झारखण्ड सरकार
स्वास्थ्य, चिकित्सा शिक्षा एवं परिवार कल्याण विभाग

संकल्प

विषयः- झारखण्ड राज्य के चिकित्सा महाविद्यालयों में PG(Medical/MDS) तथा UG (MBBS/BDS) कोर्स में शतप्रतिशत नामांकित सीटें को बरकरार रखने, नामांकन नहीं लेने, बीच सत्र में महाविद्यालय छोड़ने पर आर्थिक दण्ड अधिरोपित करने हेतु पी0जी0 (डिग्री/डिप्लोमा) एवं यू0जी0 कोर्स में नामांकन के लिए निर्गत विभागीय संकल्प सं0 230(9) दिनांक-22.12.15 में संशोधन के संबंध में।

झारखण्ड राज्य के चिकित्सा महाविद्यालयों में MBBS/PG कोर्स में नामांकन लेने के पश्चात् कई छात्र अपना कोर्स बीच में छोड़कर चले जाते है जिससे उन विषयों की सीटें रिक्त रह जाती है। उक्त के संदर्भ में पूर्व में निर्गत विभागीय संकल्प सं0 230(9) दिनांक 22.12.2015 में अंकित प्रावधानों को संशोधित करते हुए राज्य के चिकित्सा महाविद्यालयों में निम्न व्यवस्था लागू किये जाने का निर्णय लिया गया है :-

i) All India Quota एवं State Quota के सीटों के विरूद्ध Under Graduate/Post Graduate Course कोर्स में नामांकन हेतु Final round of counselling द्वारा आवंटित सीटों में किसी प्रकार का परिवर्तन मान्य नहीं होगा। यदि कोई छात्र Final counselling के उपरान्त आवंटित महाविद्यालय में नामांकन नहीं लेते हैं तो वैसे छात्रों को झारखण्ड में उक्त कोर्स में नामांकन हेतु NEET U.G./P.G. अथवा राज्य सरकार द्वारा नामित अन्य संस्थानों द्वारा आयोजित परीक्षा में सम्मिलित होने के लिये अगले एक शैक्षणिक सत्र के लिये वंचित कर दिया जायेगा।

ii) राज्य के सभी चिकित्सा महाविद्यालयों में यू0जी0 (एम0बी0बी0एस0/ बी0डी0एस0) में नामांकन लेने वाले छात्रों से यह बंध-पत्र (Bond) लिया जायेगा कि चयन के पश्चात नामांकन नहीं लेने, तथा नामांकन के पश्चात् पाठ्यक्रम छोड़ने पर उनसे 20 (बीस) लाख रूपये की वसूली की जाएगी तथा इस अवधि में छात्रवृति (Stipend) एवं अन्य भत्ते के रूप में प्राप्त सभी राशि एकमुश्त वापस करनी होगी।

iii) राज्य के सभी चिकित्सा महाविद्यालयों में पी0जी0 पाठ्यक्रम (मेडिकल/एम0डी0एस0) में नामांकन लेने वाले छात्रों से यह बंध-पत्र (Bond) लिया जायेगा कि चयन के पश्चात नामांकन नहीं लेने पर उनसे 30 (तीस) लाख रूपये की वसूली की जाएगी ।

iv) राज्य के सभी चिकित्सा महाविद्यालयों में पी0जी0 पाठ्यक्रम (मेडिकल/एम0डी0एस0) में नामांकन नहीं लेने/नामांकन के पश्चात बीच सत्र में चिकित्सा महाविद्यालय छोड़ने वाले छात्रों से यह बंध-पत्र (Bond) लिया जायेगा कि नामांकन के पश्चात् पाठ्यक्रम छोड़ने पर उनसे 30 (तीस) लाख रूपये की वसूली की जाएगी तथा इस अवधि में छात्रवृति (Stipend) एवं अन्य भत्ते के रूप में प्राप्त सभी राशि एकमुश्त वापस करनी होगी।

