

UNIVERSITY COLLEGE OF MEDICAL SCIENCES
DILSHAD GARDEN, DELHI-110095

Instructions to the Candidate seeking admission in MD/MS/MDS/DM (Bring all forms duly filled-in) College helpline no.22582973-74 ext.1202

1. Note: First student has to register on the FMSc.ac.in than contact to UCMS. The candidate may note the admission is provisional and if any discrepancies/concealment of facts detected at any stage will he held liable for any consequences. The admission process may take more 2 days. Students has to be given an undertaking that he / she has not taken earlier admission in 2019/2020/2021 in the colleges affiliated to Faculty of Medical Sciences, University of Delhi, Delhi.
2. Address: It will be responsibility of the candidates to ensure that he/she fills in his /her address in the form. The candidate must ensure that address given by them be such at which candidate may be able to get the communication till completion of MD/MS/MDS/DM course. The college shall not be responsible for any loss in transit for an incorrect address given by the candidate in the form. The candidate should full his/her complete address for further correspondence Pin code should invariably be provided.
3. It is mandatory for the candidate who is admitted in the MD/MS/MDS/DM course is required to deposit a sum of Rs.25000/-(Rs.Twenty Five Thousand only) as a Caution Money (refundable after completion of the course/submission of the 'NO DUES' Certificate), in the Account Section of the College within one month after joining the College.
4. To fill up the google form (link available at ucms.ac.in) <https://forms.gle/wEf1ntsWcrHYioWA8>
5. The candidate is required to submit originals CERTIFICATES and one set of photocopies of the following documents (self attested) at the time of admission in the college:
 - i. Relieving letter (if required)
 - ii. Provisional allotment letter
 - iii. Admit Card issued by NEET PG.
 - iv. Rank letter issued by NEET PG.
 - v. FMSC Registration form and online payment slip of tuition fee MD/MS/MDS Rs.15,900 (+) brochure charges/ DM Rs.25,000/-
 - vi. Undertaking for Caution Money i.e. Rs.25000/- (**Proforma enclosed**).
 - vii. Medical Fitness Certificate (**Proforma enclosed**) issued by Doctor having minimum qualification of MBBS.
 - viii. Mark Sheets of MBBS/BDS 1st, 2nd and 3rd Professional Examination/MD.
 - ix. MBBS/BDS/MD Degree Certificate.
 - x. Internship Completion Certificate/Certificate from the Head of the Institution.
 - xi. Permanent/Provisional Registration Certificate issued by MCI/DMC/State Medical/Dental Council/Delhi Dental Council.
 - xii. High School/ Higher Secondary Certificate/ Birth Certificate in proof of date of birth.
 - xiii. Surety Bond of Rs.10 (Ten Lakh - copy enclosed). The specimen of Surety Bond is available on the website of Faculty of Medical Sciences, University of Delhi (fmisc.ac.in). The candidates are required to bring the one original identity proof of the sureties and one photocopies self attested by the sureties.
 - xiv. It is mandatory for all PG students to fill anti-ragging undertaking online (by student as well as parent) at www.antiragging.in or www.amanmovements.org and submit the hard copies of the same duly signed at the time of admission.
 - xv. Six photographs (recent).
 - xvi. The Candidate should also bring the following certificate, if applicable:
 - a) SC/ST Certificate issued by the competent authority and should be in English or Hindi in language. Sub caste should be clearly mentioned in the certificate.
 - b) OBC/EWS certificate issued by the **competent authority**. The sub caste should be tally with the Central List of OBC. The OBC /EWS candidate should not belong to Creamy Layer.
 - c) Orthopedic Physical Disability Certificate issued from a duly constituted and authorized Medical Boards by the MCC. **No other PH certificate, issued by any other Authorities/Hospital will be entertained.**

Note: Provisional certificate of MBBS / BDS degree is permissible for those candidates who had passed the MBBS / BDS course in the year 2021. **It is mandatory to submit Migration Certificate other than Delhi University student along with prescribed fee and DMC/Delhi Dental Council Registration Certificate after joining the Department within one month, failing which stipend will not be released.**

