEFORE: THE DEAN, DR.RAM MANOHAR LOHIA INSTITUTE OF MEDICAL SCIENCES, LUCKNOW, U.P.

#### FORMAT OF UNDERTAKING BY THE STUDENT

1. I	(Full Name in Block Letters) Son/ Daughter
of Mr./Mrs./Ms	(Full Name in Block Letters)
admitted to the course of	(Name of Course) with NEET Roll
No at Dr. Ram	Manohar Lohia Institute of Medical Sciences,
Lucknow, UP affiliated to (Dr. RMLIM	1S, Lucknow) have received a copy of the National
Medical Commission (Prevention and	Prohibition of Ragging in Medical Colleges and
Institutions) Regulations, 2021(hereinaft	er referred to as the said regulations).

- 2. I have carefully read and fully understood the provisions in the said regulations.
- 3. I have particularly perused the provisions of regulations3 and 4 of the said regulations and have fully

Understood what constitutes —raggingl.

- 4. I have also in particular perused the provisions of Chapter IV and read and understood the administrative and penal actions that may be taken against me in case I am found guilty of ragging or abetting ragging, actively or passively, or being part of a conspiracy to promote ragging.
- 5. I hereby undertake that—
- (i) I will not indulge in any behavior or act that may come under the definition of ragging as may be constituted under regulation3 of the said regulations;
- (ii) I will not participate in or abet or propagate ragging in any form included but not limited to those that may be constituted under regulation3 of the said regulations;
- (iii) I will not hurt anyone physically or psychologically or cause any other harm.
- 6. I hereby agree that if found guilty of any aspect of ragging, I may be punished as per the provisions of the said regulations or as per the applicable laws for the time being in force.
- 7. I also declare that I have never been found to be guilty of ragging or abetting ragging, actively or passivel, or being part of a conspiracy to promote ragging and have never been punished in any manner for these offences and further affirm that if this declaration is incorrect or false, my admission is liable to be cancelled / withdrawn.

Signed on this the day of ...... month ..........of year.

Signature
Name:
Address:
Tel/ Mobile No:
Signature of Witness 1:
(Name of Witness 1):
Address:
Signature of Witness 2:
(Name of Witness 2):
Address:

# [BEFORE: THE DEAN, DR.RAM MANOHAR LOHIA INSTITUTE OF MEDICAL SCIENCES, LUCKNOW, U.P.]

## FORMAT OF UNDERTAKING BY PARENT / GUARDIAN OF THE CANDIDATE/STUDENT

I(Full Name in Block Letters) Father / Mother/
Guardian of
Mr./Mrs./Ms (Full Name of Student in Block
Letters) admitted to the course of(Name of Course) with Neet Roll
No at Dr. Ram Manohar Lohia Institute of Medical Sciences, Lucknow, U.P.
affiliated to (Dr. RMLIMS, Lucknow) hereby declare that I have received a copy of the
National Medical Commission (Prevention and Prohibition of Ragging in Medical Colleges
and Institutions) Regulations, 2021(hereinafter referred to as the said regulations).
2. I have carefully read and fully understood the provisions in the said regulations
8. I have particularly perused the provisions of regulations3and 4 of the said regulations and
have fully
Understood what constitutes —raggingl.
9. I have also in particular perused the provisions of Chapter IV and read and understood the
administrative and penal actions that may be taken against my son/ daughter/ward in case he
/she is found guilty of ragging or abetting ragging, actively or passively, or being part of a
conspiracy to promote ragging.
10. I hereby undertake that my son/ daughter/ ward —
(i) Will not indulge in any behavior or act that may come under the definition of ragging as
may be
Constituted under regulations3 and 4 of the said regulations;
(ii) Will not participate in or abet or propagate ragging in any form included but not limited
to those that may be constituted under regulations 3 and 4 of the said regulations;
(iii) Will not hurt anyone physically or psychologically or cause any other harm.
11. I hereby agree that if my son/daughter/ward is found guilty of any aspect of ragging, he/
she may be punished as per the provisions of the said regulations or as per the applicable law
for the time being in force.
12. I also declare that he/she has never been found to be guilty of ragging or abetting ragging,
actively or passively, or being part of a conspiracy to promote ragging and have never been
punished in any manner for these offences and further affirm that if this declaration is
incorrect or false, his/her admission is liable to be cancelled/withdrawn.
Signed on this the dayof month of year
Signed on this the day
Signature
Name:
Address:

Address: Signature of Witness 2: (Name of Witness 2):

Signature of Witness 1: (Name of Witness 1):

Tel/ Mobile No.