v) पी0जी0 पाठ्यक्रम (मेडिकल/ एम0डी0एस0) में उत्तीर्ण होने के पश्चात तीन वर्षों की आवश्यक सेवा राज्य सरकार के अधीन करने की बाध्यता होगी। छात्रों से यह बंध-पत्र (Bond) लिया जायेगा कि पी0जी0 पाठ्यक्रम (मेडिकल/ एम0डी0एस0) उत्तीर्ण होने के पश्चात राज्य सरकार में तीन वर्षों तक सेवा नहीं देने पर उनसे 30 (तीस) लाख रूपये की वसूली की जाएगी तथा इस अवधि में छात्रवृति (Stipend) एवं अन्य भत्ते के रूप में प्राप्त सभी राशि एकमुश्त वापस करनी होगी।

vi) यदि राज्य सरकार पी0जी0 पाठ्यक्रम के कोर्स समाप्ति के छः माह के अन्दर राज्य सरकार के अधीन सेवा देने में विफल रहती है, तो बंध-पत्र स्वतः समाप्त मानी जाएगी।

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vii) उपरोक्त प्रावधान के अनुरूप बंध-पत्र (Bond) नये छात्रों से नामांकन के समय ही संबंधित चिकित्सा महाविद्यालय के प्राचार्य द्वारा ले लिया जायेगा। वर्त्तमान में जो नामांकित है, उनसे संबंधित चिकित्सा महाविद्यालय के प्राचार्य द्वारा बंध-पत्र लिया जाना सुनिश्चित किया जायेगा। प्राचार्य, बंध-पत्र सम्पादन के उपरांत ही छात्रों के छात्रवृति/मानदेय को भुगतान करेंगे। बंध-पत्र (Bond) के साथ छात्रों से उनके पी0जी0 पाठ्यक्रम एम0बी0बी0एस0/ बी0डी0एस0 से संबंधित तथा यू0जी0 पाठ्यक्रम के लिए I.Sc का अंक-पत्र/जाति प्रमाण-पत्र आदि संबंधित चिकित्सा महाविद्यालय अस्पताल में सुरक्षित रखे जायेंगे।

viii) इसी प्रकार पी0जी0 उत्तीर्ण होने के पश्चात छात्रों को एम0बी0बी0एस0 से संबंधित प्रमाण पत्रों के अतिरिक्त पी0जी0 से संबंधित अंक-पत्र, प्रमाण-पत्र अदि भी तीन वर्षों की अनिवार्य सेवा अवधि तक के लिए, संबंधित चिकित्सा महाविद्यालय की अभिरक्षा में रखे जायेंगे। तीन वर्षों की अनिवार्य सेवा अवधि पूर्ण करने के पश्चात अथवा निर्धारित बंधेज राशि जमा करने के पश्चात् ही संबंधित चिकित्सा महाविद्यालय अस्पताल द्वारा इन्हें वापस किया जायेगा।

ix) प्रस्ताव पर विभागीय संलेख ज्ञापांक-169(9) दिनांक- 18.04.18 पर मंत्रिपरिषद की दिनांक-18.04.18 की बैठक में मद सं0- 12 के रूप में स्वीकृति दी गई है।

आदेश- इस संकल्प को जनसाधारण की जानकारी के लिए झारखण्ड राजपत्र के असाधरण अंक में प्रकाशित किया जाए तथा इसकी प्रतियाँ सभी विभाग एवं विभागाध्यक्ष को प्रेषित किया जाय।

झारखण्ड राज्यपाल के आदेश से

24/4/18

(निधि खरे)

सरकार के प्रधान सचिव।

ज्ञाप सं0:- 9/चि0महा0-07-08/2014 (खण्ड-1) - 179(9)/राँची, दिनांकः- 24/4/18

प्रतिलिपिः- नोडल पदाधिकारी, ई- गजट, स्वास्थ्य, चिकित्सा शिक्षा एवं परिवार कल्याण विभाग, झारखण्ड, रांची को सूचनार्थ एवं आवश्यक कार्रवाई हेतु प्रेषित।

