



भारत सरकार / GOVERNMENT OF INDIA
अटल बिहारी वाजपेयी आयुर्विज्ञान संस्थान
डॉ० राम मनोहर लोहिया अस्पताल नई दिल्ली
ATAL BIHARI VAJPAYEE INSTITUTE OF MEDICAL SCIENCES
DR. RAM MANOHAR LOHIA HOSPITAL, NEW DELHI-110001
(Affiliated to Guru Gobind Singh Indraprastha University Delhi)



F. No. PGS-12/154/2025-PGS-ABVIMS / 607

Dated: 18/03/2026

ADMISSION NOTICE

Subject: Reporting Schedule for those candidates who have been allotted seats in DM/MCh and DrNB Courses at ABVIMS & Dr. RML Hospital, New Delhi - Round 1 for the Academic Year 2025-26.

All candidates who have been allotted seats in DM/MCh and DrNB Courses at ABVIMS & Dr. RML Hospital in **Round 1** of Counseling/reporting for the Academic Year 2025-26 are required to report in person on the scheduled dates. Candidates are requested to bring all original documents along with one set of self-attested photocopies as listed in the attachment:

| Quota | Date of Reporting | Courses |
|-----------------|--|---|
| All India Quota | 19.03.2026 (Thursday) | DM (Cardiology) DM (Cardiac Anaesthesia) |
| | 20.03.2026 (Friday) | M.Ch (CTVS) DM (Nephrology) |
| | 21.03.2026 (Saturday) (Gazetted Holiday on account of Id-UI Fitr) | DM (Neurology) M.Ch (Neuro-surgery) DM (Neonatology) |
| | 22.03.2026 (Sunday) | M.Ch (Urology) M.Ch (Paediatrics Surgery) M.Ch (Plastic |
| | 23.03.2026 (Monday) | Reconstructive Surgery) DM (Critical Care Medicine) |
| | 24.03.2026 (Tuesday) | DM Paediatrics Cardiology DrNB Gastroenterology |
| | 25.03.2026 (Thursday) | DrNB Endocrinology |

2. **Address for reporting date 19/03/2026 to 25/03/2026 -----
--- ABVIMS & Dr. RML Hospital. Time for reporting: 10:00 AM.**

3. The total fee amounting to Rs. 54,500/- (Rupees Fifty Four Thousand Five Hundred only) (as per details mentioned below) to be remitted through Internet Payment Gateway software uploaded on Dr. RML Hospital website in download link. The students after making the payment should submit a hard copy of receipt in Accounts Section of this institute (Room No. 303, 3rd Floor Academic Block.)

| S. No. | Details | Amount (In Rs.) |
|--------|-----------------------------|-----------------|
| 1. | ABVIMS Share | Rs. 15,000/- |
| 2. | GGSIP University Share | Rs. 28,500/- |
| 3. | Security Money (Refundable) | Rs. 10,000/- |
| 4. | Student Activity Fund | Rs. 1,000/- |

(Handwritten signature)
18/3/2026

TOTAL

Rs. 54,500/-

4. This issues with the approval of the Director, ABVIMS & Dr. RML Hospital, New Delhi.

K.D. Singh
18/3/2026
(Karunesh Pratap Singh)
Deputy Registrar

Helpline Numbers (10 AM to 5 PM):

Deputy Registrar - 8178988051
Sr. Accounts Officer - 9599727254
Academic Branch: 011-23404755

For information to:

1. PS to Director, ABVIMS & Dr. RML Hospital
2. PS to MS, Dr. RML Hospital
3. PS to Dean/Registrar, ABVIMS & Dr. RML Hospital
4. All concerned HoDs, ABVIMS & Dr. RML Hospital
5. Associate Dean, PG Programme.
6. Sr. Accounts Officer, ABVIMS & Dr. RML Hospital
7. In-charge, e-Governance, ABVIMS & Dr. RML Hospital - with a request to upload it on RML Website and e-Office notice board.

The Candidates are also advised to visit websites of MCC, NMC, GGSIP University and Dr. RML Hospital regularly for any further updates.

