# REGIONAL CANCER CENTRE THIRUVANANTHAPURAM

### **ADMISSIONS TO POST GRADUATE MD COURSES 2014-15**

Admissions to PG MD Course conducted by the Regional Cancer Centre, Thiruvananthapuram (RCC) will be made from AIPGMEE 2014. The details of seats, fees and stipend are given below:

SEA	ATS		
ALL INDIA QUOTA (DGHS Counselling)	STATEQUOTA (Kerala CEE Counselling)	FEES	STIPEND
		<b>Tuition Fees:</b>	I Year
4 (four)	4(four) Rs 3,00,000/ye	Rs 3,00,000/year	Rs.32,000/-month
1()	2(1 )		
l(one)	2(two)	Refundable	II Year
14		Caution deposit:	<b>Rs.33,000/-month</b>
I(one)	I(one)	Rs 10,000/-	
1(one)	1(one)	University Fees: As applicable to KUHS, Thrissur	III year Rs.34,000/-month
	ALL INDIA QUOTA (DGHS Counselling)  4 (four)  1(one)	QUOTA (DGHS Counselling)  4 (four)  4 (four)  2(two)  1(one)  1(one)	ALL INDIA QUOTA (DGHS Counselling)  4 (four)  4 (four)  4 (four)  1 (one)  1 (one)

The date of commencement of the course and last date for completing admission process will be according to schedule decided by the Government of India/Medical Council of India/ Hon'ble Supreme Court of India.

Candidates allotted seats under All India Quota reporting for admission should pay the full fees at RCC by Cash or Demand Draft in favour of 'DIRECTOR, REGIONAL CANCER CENTRE, THIRUVANANTHAPURAM' payable at Thiruvananthapuram. Candidates under State Quota should submit proof of fee payment (in original) to Kerala Government as instructed by the CEE, Kerala.

### <u>Certificates (in original) to be submitted at the time of admission:</u>

- 1. Admit Card of Entrance Examination issued by NBE
- 2. Admit Card issued by CEE, Kerala
- 3. Allotment memo by DGHS/CEE Kerala
- 4. Rank letter
- 5. Proof of age
- 6. Pass Certificate of Secondary Examination

- 7. Pass Certificate of Higher Secondary Examination
- 8. MBBS Degree Certificate with Mark lists
- 9. Permanent Medical Registration Certificate\*
- 10. Compulsory Rotating Internship Certificate
- 11. Transfer & Conduct Certificate
- 12. Migration certificate (For candidates who have obtained MBBS qualification from Universities out side Kerala)
- 13. Certificate of Eligibility/Equivalency from KUHS for students who have trained in other universities.
- 14. Community Certificate for SC/ST/SEBC candidates
- 15. Disability Certificate (if admission under quota for physically handicapped)
- 16. Any other documents specified in the allotment memo
  - \* Candidates who do not have registration from the Travancore-Cochin Medical council will have to obtain this within one month of admission

Candidates should also submit the following at time of admission:

	Documents#
1	Bond in Kerala Stamp Paper of Rs.200/- for liquidated damages if relinquishing seats after prescribed dates.
2	Mandatory Undertaking regarding Anti-Ragging (Candidate & Parent)
3	Medical fitness Certificate

# Format given below

Thiruvananthapuram Dated:20-03-2014

Sd/-DIRECTOR

#### **BOND**

Now the condition of the above written obligation is that in the event of the Bounden not confirming to or observing the rules and conditions, regarding the progress of his study or interrupting or discontinuing his course, at any time ...... leave the training course on account of indiscipline or misconduct on his part, or for other reasons not considered valid and satisfactory by the Director, RCC, whose decision in this behalf shall be final, the Bounden and the sureties shall jointly and severally pay and refund to RCC on demand and without demur all the amount spent on the Bounden on account of the said course of studies, together with the liquidated damages of Rs.17.00.000/-(Rupees seventeen lakhs only) if the Bounden discontinues the course after the...... allotment process. This decision of the Director, Regional Cancer Centre, Thiruvananthapuram as to the commission of a breach of as to any indiscipline or misconduct on the part of the bounden as also the amount of compensation payable and as to whether the bounden has or has not performed and observed the conditions as bounden obligations under these presents shall be final and binding on the bounden and the sureties.

It is further agreed and declared that in the event of the Bounden being unsuccessful in any of the qualifying examinations conducted in RCC, the Centre may at its discretion, withhold the payment of Stipend for the continuance of further studies and the decision of the Director in this behalf shall be final and binding.

Provided further that the Bounden and the Sureties do hereby agree that all sums found due to the RCC under or by virtue of this bond may be recovered jointly and severally from them and from their movable and immovable properties or in such other manner as to the RCC may deem fit.