# समक्षः—निदेशक, डा० राम मनोहर लोहिया आयुर्विज्ञान संस्थान विभूति खण्ड, गोमतीनगर, लखनऊ उ०प्र०।

## शपथ पत्र

में	शपथी		आयु	लगभगवर्ष
	पुत्री श्री			
				और शपथ पूर्वक निम्न
बयान	करता / करती हूँ कि:-			
2.	यह कि शपथी ने सन् उत्तीर्ण किया है। यह कि शपथी ने सन् प्रतियोगी परीक्षा की तैयारी वर्ष का अन्तराल हो गर् यह कि शपथी ने सन् किसी सरकारी या गैर स	ो करता रहा/रही। इ या है। र	से स कारण	के मध्य सेसत्र तक
दि	नांक:-			शपथी
		सत्यापनः		
	शपथी उपरोक्त सत्यापित ज्ञान से सत्य एवं सही है।			
आज	दिनांक	को लखनऊ में	उपस्थित	होकर अपने हस्ताक्षर
बनायें	I			

शपथी

## समक्षः—निदेशक, डा० राम मनोहर लोहिया आयुर्विज्ञान संस्थान विभूति खण्ड, गोमतीनगर, लखनऊ उ०प्र०।

# शपथ–पत्र (पिता / संरक्षक)

मै, शपथी श्री	वर्ष पुत्र/पुत्री निवासीवर्ष
का / की हूँ सापग्र बयान करती / करता	
<ol> <li>यह कि शपथी का पुत्र/पुत्रीनीट-2023 की प्रवेश आयुर्विज्ञान संस्थान, उत्तर प्रदेश, ल</li> </ol>	एम0बी0बी0एस0 डा0 राम मनोहर लोहिया खनऊ में प्रवेश ले रहा हैं / ले रही हूँ।
2. यह है कि शपथी की समस्त श्रोतों है।	से कुल आय रू०मासिक
लखनऊ / दिनॉक	शपथी
	सत्यापनः
	करती हूँ कि शपथ पत्र में वर्णित तथ्य मेरे निजी छिपाया नहीं गया है। आज दिनांक होकर अपने हस्ताक्षर बनायें।
लखनऊ / दिनॉक	शपथी

# समक्षः-निदेशक, डा० राम मनोहर लोहिया आयुर्विज्ञान संस्थान, विभूति खण्ड, गोमतीनगर, लखनऊ उ०प्र०।

## शपथ-पत्र

मै,	शपथी	आयुलगभग	वर्ष पुत्र/पुत्री
श्री	निवासी		
		भापथ	
बय	ान करता / करती हूँ:		
1.	यह कि मेरा नीट-2023 में चयन यह कि मेरा उपजाति	के अन्तर्गत	हुआ है।
2.	यह कि मेरा उपजाति	है, जोकि	
	जाति के अन्तर्गत आती है।		
3.	यह कि मेरे द्वारा जो जाति प्रमाण-		
	तहसील		नला
		समय दाखिल किया जा रहा है,	
	यदि उपरोक्त जाति प्रमाण-पत्र कि	ज्सी भी प्रकार से गलत/झूठा पाय	ा जाता है तो
	मेरा प्रवेशि बिना किसी पूर्व सूचना	के निरस्त कर दिया जाये तदानुसार	भारतीय दण्ड
	संहिता के अन्तर्गत आवश्यक कार्यवा	ही प्रारम्भ की जा सकती हैं।	
	लखनऊ		
	लखनक		
	दिनांक:-		शपथी
		सत्यापन	
	* _ 0 _ \ _ 0		
_	मैं शपथी उपरोक्त प्रमाणित करता		
	जी ज्ञान से सत्य व सही है। इसमें व		ō
	को अपने हस्ताक्षर बना कर सत	यापित किया।	
लर	ब्रनऊ।		
दि	नांक:-		शपथी