Post-Graduate Admissions **2022-23**

UNDERTAKING FOR OBC NON CREAMY LAYER / EWS INCOME
AND ASSET CERTIFICATE

I, Mr. /Ms.....
S/o / D/o.....has applied for Post- Graduate Admission incourse for Academic Year **2022-23** bearing registration number.....of University of Delhi. I belong to..... [OBC (Non-Creamy Layer) /EWS category] as per my Certificate No.....which is issued by..... I have applied for issue of OBC (Non Creamy Layer certificate) / EWS Income and Asset Certificate authenticated for the financial year **2022-23** at the office of.....(Competent Authority) on..... as per enclosed acknowledgement receipt, and herby submit the following undertaking:

I undertake that I am aware of the fact that my admission is subject to the submission of valid OBC (Non Creamy Layer) / EWS Income and Asset Certificate authenticated for the financial year **2022-23**, as required by the University of Delhi, within the time given to me (Not later than the four days before the last date of Admissions, declared by the Competent Authority, under any circumstance) otherwise my admission shall stand cancelled without any notice to me and I shall not claim any equity in my favor on the basis of my provisional admission.

Further, I agree that I shall abide by the Rules and Regulations provided for Admission by University of Delhi and I shall accept the decision of the University authority in this regard.

Signature of the Parent/
Guardian

Aadhar Number:

Place:

Date:

Signature of the Candidate

Aadhar Number:

Name:

Address:

**Admission Branch
University of Delhi
Postgraduate Admissions 2022-23**

UNDERTAKING FOR SUBMISSION OF RESULT

I, Mr. /Ms..... S/o /
D/o..... bearing registration number.....
of University of Delhi, have applied for postgraduate admission for academic Year
2022-23 in the Department/ College for
the course

I submit the following undertaking:

I undertake that, my admission is subject to the submission of my qualifying examination result as soon as it is declared but prior to the last day of the admission as declared by the University of Delhi and satisfying the minimum eligibility criteria as laid out in the PG Bulletin of Information 2022-23.

If I am unable to submit my result before the last day of the admission as declared by the University of Delhi or do not satisfy the minimum eligibility criteria as laid out in the PG Bulletin of Information 2022-23, I shall not claim any equity for admission in University of Delhi. I also state that I am aware of the fact that my admission is subject to the validation of my original certificates, otherwise my admission is liable to be cancelled.

Further, I agree that I shall abide by the Rules and Regulations and I am liable for criminal prosecution as may be deemed fit. I also hereby undertake that I shall accept the decision of the Admission Committee as final if the seat allotted to me is cancelled due to submission of incorrect certificates or marksheet / non-submission of certificates or marksheet within the duration of time allotted to provide the same.

Signature of the Candidate

Govt issued ID document number:

(Aadhar/Pan Card/ Passport/Driving License/etc)

Place:

Date:

**Admission Branch
University of Delhi
Postgraduate Admissions 2022-23**

UNDERTAKING FOR MIGRATION CERTIFICATE

I, Mr. /Ms..... S/o /
D/o..... bearing registration number.....
of University of Delhi, have applied for postgraduate admission for academic Year
2022-23 in the Department/ College for
the course

I submit the following undertaking:

I undertake that, my admission is subject to the submission of my migration certificate prior to the last day declared by the University of Delhi.

If I am unable to submit my migration certificate by the last day as declared by the University of Delhi, I shall not claim any equity for admission in University of Delhi. I also state that I am aware of the fact that my admission is subject to the validation of my original certificates, otherwise my admission is liable to be cancelled.

Further, I agree that I shall abide by the Rules and Regulations and I am liable for criminal prosecution as may be deemed fit. I also hereby undertake that I shall accept the decision of the Admission Committee as final if the seat allotted to me is cancelled due to submission of incorrect certificates / non-submission of certificates within the duration of time allotted to provide the same.

Signature of the Candidate

Govt issued ID document number:

(Aadhar/Pan Card/ Passport/Driving License/etc)

Place:

Date:

Post-Graduate Admissions **2022-23**

UNDERTAKING FOR SC/ST/PwBD CERTIFICATE

I, Mr. /Ms.....

S/o / D/o..... have applied for Post- Graduate Admission incourse for Academic Year **2022-23** bearing registration number.....of University of Delhi. I belong to(SC/ST/PwBD) category.