LIST OF DOCUMENT REQUIRED FOR ADMISSION

1. Fee Receipt Rs. 54,500/- (Rupees Fifty Four Thousand Five Hundred only).
2. Passport size Photograph – 06
3. Seat Allotment Letter issued by MCC.
4. Admit Card issued by NBE.
5. Rank Letter/Score Card issued by NBE.
6. High School Certificate/Date of Birth Certificate for verification of date of birth.
7. Senior Secondary Certificate
8. MBBS Mark sheets of 1st, 2nd & 3rd Professional Examinations.
9. MBBS Degree Certificate/Provisional Certificate.
10. Internship Completion Certificate
11. PG Degree /Mark Sheet
12. Medical Registration Certificate from Medical Council of India/State Medical Council for MBBS and PG Degree.
13. Copy of Identification Proof (ID Proof) i.e. Aadhar Card/ Driving License/Voter ID/Passport.
14. Character Certificate from the head of the institutional from where the qualifying examination was passed.
15. Declaration (**Annexure – 2**).
16. ~~The following certificate, if applicable:~~
 - I. ~~SC/ST certificate issued by the competent authority in English or Hindi language. Sub caste should be clearly mentioned in the certificate. The translated certificate must be certified by a Gazette Officer (**Annexure – B**).~~
 - II. ~~OBC certificate issued by the competent authority. The Sub caste should tally with the Central List of OBC. The OBC candidates should not belong of Creamy Layer. The OBC certificate must be in the prescribed format as mentioned in the prospectus only and applicable for the year 2024-24. The translated certificates must be certified by a Gazetted Officer (**Annexure – C**).~~
 - III. ~~Disability Certificate issued from a duly constituted and authorized Medical Board for 21 Benchmark Disabilities as per the Rights of Persons with disability Act, and NMC Norms. No other PwD Certificate, issued by any other Authorities/Hospital will be entertained (**Annexure – D**)~~
 - IV. ~~EWS certificate as per the Central Govt. Norms and should be in English or Hindi Language. The translated certificate must be issued by Gazetted Officer (**Annexure – C**).~~
17. The Surety Bond of Rs. 10, 00,000/- (Rupees ten lakhs only) on Non-Judicial Stamp Paper of Rs. 100/- (**only on Delhi stamp paper and notarized by Delhi notary only**) filled and signed by two sureties either by the Gazetted Officer of Class-1 or Class-2 Rank, or the person who regularly files the Income Tax Return and having annual income about Rs. 10 Lakh (Other than Parents/ resident/doctors/retired officers) along with the copies of Pan card & IT returns of both sureties for last two years (**Annexure – 1**).
18. Affidavit on Non-Judicial stamp paper of Rs. 10/- for gap period (**Annexure – 3**), if applicable.
19. Employer's Certificate Form in the prescribed format (**Annexure –4**), if applicable.
20. Duly signed hard copies of undertaking submitted online by the student and their parents at www.antiragging.in or www.amanmovement.org and affidavits (**Annexure – 5**) one each on Non Judicial Stamp Paper of Rs. 10/-.

SURETY BOND
[For Post Graduate Medical Programmes (PGMC/SSMC)]

(On a Non-Judicial Stamp Paper of Rs. 100/-)

In pursuance of my undertaking given on _____ (date) this Surety Bond, hereafter the bond, is executed at Delhi on this ___ (date & month) day of _____ (year) by Ms./Mr./Dr. _____ son/daughter of Smt. _____ and Sh. _____ hereafter the student, admitted in _____ (name of the course), hereafter the course at _____ (name of the institution) hereafter the institution, in favour of Registrar, Guru Gobind Singh Indraprastha University and the Principal/Dean/Director of _____ (Name of the institution).

Whereas, the student has applied and has been admitted in the course, a PGMC/SSMC, being conducted by the Guru Gobind Singh Indraprastha University, 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 ___ (name of the institution) and he/she admitted in the course at the institution 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 liable to pay a sum of Rs. 10 lacs (for PGMC/SSMC) to the institution under any of the following circumstances:-

- A. If the student does not join the course at the allotted institution on or before the stipulated date.
- B. If the student leaves the course before its completion.
- C. 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 lacs (for PGMC/SSMC) is paid, the institution and/or the Guru Gobind Singh Indraprastha University shall have the right to retain the original certificates of the student.

Whereas I have requested Ms./Mr. _____ son/daughter of Smt. _____ and Sh. _____ resident of _____ and _____

Ms./Mr. _____ son/daughter of Smt. _____ and Sh. _____ resident of _____ to stand as sureties severally and jointly, for me for the payment of the said amount.

Signature of the Student Name _____
Date _____
Place _____

That I Dr./ Ms/ Mr. _____ son/daughter of Smt. _____ and Sh. _____ resident of _____, the student aforesaid acknowledge my indebtedness to the Registrar, Guru Gobind Singh Indraprastha University and the Principal/Dean/Director of _____ (name of the institution) to a sum of Rs. 10 Lacs (for SSMC) / Rs. 10 lacs (for PGMC), which, I hereby promise to pay on demand to the institution.

Signature of the Student Name _____
Date _____
Place _____

In consideration of the bond executed by the student Dr. _____ son/daughter of Smt. _____ and Sh. _____ resident of _____, in favour of Registrar, Guru Gobind Singh Indraprastha University and the Principal/Dean/Director of _____ (name of the institution) for a sum of Rs. 10 lacs (for PGMC/SSMC).

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 Lacs (for SSMC) / Rs. 10 lacs (for PGMC), I, the said surety, shall without any objection, pay the said due amount to the institution on demand.

Date _____
Place _____

Signature _____

Name of the Surety (1): _____
Designation : _____
PAN : _____
Present Address: _____
Permanent Address: _____
Phone/Mobile No.: _____

In consideration of the bond executed by the student Dr. _____ son/daughter of Smt. _____ and Sh. _____ resident of _____, in favour of Registrar, Guru Gobind Singh Indraprastha University and the Principal/Dean/Director of _____ (name of the institution) for a sum of Rs. 10 lacs (for PGMC/SSMC). 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 lacs (for PGMC/SSMC), I, the said surety, shall without any objection, pay the said due amount to the institution on demand.

Date _____
Place _____

Signature _____

Name of the Surety (2): _____
Designation : _____
PAN : _____
Present Address: _____
Permanent Address: _____
Phone/Mobile No.: _____

Note:

1. The Surety Bond must be signed by either the Govt Official of Class - I or Class -II Rank, or the Persons who regularly file the Income Tax Return. The Designation and the Permanent Account Number (PAN) of the Sureties should be invariably mentioned.
2. The bond surety value shall be notified together with the detailed counseling schedule. The format shall be as above.

DECLARATION BY THE CANDIDATE
[for Post Graduate/Super Specialty Medical Programmes (PGMC/SSMC)]

- a. I, _____.(name) son/daughter of Smt. _____ and Shri _____ resident of _____ hereby, solemnly and sincerely affirm that the statement made and information furnished by me in the application form is true and correct. I have not concealed any information. If any information furnished, herein, is found fraudulent, incorrect or untrue, I understand that I am liable to criminal prosecution, and I also agree to forego my seat in SSMC / PGMC. Further I am liable to be punished by the University and the selection and admission to the course is liable to be cancelled. I agree to abide by the Rules and Regulations governing the Examination as contained in the Admission Brochure.
- b. In case, I fail to join the course offered to me and accepted by me within the prescribed date, my selection/ registration to the course be treated as cancelled.
- c. I undertake that in the event of my admission to any SSMC/Degree/Diploma course I will not apply for or accept admission to any course in any University/ Institution till I complete the course to which I am admitted on the basis of this application.
- d. I undertake that in the event of my selection for a SSMC / PGMC, I shall deposit all my original certificates alongwith a Surety Bond of Rs. 10 lacs in case of SSMC / Rs 10 lacs in the case of PGMC. In the event of (i) my not joining the course at the allotted institution on or before the stipulated date (ii) leaving the course before its completion and (iii) cancellation/ termination of my admission/ registration by the University on account of unsatisfactory performance / conduct/ discipline, I will deposit a sum of Rs. 10 lacs / Rs. 10 lacs as applicable in the institution where I am enrolled to redeem my original certificates.
- e. I agree to undergo the said course on full-time basis and shall not engage myself in practice or any part-time/ full-time job during the period of the course and if I do so, my name may be removed from the rolls of University.
- f. I am aware that the University can remove my name from its rolls in case my work is not reported satisfactory by my Supervisor/Head of the Institution.
- g. On admission, I shall submit myself to the disciplinary jurisdiction of the Vice Chancellor and the several authorities of the University who may be vested with the authority to exercise discipline under the Act, the Ordinances, the rules and regulations that have been framed by the University from time to time.

Signature of Candidate _____

Name Dr./Ms./Mr. _____

Address for communication _____

Dated _____
Place _____

Annexure-3

Gap Affidavit

I, Dr. _____ S/o _____
R/o _____ do hereby solemnly affirms and declares that during the gap period from
Date /Month /Year till date, I did not join any College/University/Institution as I was preparing myself
for SS Entrance Exam. During the above gap period, I was not involved in any criminal activities and
also that I was not working during the gap period anywhere.

Deponent

Verification

My above statement is true and correct to the best of my knowledge and belief.

Deponent

**EMPLOYER'S CERTIFICATE FORM
(FOR CANDIDATES WHO ARE IN SERVICE)**

Annexure - 4

I am forwarding, herewith, the application for admission to the SSMC / PGMC Programmes in respect of Dr./Mr./ Ms. _____ who is a full-time employee in this organization w.e.f. _____ and has been working as _____ (Please give designation) and his/her emoluments, including D.A., C.C.A. and H.R.A. etc. are Rs. _____.

If he/she is selected by the University for admission, he/she will be relieved to join the above course as a full time/ regular student in the institution assigned to him/her by the stipulated date of joining the course concerned.

Note: The relieving certificate will also be sent to the University before the candidate joins the course concerned by the stipulated date.

Dated. _____

Place. _____

Signature of the Officer
Name _____
Designation _____
Official Seal

Annexure - 5

UNDERTAKING BY THE STUDENT WITH RESPECT TO ANTI RAGGING

I, (full name of student with admission/registration/enrolment number) s/o d/o Mr./Mrs./Ms. (name of the institution), having been admitted to (name of the institution), have received a copy of the UGC Regulations on Curbing the Menace of Ragging in Higher Educational Institutions, 2009, (hereinafter called the "Regulations") carefully read and fully understood the provisions contained in the said Regulations.

2) I have, in particular, perused clause 3 of the Regulations and am aware as to what constitutes ragging.

3) I have also, in particular, perused clause 5 and clause 6.1 of the Regulations and am fully aware of the penal and administrative action that is liable to be taken against me in case I am found guilty of or abetting ragging, actively or passively, or being part of a conspiracy to promote ragging.

4) I hereby solemnly aver and undertake that

a) I will not indulge in any behaviour or act that may be constituted as ragging under clause 3 of the Regulations.

b) I will not participate in or abet or propagate through any act of commission or omission that may be constituted as ragging under clause 3 of the Regulations.

5) I hereby affirm that, if found guilty of ragging, I am liable for punishment according to clause 9.1 of the Regulations, without prejudice to any other criminal action that may be taken against me under any penal law or any law for the time being in force.

6) I hereby declare that I have not been expelled or debarred from admission in any institution in the country on account of being found guilty of, abetting or being part of a conspiracy to promote, ragging; and further affirm that, in case the declaration is found to be untrue, I am aware that my admission is liable to be cancelled.

Declared this ___ day of _____ month of _____ year.

Signature of deponent
Name:
Address:
Telephone/Mobile No.

VERIFICATION

Verified that the contents of this affidavit are true to the best of my knowledge and no part of the affidavit is false and nothing has been concealed or misstated therein.

Verified at (place) _____ on this the (day) _____ of (month) _____ (year) _____

Signature of deponent

UNDERTAKING BY PARENT/GUARDIAN WITH RESPECT OF ANTI RAGGING

I, Mr./Mrs./Ms. _____ (full name of parent/guardian) father/mother/guardian of, _____ (full name of student with admission/registration/enrolment number), having been admitted to _____ (name of the

institution), have received a copy of the UGC Regulations on Curbing the Menace of Ragging in Higher Educational Institutions, 2009, (hereinafter called the "Regulations"), carefully read and fully understood the provisions contained in the said Regulations.

- 2) I have, in particular, perused clause 3 of the Regulations and am aware as to what constitutes ragging.
- 3) I have also, in particular, perused clause 5 and clause 6.1 of the Regulations and am fully aware of the penal and administrative action that is liable to be taken against my ward in case he/she is found guilty of or abetting ragging, actively or passively, or being part of a conspiracy to promote ragging.
- 4) I hereby solemnly aver and undertake that
 - a) My ward will not indulge in any behave our or act that may be constituted as ragging under clause 3 of the Regulations.
 - b) My ward will not participate in or abet or propagate through any act of commission or omission that may be constituted as ragging under clause 3 of the Regulations.
- 5) I hereby affirm that, if found guilty of ragging, my ward is liable for punishment according to clause 9.1 of the Regulations, without prejudice to any other criminal action that may be taken against my ward under any penal law or any law for the time being in force.
- 6) I hereby declare that my ward has not been expelled or debarred from admission in any institution in the country on account of being found guilty of, abetting or being part of a conspiracy to promote, ragging; and further affirm that, in case the declaration is found to be untrue, the admission of my ward is liable to be cancelled.

Declared this ___ day of _____ month of _____ year.

Signature of deponent

Name:

Address:

Telephone/ Mobile No.:

VERIFICATION

Verified that the contents of this affidavit are true to the best of my knowledge and no part of the affidavit is false and nothing has been concealed or misstated therein.

Verified at (place) _____ on this the (day) _____ of (month) _____, (year) _____.

Signature of deponent