

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

**Instructions to the Candidate seeking admission in MD/MS/MDS (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 2-3 days. Students has to be given an undertaking that he / she has not taken earlier admission in 2020/2021/2022 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 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 course is required to deposit a sum of Rs.57,220/- (Rs.47,220/- ( Annual Fee) + Rs.10,000/- (Caution money refundable) – Total amount Rs. Rs.57,220/-).
4. 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 (Upgraded from previous round)
  - ii. Relieving letter in case of in-service.
  - iii. Provisional allotment letter
  - iv. Admit Card issued by NEET PG.
  - v. Rank letter issued by NEET PG.
  - vi. FMSC Registration form and online payment slip of tuition fee MD/MS/MDS Rs.15,900 (+) brochure charges.
  - vii. Undertaking for Annual fee + Caution Money/ Migration/DMC Registration (**Proforma enclosed**).
  - viii. Medical Fitness Certificate (**Proforma enclosed**) issued by Doctor having minimum qualification of MBBS.
  - ix. 10<sup>th</sup> Class DOB certificate.
  - x. 12<sup>th</sup> Class Mark sheet
  - xi. Mark Sheets of MBBS/BDS 1st, 2nd and 3rd Professional Examinations..
  - xii. MBBS/BDS Degree Certificate.
  - xiii. Internship Completion Certificate/Certificate from the Head of the Institution.
  - xiv. Permanent/Provisional Registration Certificate issued by MCI/DMC/State Medical/Dental Council/Delhi Dental Council.
  - xv. Surety Bond of Rs.10 (Ten Lakh - copy enclosed). The specimen of Surety Bond is attached). The candidates are required to bring the one original identity proof of the sureties and two photocopies self attested by the two sureties.
  - xvi. It is mandatory for all PG students to fill anti-ragging undertaking online (by student as well as parent) at [www.antiragging.in](http://www.antiragging.in) or [www.amanmovements.org](http://www.amanmovements.org) and submit the hard copies of the same duly signed at the time of admission.
  - xvii. Six photographs (recent).
  - xviii. 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 2022 & 2023. **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.**

# UNDERTAKING

COURSE.....University College of Medical Sciences & GTB Hospital, Delhi-110095.

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

"I do understand 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 2020-2021, 2021-2022 and 2022-2023 . In case the undertaking is found to be false my provisional admission would liable to be cancelled ispo-facto and I shall be liable to pay the bond money to the tune of Rs.10.0 lakhs (Rupees Ten Lakh only). I shall also be liable to be disqualified for taking admission in any course of faculty of Medical Sciences, University of Delhi in future".

Signature.....

Dated.....

Name .....

Roll No.....

Address.....

Pin Code.....

Quota (AIQ/DUQ).....

Neet Category.....

Neet PG Rank.....

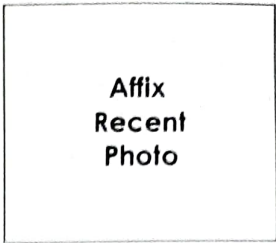
Neet PG Score.....

Mobile No.....

Email ID.....



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



Affix  
Recent  
Photo

Course: MD/MS/MDS/DM

Year of Admission: \_\_\_\_\_

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 Informations given in the form are correct.

DATE OF JOINING the P.G. 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

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.)..... EMAIL ID \_\_\_\_\_

MOTHER TONGUE ..... OTHER LANGUAGE KNOWN .....

WHETHER SC/ST/OBC/PWD .....

**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 <sup>th</sup> 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		
<b>MBBS</b>	I. First Prof.						
	II. Second Prof.						
	III. Final Prof. Part-I						
	Part-II						
	M D						

STATE WHETHER EMPLOYED OR NOT..... (YES/NO), If yes,  
Where.....

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 .....

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 Candidate)

which

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

**Date:.....**

**Undertaking (for Annual fee + Caution Money/Migration & DMC**

1. I, Dr. \_\_\_\_\_ S/o D/o.....PG  
(Batch 2023), Department..... vide PG Neet Roll No.....is  
giving undertaking that I, will submit Rs.57,220/- (Rs. Fifty Seven thousand two hundred  
twenty only ) as an Annual fee + Rs.10,000/- Caution Money (refundable) in the Account  
Section of the UCMS, within 10 days after stray round is over. If, I fail to submit the same,  
necessary action shall be initiated against me as per rule including cancellation of my  
admission, late fee and I shall be held responsible for all the consequences. And I will not  
claim for my seat /admission in future.,
2. Applicable only for All India PG students other than Delhi University: *I will submit my  
Migration Certificate along with Delhi Medical Council/DDC along with prescribed fee for  
enrolment purpose; failing witch my stipend may be not released.*

**Signature**

Name of the student \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Mobile Number \_\_\_\_\_

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

MC/Acad/Alumni/2023/

Dated:.....

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

Sir,

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

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

Yours sincerely,

(Signature)

Name .....

Address.....

.....

**UNIVERSITY COLLEGE OF MEDICAL SCIENCES**

(Academic Section)

Affix  
photograph  
of the  
student

**Fill this Enrolment form accurate as per 10<sup>th</sup> Certificate/Final Prof. Part II Certificates and submit a fee of Rs.200/- in the Accounts Section of the College. (Only for PG students other than Delhi University)**

1. Name in English (in Block Letters).....
2. Name in Hindi.....
3. Gender (Male/Female).....
4. Date of Birth.....
5. Whether belongs to SC/ST/OBC/EWS/PWD/Sportsman category: Yes or No (strike out whichever is not applicable)
6. Department .....Date of Admission.....Date of Joining.....
7. 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)
8. Father's Name in Block Letters.....
9. Mother's Name in Block letters.....
10. State belongs to.....
11. Permanent Address:...../.....
12. Phone No./Mob. No.....
13. E-mail ID.....
14. Examination (III Prof. Part II) passed prior to admission in the (**University name**).....  
Year.....Roll No.....Marks  
obtained.....Percentage.....

**Date:**

Signature of PG student

**Enclosure:** 1. Original Migration 2. DMC / DCI certificate 3. Copies of 10<sup>th</sup> Certificate, 3<sup>rd</sup> Prof. Part II & Slip of Rs.200/-

## MEDICAL FITNESS CERTIFICATE

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

I hereby certify that I have examined .....S/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 1<sup>st</sup> COVID dose on dated:.....

He / She has been vaccinated 2<sup>nd</sup> 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:     /     /2023

Full Name of Dr. /Physician:

Medical Registration No. of Dr./Physician:

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



**SURETY BOND**

In pursuance of my undertaking given on \_\_\_\_\_, this Surety Bond, hereafter the bond, is executed at Delhi on this \_\_\_\_\_ day of 2023 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 the student leaves the courses before its completion.**
- c. **If the admission/registration of the student is cancelled/terminated by the University on account of unsatisfactory performance/misconduct /indiscipline.**

**The Original certificates of the student would be kept in the custody of the admitting Institution and would be returned only after completion of the course or on payment of Bond money, as the case may be.**

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.

(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.: \_\_\_\_\_



# 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. (for office use only) \_\_\_\_\_

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

FOR OFFICE USE ONLY

Date of Issue

Valid upto

Verified by - Sign./Date

PASSPORT SIZE PHOTOGRAPH

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

Student Signature  
(within the box)



# 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. (for office use only) \_\_\_\_\_

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

FOR OFFICE USE ONLY

Date of Issue

Valid upto

Verified by - Sign./Date

PASSPORT SIZE PHOTOGRAPH

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

Student Signature  
(within the box)