I have applied for issue of SC/ST/PwBD caste / category certificate in my name at the office of.....(Competent Authority) on..... as per enclosed acknowledgement receipt, and hereby submit the following undertaking:

I undertake that my admission is subject to the submission of my caste/ category certificate as required by the University of Delhi within the time given to me (Not later than the four days before the last date of Admissions, declared by the Competent Authority, under any circumstance) otherwise my admission shall stand cancelled without any notice to me and I shall not claim any equity in my favor on the basis of my provisional admission. Further, I agree that I shall abide by the Rules and Regulations provided for Admission by University of Delhi and I shall accept the decision of the University authority in this regard.

Signature of the Parent/
Guardian

Aadhar Number:

Place:

Date:

Signature of the Candidate

Aadhar Number:

Name:

Address:

UNDERTAKING

Course.....Institution: University College of Medical Sciences & GTB Hospital

(To be filled up by the candidates on allotment of course and Institution for seeking admission)

“I do undertaking that I had not accepted or joined the MD/MS/MDS/DM course or joined the course but resigned from the opted course after the stipulated date i.e. last date of admission during the year 2019-20, 2020-21 and 2021-22. In case the undertaking is found to be false my provisional admission would liable to be cancelled ipso-facto and I shall be liable to pay the Bond Money to the tune of Rs.10 lacs (Rupees Ten Lakh Only). I shall also be liable to be disqualified for taking admission in any course of Faculty of Medical Science, University of Delhi in future”.

Date: _____

Signature _____

Name: _____

Roll No _____

Address _____

Pin code _____

Quota _____

Mobile No.....

Email ID.....

Neet/PG/MDS Score-----

Neet PG/MDS Rank _____

Neet PG/MDS Category _____

Instruction regarding COVID-19 training

Postgraduate students – 2022-23 Batch

The postgraduate resident **Batch-202** is hereby instructed to watch the COVID-19 patient management training videos and submit an undertaking in the format given below within one week of reporting to the college. **The undertaking is to be submitted to the Academic Section, UCMS and GTBH, Delhi within one week of reporting to the college.**

The link of the COVID-19 training videos is

<https://medicaleducationucms.weebly.com/covid-19-training-videos.html> or you can scan the QR code below to visit the site. The link of the Google feedback form to be mandatorily filled is also given on this webpage.



-Principal
UCMS and GTB Hospital, Delhi



Undertaking

I, Dr postgraduate student, **2022-23** batch, department of, UCMS and GTB Hospital, Delhi hereby declare that I have watched the COVID-19 patient management training videos (15 lecture recordings and 9 skill training) as instructed, and have also filled the online feedback form regarding the same.

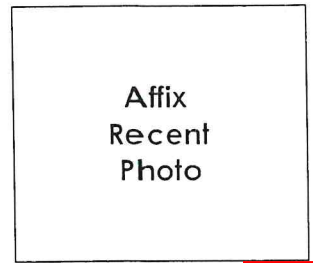
Date/ Place

Signature

Name of the postgraduate student



UNIVERSITY COLLEGE OF MEDICAL SCIENCES
(University of Delhi)
DILSHAD GARDEN, DELHI-110095.



Affix
Recent
Photo

Course : MD/MS/MDS/DM **2022-23**

Year of Admission : .. **2022**

Subject:.....

Quota: DUQ/AIQ .

- i) All the column must be filled-up in English only in BLOCK LETTERS.
- ii) It will be responsibility of the candidate to ensure that all the information given in the form is correct.

DATE OF JOINING the MD/MS/MDS/DM COURSE : _____

DURATION OF COURSE _____ ENROLMENT NO. _____
(If already enrolled with Univ. of Delhi)

NAME IN FULL (IN BLOCK LETTERS)

PLACE OF BIRTH DATE OF BIRTH (in figure) DD/MM/YY

Email ID Mobile no..... Gender:
Area: (Rural/urban)..... Economic Background.....(income below: 75,000/- p.a., 75000 p.a. – 200000 p.a., 200000 p.a. – 500000 p.a., 500000 p.a. and above), Mode of commuting(own vehicle/Metro/Bus/ Other means), Residential status:.....(Hostel/Paying guest/Day Scholars) Extra Curricular Activities:.....(NCC/NSS/Sports/other activities) FATHER'S NAME

OCCUPATION TOTAL MONTHLY INCOME.....

NAME OF ORGANIZATION (if in service)

DEPTT. DESIGNATION.....

Mobile No. E. mail

MOTHER'S NAME

OCCUPATION TOTAL MONTHLY INCOME.....

NAME OF ORGANIZATION (if in service)

DEPTT. DESIGNATION.....

Mobile No. E. mail

STATE TO WHICH YOU BELONG PERMANENTLY

ADDRESS PERMANENT

Pin code TELEPHONE No. (WITH CODE No.).....

GUARDIAN'S NAME RELATIONSHIP

LOCAL ADDRESS

Pin code TELEPHONE No. (WITH CODE No.).....

MOTHER TONGUE OTHER LANGUAGE KNOWN

WHETHER SC/ST/OBC/PWDSub category.....District from which cast certificate is issued.....

STATE WHETHER EMPLOYED OR NOT.....(YES/NO)

DETAILS OF EXAMINATION PASSED

Exam.	University / Board	Roll No.	Year	Subject (given all subjects)	Marks Obtained (Subject wise)	%age of marks aggregate	Attempt in which passed
10 th Class				1	1		
				2	2		
				3	3		
				4	4		
				5	5		
				6	6		
10+2 (Pre-Medical)				1	1		
				2	2		
				3	3		
				4	4		
				5	5		
				6	6		
MBBS	I. First Prof.						
	II. Second Prof.						
	III. Final Prof. Part-I						
	Part-II						
MD							

Record of Prizes/ Scholarship/ Distinction won for the academic activities in the institution previously ended

.....

Record and Prizes/ Distinction/ for extracurricular activities including sports, Debates, Declamation contests etc.

.....

Record in case of representative of institution/ University/ State/ Country in sport of other extra curriculum activities

.....

Record in case of recipient of free ship of financial: assistance during studies undertaken so far

.....

.....

Admit card code number issued by the agency for entrance test.

Preliminary.....Final

Remarks: Statement of Medal and Awards (Attach separate sheets).

- NOTE: (i) Outside Delhi, Medical Graduates are required to get themselves enrolled in the University of Delhi.
 (ii) It is mandatory for the PG student to get registered with Delhi Medical Council as per DMC Act. 1997.
 (iii) Internship Completed from _____ to _____.

(Signature of the student)

Dated:.....

**UNIVERSITY COLLEGE OF MEDICAL SCIENCES
DILSHAD GARDEN, DELHI-110095**

MC/Acad/Alumni/2022-23/

Dated: _____

The Principal,
University College of Medical Sciences,
Dilshad Garden,
Delhi-110095.

Sir,

I am given to understand that there exists the UCMS Alumni and it is obligatory for all the students passing out from UCMS to become a member of it.

I, therefore, agree to become a member of the Alumni on my passing out from UCMS, and for the purpose, I agree that the Caution Money which might be due to me at the time of passing out would be utilized towards UCMS Alumni/College life membership fee and students welfare activities.

Yours faithfully,

(Signature)

Name _____

Address _____

UNIVERSITY COLLEGE OF MEDICAL SCIENCES
(University of Delhi)
DILSHAD GARDEN, DELHI-110095
(Academic Section)

Dated:/...../2022

Caution Money- Rs.25,000/- (Twenty Five Thousand only)

Received a Demand Draft of Rs.25,000/- (Rs. Twenty Five Thousand only) Vide
No.....dated.....from Dr.Department
.....as Caution Money (Refundable).

Section Officer (Acad)

UNIVERSITY COLLEGE OF MEDICAL SCIENCES
(University of Delhi)
DILSHAD GARDEN, DELHI-110095
(Academic Section)

Dated:/...../2022

Caution Money- Rs.25,000/- (Twenty Five Thousand only)

Received a Demand Draft of Rs.25,000/- (Rs. Twenty Five Thousand only) Vide
No.....dated.....from Dr.Department
.....as Caution Money (Refundable).

Section Officer (Acad)

UNIVERSITY COLLEGE OF MEDICAL SCIENCES

(ACADEMIC SECTION)

Fill this **Enrolment form** accurately as per 10th DOB/Final Prof. Part II certificates and submit a fee of Rs.200/ in the Accounts section of this College.