(निधि खरे)

सरकार के प्रधान सचिव।

ज्ञाप सं0:- 9/चि0महा0-07-08/2014 (खण्ड-1) - 179(9)/राँची, दिनांकः- 24/4/18

प्रतिलिपिः-अधीक्षक, राजकीय मुद्रणालय, डोरण्डा, रांची को सूचनार्थ एवं आवश्यक कार्रवाई हेतु प्रेषित। साथ ही अनुरोध है कि प्रकाशित गजट की 200 (दो सौ) प्रतियाँ विभाग को उपलब्ध कराने की कृपा की जाय।

24/4/18

(निधि खरे)

सरकार के प्रधान सचिव।

OFFICE OF THE PRINCIPAL, SHEIKH BHIKHARI MEDICAL COLLEGE, HAZARIBAG
(Formerly called as- HAZARIBAGH MEDICAL COLLEGE, HAZARIBAG)
PH. No. 06546-296629 & 06546-299923 / website : www.hazaribagmedicalcollege.org/
E-mail Id : hazaribagmedicalcollege@gmail.com

(A) Admission Fee :-

- **HAZARIBAG MEDICAL COLLEGE ADMISSION FEE ACCOUNT**

Account Number :- 588321110000003

Name of Bank :- BANK OF INDIA Branch Name :- **VINOBA BHAVE UNIVERSITY**

IFSC :- BKID0005883

Amount :- For Boys – Rs. 9180/-

For Girls – Rs. 3180/-

(B) Hostel Fee :-

- **HAZARIBAG MEDICAL COLLEGE HOSTEL FEE ACCOUNT**

Account Number :- 588310110009593

Name of Bank :- BANK OF INDIA Branch Name :- **VINOBA BHAVE UNIVERSITY**

IFSC :- BKID0005883

Amount :- For Boys & Girls - Rs. 30,000/-

Note:- Fees to be deposited either by NEFT/RTGS or DD.

FOR ADMISSION FEE:-

- **DD in favour of :- HAZARIBAG MEDICAL COLLEGE ADMISSION FEE ACCOUNT**
- **Payable at :- Hazaribag**

FOR HOSTEL FEE

- **DD in favour of :- HAZARIBAG MEDICAL COLLEGE HOSTEL FEE ACCOUNT**
- **Payable at :- Hazaribag**

Contact Persons

Name	Contact no.
Mr. Kumud Kumar Sinha (Accountant)	9431793710, 8340796009
Mr. Rakesh Kumar Singh (Accountant)	9835724678
Mr. Sanjeev Kumar Mishra (Student Section)	8541033221

By Order

OFFICE OF THE PRINCIPAL, SHEIKH BHIKHARI MEDICAL COLLEGE, HAZARIBAG
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PH. No. 06546-296629 & 06546-299923 / website : www.hazaribagmedicalcollege.org/
E-mail Id : hazaribagmedicalcollege@gmail.com

List of Original documents submitted by student at the time of admission in MBBS course

Session 2021-22

Name: .....

NEET Roll No:- ..... Category: .....

1. NEET Admit Card 2021
2. NEET Rank Letter 2021
3. Allotment Letter of CBSE (AIQ)/JCECE 2021
4. Admit Card of 10th
5. Marksheet of 10th
6. Passing Certificate of 10th
7. Admit Card of 12th
8. Marksheet of 12th
9. Passing Certificate of 12th
10. School Leaving Certificate/ Transfer Certificate
11. Migration Certificate
12. Character Certificate
13. Residential Certificate (issued by S.D.O/C.O/D.C)
14. Caste Certificate (For OBC/SC/ST Candidates) (issued by S.D.O/D.C/C.O)
15. Aadhar Card
16. Covid-19 Vaccination Certificate.
17. 5 Recent Colour Passport Size Photo.
18. Online Anti-Ragging Affidavit (www.antiragging.in or www.amanmovement.org)
    - **Toll free No. – 18001805522**
    - **AISHE Code – C-63482**
    - **Name of Principal – Dr. Sushil Kumar Singh**
19. Bond in form of Affidavit
20. GAP Bond if any
21. Medical Fitness Certificate from Registered Medical Practitioner (MBBS & Above)

Note: Total number of certificate:- .....