# समक्षः—निदेशक, डा० राम मनोहर लोहिया आयुर्विज्ञान संस्थान, विभूति खण्ड, गोमतीनगर, लखनऊ

### उ०प्र०।

### शपथ-पत्र

मै, शपथीवर्ष पुत्र/पुत्री श्रीवर्ष
निवासीका / की  हूँ ।  मेरा  नीट-202 <b>3</b> रोल
नम्बरहै तथा यह घोशणा करता / करती हूँ कि :
1. यह कि मैनें नि रेशक, डा0 राम मनोहर लोहिया आयुर्विज्ञान संस्थान, उत्तर प्रदेश, लखनऊ को
अपने पाठ्यक्रम में प्रवेश हेतु हिपेटाइटिस 'बी' के वैक्सीनेशन अपने स्वयं के खर्चे से वहन
करूंगा / करूंगी।
2. यह कि मैं नीट-2029 से चयनित होकर किसी कालेज/विश्वविद्यालय में कही भी अध्ययनरत नहीं हूँ और यदि ऐसा पाया जाये तो मेरा प्रवेश निरस्त कर दिया जाये जिस पर मुझे कोई आपत्ति नहीं होगी।
3. यह कि नीट-2029 के प्रवेश के संदर्भ में मेरे द्वारा दी गयी
सूचना/विवरण/प्रमाण-पत्र/घोषणा आदि असत्य पाया जाये तो मैं स्वयं ही दोषी माना/मानी
जाऊंगा/जाऊंगी और मेरा प्रवेश निरस्त किये जाने पर मुझे कोई आपत्ति नहीं होगी।
4. यह कि मैं इस चिकित्सा विश्वविद्यालय में प्रवेधा लेने के पश्चात् किसी भी हड़ताल या रैली में
शामिल नहीं होऊंगा / होऊंगी। अगर ऐसा पाया जाये तो मुझे विश्वविद्यालय से निश्कािषत कर
सकते हैं, जो मुझे मान्य होगा।
5. यह कि पिछले सत्रों में सी०बी०एस०ई० के प्रवेश से सम्बन्धित मेरे द्वारा दायर कोई भी याचिका लम्बित न हीं है और यदि लम्बित है तो सत्र 2023—2024 में प्रवेश लेने के पश्चात उस याचिका को वापस ले लूंगा/लूंगी।
6. यह कि मैंने एम.सी.आई. /डी.सी.आई. के सभी नियम पढ़ लिये हैं तथा उनके अन्तर्गत
उपस्थित तथा दिन, प्रतिदिन परीक्षा में बैठने का हकदार नहीं होऊंगा/होऊंगी।
7. यह कि किसी भी स्थिति में महानिदेशक, डा० राम मनोहर लोहिया आयुर्विज्ञान संस्थान,
लखनऊ (उ०प्र०) का निर्णय अन्तिम होगा और मैं उसके लिए बाध्य रहूंगा/रहूंगी।
8. यह कि मैं विश्वविद्यालय की निर्धारित (प्रेस्काइब्ड) ड्रेस तथा हास्पिटल में कार्य करने हेतु
सफेद अप्रेन पहनकर आऊंगा/आऊंगी जिस पर मेरा नाम अंकित होगा एवं चिकित्सा
विश्वविद्यालय द्वारा जारी किया गया परिचत्र-पत्र (आईडेन्टी कार्ड) विश्वविद्यालय अथारिटी द्वारा
मांगने पर प्रस्तुत करने के लिये सदैव बाध्य होऊंगी/होऊंगा।
9. यह कि एतद्द्वारा निर्बन्धित (अण्डरटेकिंग) देता / देती हूं कि उपरोक्त वर्णित सूचनायें यदि
असत्य पायी जाये तो मेरा प्रवेश अविलम्ब निरस्तकर दिया जाये तदानुसार भारतीय दण्डसंहिता
के अन्तर्गत आवश्यक कार्यवाही प्रारम्भ की जा सकतीहै।
10. यह कि मैं िश्चित रूप सेश्रेणी का/की हूं। जिसके संबंध मे
साक्ष्य स्वरूप प्रमाण पत्र संलग्न हैं।
11. यह कि मुझे जो सूचनायें उपलब्ध करायी गयी हैं, उसके आधार पर मैं वैकल्पिक प्रवेश
एम0बी0बी0एस0 डा0 राम मनोहर लोहिया आयुर्विज्ञान संस्थान, उत्तर प्रदेश, लखनऊ में स्वीकार करता / करती हूं। मेरा वैकल्पिक प्रवेश समस्त प्रमाण-पत्र एवं दस्तावेज संबंधित अधिकारियों के
द्वारा सत्यापित होने के उपरान्त ही मेरे प्रवेश की पुष्टि (कन्फर्म) की जाये।
12. यह कि मैं इस चिकित्सा विश्विद्यालय में प्रवेश लेने के पश्चात् किसी भी हड़ताल या रैली में
शामिल नहीं होऊंगा/होऊंगी। अगर ऐसा पाया जाये तो मुझे विश्वविद्यालय से निष्काषित कर
सकते हैं, जो मुझे मान्य होगा।
13. यह कि मुझे जो सूचनायें उपलब्ध करायी गयी हैं, उसके आधार पर मै वैकल्पिक प्रवेश
एम0बी0बी0एस0 डा0 राम मनोहर लोहिया आयुर्विज्ञान संस्थान उत्तर प्रदेश, लखनऊ में स्वीकार
करता / करती हूं। मेरा वैकल्पिक प्रवेश समस्त प्रमाण-पत्र एवं दस्तावेज संबंधित अधिकारियों के
द्वारा सत्यापित होने के उपरान्त ही मेरे प्रवेश की पुष्टि (कन्फर्म) की जाये।