Affix Recent
Photograph

1. Name in English (in Block Letters):.....
2. Name in Hindi:.....
3. Gender (Male/Female):.....
4. Date of Birth:-----
5. Age on 1st October of the year (admission sought):.....
6. Whether belongs to SC/ST/OBC/Physically handicapped/Sportsman Category: Yes / No (strike out whichever is not applicable).
7. Department..... Date of Admission..... DOJ.....
8. Whether belongs to the category of the Defense Personnel for which reservation is approved by the Government of India? Yes / No (strike out whichever not applicable).
9. Father's Name in Block Letters:.....
10. Mother's Name in Block Letters:.....
11. State belongs:.....
12. Permanent address:.....
13. Phone Number /Mob. No.:.....
14. E-mail ID:.....
15. Examination passed prior to admission in the **University (name)**

Year.....Roll Number.....Marks obtained.....Max.

Marks.....Percentage.....

Date:

Signature of the Student

IDENTITY CARD - FORM

UNIVERSITY COLLEGE OF MEDICAL SCIENCES

(University of Delhi)

Dilshad Garden, DELHI-110095.



Following information may be supplied in DUPLICATE for issuance of Identity Cards
For Student, Undergraduate / Postgraduate courses

Year of Admission

Roll No. _____

Name in Full

Father's Name

Course _____ Valid up to _____

Resi. Address

Tel. (Resi/Mobile)

Blood Group

Note:

- All information to be given in CAPITAL LETTERS only

PASSPORT SIZE PHOTOGRAPH
To be affix in the box only
(Please do not staple)

Student Signature
(within the box)

FOR OFFICE USE ONLY

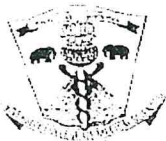
Date of Issue	Valid upto	2022-2025	Verified by - Sign./Date
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IDENTITY CARD - FORM

UNIVERSITY COLLEGE OF MEDICAL SCIENCES

(University of Delhi)

Dilshad Garden, DELHI-110095.



Following information may be supplied in DUPLICATE for issuance of Identity Cards
For Student, Undergraduate / Postgraduate courses

Year of Admission

Roll No. _____

Name in Full

Father's Name

Course _____ Valid up to _____

Resi. Address

Tel. (Resi/Mobile)

Blood Group

Note:

- All information to be given in CAPITAL LETTERS only

PASSPORT SIZE PHOTOGRAPH
To be affix in the box only
(Please do not staple)

Student Signature
(within the box)

FOR OFFICE USE ONLY

Date of Issue	Valid upto	2022-2025	Verified by - Sign./Date
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SURETY BOND

In pursuance of my undertaking given on _____, this Surety Bond, hereafter the bond, is executed at Delhi on this _____ day of **2022** by Dr./Ms./Mr. _____ son of/ daughter of _____, hereafter the student, admitted in _____ course, hereafter the course, at _____, hereafter the college, in favour of Registrar, University of Delhi and the Principal/ Dean/ Director of _____ (Name of the college)

Whereas the student has applied and has been admitted in the course, a Post-graduate Course being conducted by the University of Delhi.

Whereas on the basis of the merit, the student was offered various course(s) at various Institution(s) available at the time of his/ her counselling and he/ she has voluntarily opted for the course at the college and he/ she has been admitted in the course at the college with the understanding and subject to the undertaking that the student shall undergo the course on full-time and regular basis and shall maintain the required standard of performance and shall not indulge in indiscipline/ misconduct.

The student has, therefore, agreed to be loyal to pay a sum of Rs 10.0 lakhs (Ten lakhs only) to the college in the following circumstances;

- a. **If a student surrenders seat in violation of MCC rules/instructions, after joining the allotted institution.**
- b. **If a student does not join the course at the allotted institution after allotment of _____ seat in the Stray Round counselling.**
- c. **If the student leaves the courses before its completion.**
- d. **If the admission/registration of the student is cancelled/terminated by the _____ University on account of unsatisfactory performance/misconduct /indiscipline.**

Whereas the student undertakes that till the entire surety amount Rs 10.0 lakhs (Ten lakhs only) is paid, the college and/ or the University of Delhi shall have the right to retain the original certificates of the student.

Whereas I have requested (i) Ms./Mr. _____ son of/ daughter of _____ resident of _____ and (ii) Ms./Mr. _____ son of/ daughter of _____ resident of _____ to stand as sureties, severally and jointly, for me for the payment of the said amount.

Signature of the student

That I _____ son of/ daughter of _____ resident of _____, the student aforesaid, acknowledge my indebtedness to the Registrar, University of Delhi and the Principal/ Dean/ Director of _____ (Name of the college) to a sum of Rs 10.0 lakhs(Ten lakhs only), which I hereby promise to pay on demand to the college.