It is agreed that the liability of the sureties hereunder shall not be impaired or discharged by reason of time being granted or any forbearance, act or omission of the RCC (whether with or without the knowledge or consent of the sureties) in respect or in relation to the several obligations and conditions to be performed or discharged by the Bounden or by any other matter or thing whatsoever which, under the law relating the sureties, shall but for this provision have the effect of releasing the sureties from such liability not shall it be necessary for the RCC to sue the Bounden before doing either of the sureties for amounts due hereunder.  It is agreed that the expense of Stamp duty to this document shall be borne by the
Bounden.
IN WITNESS WHEREOF the Bounden Dr
put their respective hands the day and year herein above written.
Signed by the Bounden in the presence of witness:
(Signature of the Bounden)
1.
2.
Signed by ( Name Official Address& Residential
(Signature of First surety) address of sureties compulsory)
Signed by(Name Official Address & Residential
(Signature of Second surety) address of sureties compulsory)

In the presence of witness: (Name, Official and residential address is compulsory)

1.

2

#### **DECLARATION**

I	employed
as	in the Department of
	do hereby declare that I have more than
years of service left for Superannuat	tion. My audit number is
	Signature :
	Name :
	Designation:
	Department:

\*All pages should be in stamped paper

OFFICE SEAL

Date:

# **Guidelines for executing the bond**

No admission shall be made without getting the bonds as detailed above executed at the time of joining

The parents/guardians/husband/wife shall stand as sureties. The signature of the candidate and the sureties have to be attested by a Gazetted Officer of State/Central Government or Grama/Block/District/Panchayath President/ Municipal Chairperson/Mayor or MLA/MP, by countersigning in the bond as a witness

All pages in the bond should be signed by the bounden and the sureties

# PRE-ADMISSION HEALTH CHECK UP FOR RESIDENTS/STUDENTS

# **DECLARATION**

(STRIKE OUT WHICH EVER IS NOT APPLICABLE)

I			,son/daug	nter/
wife of				
years do hereby declare that I have n illness which prevents me from perfor of the course a	ming the duties a	nd respons	ibilities of a Stu	dent
I agree to undergo the necessar prescribed for this screening procedure	•	ination and	blood investiga	ation
	<u>OR</u>			
I,, son/daughte	er/wife of (disease) I hereby declare	that I am a	since	the the
course as stipulated by	Head of			
I agree to undergo the necessar prescribed for this screening procedure	ary medical exam	ination and	blood investiga	ation
Place:			Signature	
Date:			Name	

### **FORMAL MEDICAL SCREENING**

### A. MEDICAL HISTORY

Any current medical illness (if present-specify the illness, whether under treatment, whether the condition is under control)

- 1. Neurological-Epilepsy, neuromuscular illness, others
- 2. Respiratory-Active pulmonary TB, Bronchial asthma, others
- 3. Cardiovascular-CAD, Valve lesions, CHD, Others
- 4. Others-Viral hepatitis, any other blood-borne infections.
- 5. Past history:
- a) Hospitalization History:
- b) TB, Viral hepatitis, epilepsy, psychiatric illness etc
- 6. Current medications
- 7. If the candidate is a female (if pregnant), weeks of gestation.

### B. **EXAMINATION** (specify the type of abnormality)

Hepatitis -B	vaccine taken on (Date):	(1 <sup>st</sup> ):(2	$2^{nd}$ ) $(3^{rd})$
Height: General Exam	Weight:	Pulse:	BP:
Neurological CVS Respiratory			
Abdomen Any additional	lobservations		

## C. <u>INVESTIGATIONS</u>

1.

(Candidate has to consent for the following investigations)

	21004 111 ( 004 151 101 101
HIV	(Consent) – Report to be sent only to Director
Hbs	SAg
Hep	O C

**Blood Investigations:** 

2.	Visual Acuity: (without glass) (With glass)	
	(Power of glass)	

I hereby declare that the information provided by me during the medical screening is true and correct to my knowledge; if at any stage during my course in the Institute, if it is found to be false, necessary action may be taken against me.

# **Recommendations from the screening Physician (Provisional):**

<ul><li>A. Fit to discharge duties as a Student</li><li>B. Needs further evaluation - specify.</li></ul>	
Place: Date:	Signature of the Physician: Name: Designation: Medical Council Regn.No:
(Hospital seal)	
UNDERTAKING E	BY THE CANDIDATE
understood the law prohibiting ragging an	d the directions of the Supreme Court and the ernment in this regard.
I have received a copy of the MCI Regular Higher Educational Institutions, 2009 I hereby undertake that-	tions on Curbing the Menace of Ragging in
I will not indulge in any behav of ragging,	rior or act that may come under the definition
66 6,	or propagate ragging in any form, ly or cause any other harm.
	spect of ragging, I may be punished as per ntioned above and/or as per the law in force.
Signed thisday of month ofye	ar
Signature	
Address:Name:	· <b></b>
<ul><li>(1) Witness:</li><li>(2) Witness:</li></ul>	

# **UNDERTAKING BY PARENT**

understo Supreme MCI Re	ood the law prohibiting ragging and the directions of the Hon'ble court and the Central/State Government in this regard as well as the egulations on Curbing the Menace of Ragging in Higher Educational ons, 2009.
2. I assure	you that my son/daughter/ward will not indulge in any act of ragging.
may be p	agree that if he/she is found guilty of any aspect of ragging, he/she punished as per the provisions of the MCI Regulations mentioned above s per the law in force.
Signed this	- day ofyear
Signature	
Address:	<del></del>
` '	Witness: