

HIND INSTITUTE OF MEDICAL SCIENCES

Mau, Ataria, Sitapur

P.G Course Academic Year 2025-26 through UPNEET PG-2025. DOCUMENT CHECKLIST

After submitting the original documents to the Nodal Centre, one set photocopies of the following documents must be submitted at the time of reporting at the Hind Institute of Medical Sciences, Mau, Ataria, Sitapur

Name _____ S/D/O _____

1. Allotment letter issued by DGME U.P.
2. Admit Card issued by NEET.
3. Score Card Letter issued by NEET.
4. Document Handover checklist (which is submitted at Nodal Centre) Original.
5. High School (10th) Mark sheet & Certificate.
6. Senior Secondary School (10+2) Mark Sheet & Certificate.
7. All Professional Mark Sheets of MBBS.
8. Degree of MBBS.
9. Internship Completion of MBBS.
10. Medical Registration of MBBS.
11. Documents of any other Qualification.
12. Character Certificate.
13. Domicile Certificate.
14. Transfer/Migration Certificate.
15. Identification Proof: Aadhaar Card of Student, Father, Mother & Guardian.
16. PAN Card of Student, Father & Mother.
17. Caste (OBC & SC/ST) Certificate (if applicable).
18. Ten colored photograph of Student, which should be same as given in registration.
19. One-Passport size colored photograph of each of father, Mother & Local Guardian.
20. Five-Self-addressed envelopes (5" x10") duly affixed postage stamps of Rs.45/- on each envelopes.
21. A Photocopy of DD submitted at Nodal Centre.
22. DD in the name of "**Hind Institute of Medical Sciences**", Payable at Sitapur, NEFT/RTGS Bank Name- **HDFC Bank**, Branch- Mau, Ataria, Sitapur, A/C No: 50200034721244, IFSC Code: **HDFC0009349**
23. Affidavit – 02

HIND INSTITUTE OF MEDICAL SCIENCES
Mau, Ataria – Sitapur U.P. 261303
College Fee Details

P.G. COURSES

Course	Tuition Fee	Security Fee	Hostel Fee		Non AC Double Room	AC Double Room	Misc. Charge (per year)
			Non AC Single Room	AC Single Room			
Clinical	24,49,140	500000	2,88,750	3,46,500	2,02,225	2,42,550	141240
Non Clinical							
Pathology	13,18,768	500000	2,88,750	3,46,500	2,02,225	2,42,550	141240
Biochemistry	9,84,431	500000	2,88,750	3,46,500	2,02,225	2,42,550	141240
Microbiology	9,84,431	500000	2,88,750	3,46,500	2,02,225	2,42,550	141240

**** One Year SR Ship Mandatory after Completion of Course**

*** Hostel is compulsory for outstation students for full course. (Other than Sitapur)**

Note:-

- First year Tuition fee in favour-DIRECTOR GENERAL OF MEDICAL EDUCATION AND TRAINING U.P. Payable at Lucknow
- College fee in favour- HIND INSTITUTE OF MEDICAL SCIENCES PAYABLE AT SITAPUR.

For Fee Deposit Through RTGS/ NEFT :- HIMS, Ataria, Sitapur

1. Account No.: **50200034721244**
2. Beneficiary Name:- **HIND INSTITUTE OF MEDICAL SCIENCES COLL AC**
3. Branch Name:- **HDFC BANK LTD**
4. Branch Name:- **Ataria, Branch, Sitapur**
5. IFSC Code:- **HDFC0009349**

For Demand Draft :- HIMS, Ataria, Sitapur

HIND INSTITUTE OF MEDICAL SCIENCES (Payable at SITAPUR)

- After Online Payment Send the UTR with name and other details on:-
9670656562, 6388904909

ONLY STUDENTS - To Join College Whatsapp Group

- Send a whatsapp Message on below mentioned format on **9410216310**
<Student Name> S/D/O <Father's Name> PG Batch 2024

ONLY PARENTS - To Join College Whatsapp Group

- Send a whatsapp Message on below mentioned format on **9410216310**
<Parent's Name> S/D/O <Student's Name> PG Batch 2024

PG 2025 Batch Students Data

* Fill Correct data only in prescribed format in clear readable writing as per Highschool Documents only in CAPITAL Letters,

students will be responsible for any type of mistake in data.:

Personal Details

Course Name: _____

Full Name of Student (should in CAPITAL letters only)

Student Contact Number _____

Student E-mail ID (should in small letters only)

Aadhar Number of Student (without any space)

PAN Number of Student (without any space)

Full Name of Fathers (should in CAPITAL letters only)

Father's Contact Number _____

Father's E-mail ID (should in small letters only)

Father's Annual Income _____

Full Name of Mother (should in CAPITAL letters only)

Mother's Contact Number _____

Mother's E-mail ID (should in small letters only)