Signature of the student

(i) In consideration of the bond executed by the student (Dr./Ms./Mr. _____ son of/ daughter of _____ resident of _____) in favour of Registrar, University of Delhi and the Principal/ Dean/ Director of _____ for a sum of Rs 10.0 lakhs (Ten lakhs only), I _____ hereby stand as surety, jointly and severally, for the payment of the said amount on the terms mentioned above. In case the student fails to pay on demand a sum of Rs 10.0 lakhs (Ten lakhs only), I, the said surety, shall without any objection, pay the said due amount to the College on demand.

Signature: _____

Name of the Surety: _____

Present Address: _____

Permanent Address: _____

Phone/ Mobile No.: _____

(ii) In consideration of the bond executed by the student (Dr./Ms./Mr. _____ son of/ daughter of _____ resident of _____) in favour of Registrar, University of Delhi and the Principal/ Dean/ Director of _____ for a sum of Rs 10.0 lakhs (Ten lakhs only), I _____ hereby stand as surety, jointly and severally, for the payment of the said amount on the terms mentioned above. In case the student fails to pay on demand a sum of Rs 10.0 lakhs (Ten lakhs only), I, the said surety, shall without any objection, pay the said due amount to the college on demand.

Signature: _____

Name of the Surety: _____

Present Address: _____

Permanent Address: _____

Phone No.: _____

Mobile No.: _____

Joining Report

(50% Delhi University Quota/50% All India Quota/Army Hospital (R&R))

(Tick One Applicable)

The Joint Registrar,
Faculty of Medical Sciences,
6th Floor, VPCI Building,
University of Delhi,
Delhi 110007.

Sub.: Admission to Post Graduate (MDS) course at for
Session 2022-23 under Quota.

Sir,

Please refer to the Provisional Admission Cum Fees Slip vide transaction ID..... dated regarding my provisional admission to Course inCollege underQuota.

I have read the Bulletin of Information **2022** Rules, Regulations and Ordinances relating to the above course joined. I agree to pursue the above course as a regular whole-time student for the duration of the course and has paid the University Fees for 1st year amounting to Rs. 15600/- with Transaction ID dated

I have joined the above course on (date) in the Department of at college/hospital/institute.

Yours faithfully

(Signature of Candidate)

Name:
NEET - MDS **2022 Roll No.:**
NEET - MDS **2022 AI Rank.:**
Category(UR/OBC/EWS/SC/ST)(PH):
Round (I/II/Mopup/Final Mopup):
Address:
Mobile:
Landline No.:

Date:

Certified that the above candidate has joined the Department of in(College/Institute/Hospital) as a WHOLE TIME REGULAR student of Course on (date).

Head of Department
(Signature & Stamp of HOD)

Principal/Dean/Director/Medical Superintendent.
(Signature & Stamp of HOI)

MEDICAL FITNESS CERTIFICATE

NEDUCAK CERTIFICATE OF EXAMINATION OF CANDIDATE FOR ADMISSION TO PG MEDICAL COURSE

I hereby certify that I have examinedS/o,
D/o Mr.....candidate for admission to
medical course (i.e. MD/MS/MDS/DM) that he/she has any disease, allergies to drugs, medicine or any
other constitutional weakness or bodily infirmity except.....mentioned-if-any).

It is also certified that the candidate is free from any communicable disease like COVID-19 and is not
suffering from or ever suffered from disease which need immediate medical attention like congenial
Heart disease, Rheumatic Septal Deficiency, Bronchial Asthma, Epileptic Fits, Diabetes Mellitus or
Psychiatry related disease etc.

I, do not consider this a disqualification for admission to Medical Course.

He/she has been vaccinated 1st COVID dose on dated:.....

He/She has been vaccinated 2nd COVID dose on dated:.....

He/she has been vaccinated Booster COVID dose on dated:.....

Left hand thumb impression of Candidate	Signature of Candidate	Photo of Candidate (Duly attested by the Physician)

Signature with stamp of Dr. / Physician

Date: / /2022

Full Name of Dr. /Physician:

Medical Registration No. of Dr./Physician:

Note: Medical Fitness Certificate should be from the Doctor having minimum qualification of MBBS