लखनऊ:– दिनांक:– शपथी का पूरा हस्ताक्षर नामः पिता का नामः पूरा पताः

### 100/- Rs Stamp Paper with notary (Bond) ANNEXURE NO. - 2

# AGREEMENT BOND FOR CANDIDATES ADMITTED TO MBBS COURSE 2023-24 SESSION

OF ON THIS DAY
BETWEEN
NAME:
S/O, D/O, W/O
RESIDING AT (PERMANENT ADDRESS)
(TEMPORARY ADDRESS
MOBILE
NO
E-MAIL ID:
AADHAR NO.:
Hereinafter referred to as ("FIRST PARTY" of the one part AND
Governor of Uttar Pradesh (here in after referred to as "Government" of the Second Part.
WHEAREAS FIRST PARTY has applied for admission to course and FIRST PARTY has been selected to the said course. As per the Prospectus, the FIRST
PARTY has agreed to serve the Government for a period not less than two year after successful
completion of the course. If the FIRST PARTY fails to serve the government
for a period of two year the FIRST PARTY shall forthwith pay a sum of Rs. 10 Lacs to
Government at the specified Government Treasury. During the above period the FIRST
PARTY shall be paid Stipend and the Government will request their services within a period of three months from the date of successful completion of the MBBS course. In case the
Government does not provide services in mentioned period, the BOND shall be released; AND
WHEREAS the FIRST PARTY has also agreed that on successful completion of the MBBS
Course his/her certificates relating to Course will not be given to the FIRST
PARTY unless the FIRST PARTY successfully Serves the Government for a period of two year
or pay to the Government on demand the sum of Rs.10 Lac (Rupees Ten Lac only).
If the FIRST PARTY fails to deposit the aforesaid amount in specified period, FIRST PARTY shall be liable to pay interest at the rates specified by the Government as per applicable law during the period of delay: AND WHEREAS the Government have, at the request of the FIRST PARTY
conege.

AND	WHERE		if th		T PARTY
a period of less than 24 months during the					
securit	y amount	of	Rs		
Government. This bond shall in all respects be governed by the Laws of India, for the time being in force, and the rights and liabilities shall, where necessary, be accordingly determined by the appropriate courts in India.					
Now This deed of Agreement Bond witnesses as follows:-					
<ol> <li>The FIRST PARTY has agreed to serve the Government for a period of two year on successful completion of the</li></ol>					
2.	The FIRST PARTY agrees that till the successful completion of the period of two year service to the Government or till the payment of Rs.  (Rupees				
3.	The FIRST PARTY authorizes the Concerned Institution/University/College for retention of the certificates till the lien of Government is cleared/discharged.				
4.	This BOND shall in all respect to governed by the Laws of India, for the time being in force, and the rights and liabilities shall, where necessary, be accordingly determined by the appropriate courts in India.				
5.	If the FIRST PARTY fails to deposit the aforesaid amount in specified period, FIRST PARTY shall be liable to pay interest at the rate specified by the Government shall have right to recover the aforesaid amount together with interest as arrear of land revenue.				
6.	6. The First Party shall borne the Stamp duty chargeable on this BOND IN WITNESS WHEREOF parties to this Deed have signed this BOND on the date first above mentioned.				
For and behalf of For and b					For and behalf of
FIRST PARTY Governor					Governor
(	)				( )

Witnesses