Mother's Annual Income _____

Gender (Male/Female) _____

Date of Birth (DD/MM/YYYY) Format only ____/____/____

Category (General/EWS-Gen/OBC/SC/ST) _____

Sub-Category _____

Religion _____

Mother Tongue _____

Language Known _____

Marital Status _____

Blood Group _____

Basic Knowledge of Computer (YES/NO) _____

Physically Handicapped (YES/NO) _____

Regarding Permanent Address

Full Address _____

Tehsil Name _____ District Name _____

State Full Name _____

PIN Code _____

Regarding Present Address

Full Address _____

Tehsil Name _____

District Name _____

State Full Name _____

PIN Code _____

10th/High school Data

Board/ University Name (UP/CBSE/CISCE/others name)

School/College Name 10th

Passing Year 10th _____

Roll No. 10th _____

Total Obtain Marks/ CGPA Point 10th _____

Max Marks / CGPA Point 10th _____

12th/Intermediate Data

Board/ University Name (UP/CBSE/CISCE/others name)

School/College Name 12th

Passing Year 12th _____

Roll NO. 12th _____

Total Obtain Marks/ CGPA Point 12th _____

Max Marks / CGPA Point 12th _____

MBBS Data

Board/University Name _____

School/College Name _____

Passing Year _____ Passing Month _____

Roll No _____

Total Obtain Marks _____

Max Marks _____

Total Obtain percentage _____

MBBS/ Medical Registration full Number _____

Medical Registration Date _____

Medical Registration Valid up to _____

Registered Council full Name _____

Registered Council State _____

Any Other Qualification

Course Name _____

Board/ University Name _____

School/College Name _____

Passing Year _____ Roll No _____

Total Obtain Marks _____

Max Marks _____

Total Obtain Marks percentage _____

NEET Data

NEET Roll No. _____

NEET Merit No _____

All India Rank _____

State Rank _____

Marks Obtained marks in NEET Entrance Exam _____

Entrance Exam Percentage _____

Entrance Exam Percentile _____

Date of Allotment printed on allotment letter

____/____/____

Date of Admission/Report to college ____/____/____

Student Photo**Father/ Mother/
Guardian Photo**

Relation: _____

(Student Signature)_____
(Signature)

UNDERTAKING BY THE CANDIDATE / STUDENT

(To be executed on Non-judicial Stamp Paper of Rs. 100/- duly notarised)

- 1- IS/O. D/O. OF MR./ MRS.
.....HAVE CAREFULLY READ AND FULLY UNDERSTOOD THE LAW
PROHIBITING CENTRAL / STATE GOVERNMENT IN THIS REGARD.
- 2- I HAVE RECEIVED A COPY OF THE STATE MEDICAL FACULTY REGULATIONS OF CURBING THE
MENACE OF RAGGING IN HIGHER EDUCATION INSTITUTION, 2009.
- 3- I HEREBY UNDERTAKE THAT -
I WILL NOT INDULGE IN ANY BEHAVIOR OR ACT THAT MAY COME UNDER THE DEFINITION OF RAGGING.
I WILL NOT PARTICIPATE IN OR ABET OR PROPAGATE RAGGING IN ANY FORM, I WILL NOT HURT
ANYONE PHYSICALLY OR PSYCHOLOGICALLY OR CAUSE ANY OTHER HARM.
- 4- I HEREBY AGREE THAT IF FOUND GUILTY OF ANY ASPECT OF RAGGING, I MAY BE PUNISHED AS PER
THE PROVISIONS OF THE STATE MEDICAL FACULTY REGULATIONS MENTIONED ABOVE AND / OR AS
PER THE LAW IN FORCE.

SIGNED THIS.....DAY OF.....MONTH OF.....YEAR.....

SIGNATURE

ADDRESS :.....

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.....

NAME: (1) WITNESS :

(2) WITNESS :

UNDERTAKING BY PARENT / GUARDIAN

(To be executed on Non-judicial Stamp Paper of Rs. 100/- duly notarised)

- 1- IF/O. M/O.
G/O.....HAVE CAREFULLY READ AND
FULLY UNDERSTOOD THE LAW PROHIBITING RAGGING AND THE DIRECTIONS OF THE HON'BLE
SUPREME COURT AND THE CENTRAL / STATE GOVERNMENT IN THIS REGARD AS WELL AS THE STATE
MEDICAL FACULTY REGULATIONS ON CURBING THE MENACE OF RAGGING IN HIGHER EDUCATION
INSTITUTION, 2009.
- 2- I ASSURE YOU THAT MY SON/DAUGHTER/WARD WILL NOT INDULGE IN ANY ACT OF RAGGING.
- 3- I HEREBY AGREE THAT IF HE/SHE IS FOUND GUILTY OF ANY ASPECT OF RAGGING, HE/SHE MAY BE
PUNISHED AS PER THE LAW IN FORCE.

SIGNED THIS.....DAY OF.....MONTH OF.....YEAR.....

SIGNATURE

ADDRESS :.....

.....

.....

NAME : (1) WITNESS :

(2) WITNESS :