Signature of Parent/Guardian

Signature of Student

Remarks, if any:-

AFFIDAVIT

(To be Submitted in form of Affidavit)

BOND

I ..... Son/Daughter of Sri/Smt. ..... NEET Roll No. ..... Session 2021-22 Address:....., Post:....., Police Station:..... District:..... have been selected for admission in MBBS course in Sheikh Bhikhari Medical College & Hospital, Hazaribag (Formerly called as-Hazaribag Medical College, Hazaribag), Jharkhand.

hereby declare that I will not leave the course before the completion of the academic session and will work with full devotion in the Institute.

I hereby also declare that,

1. There will be no changes in seats allow after Final Round Counseling of AIQ or State Quota for admission in MBBS Course. If failed to take admission after Final Counseling then I will not eligible to appear in NEET UG or State Examination for next one academic year.
2. If I shall not take admission after allotment of seat and after admission if I leave the course. I shall be entitled to leave the course and receive the original documents from the institute only after I deposit the total scholarship and other emoluments drawn plus drawn plus Rs. 20,00,000/- (Rupees twenty lacs only) as penalty as directed by Department of Health Medical Education & Family Welfare Govt. of Jharkhand, Ranchi vide letter no. 179(9) dated 24/04/2018.
3. My 10+2 (I.sc.) original certificates will be kept by the Institute at the time of admission along with Residential, Caste Certificates (If applicable).

I, Further declare that I will obey all the orders which have already issued or will be issued in future by Government of Jharkhand regarding MBBS courses.

Signature of Candidate

OFFICE OF THE PRINCIPAL, SHEIKH BHIKHARI MEDICAL COLLEGE, HAZARIBAG
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PH. No. 06546-296629 & 06546-299923 / website : www.hazaribagmedicalcollege.org/
E-mail Id : hazaribagmedicalcollege@gmail.com

UNDERTAKING/ SELF DECLARATION

I Sri/Kum. ..... Son/ Daughter of ..... Do herby declare that the documents submitted by me at the time of my admission are true and genuine. If it is found forged and spurious, I will be held fully responsible for the same and at any stage of my study; my admission will be treated cancelled.

Correspondence Address

_____

_____

_____

Mobile No. (Student):-_____

Permanent Address

_____

_____

_____

Mobile No. (Parent)_____

Signature of the Candidate

Name:- .....

UNDERTAKING/ SELF DECLARATION

I Sri/Kum. ..... Son/ Daughter of ..... Do herby declare that the documents submitted by me at the time of my admission are true and genuine. If it is found forged and spurious, I will be held fully responsible for the same and at any stage of my study; my admission will be treated cancelled.

Correspondence Address

_____

_____

_____

Mobile No. (Student):-_____

Permanent Address

_____

_____

_____

Mobile No. (Parent)_____

Signature of the Candidate

Name:- .....

Boy's

OFFICE OF THE PRINCIPAL,

SHEIKH BHIKHARI MEDICAL COLLEGE & HOSPITAL, HAZARIBAG
(Formerly called as – HAZARIBAG MEDICAL COLLEGE, HAZARIBAG)
MONEY RECEIPT :-

NAME:- SL. NO. –
CLASS:- 1ST Year Batch:- 2021-22 Roll No:-

01. Admission fee	-	100.00
02. Tuition Fee	-	6000.00
03. Microscope Charges	-	100.00
04. Seat Rent & Electricity Charges	-	200.00
05. Bus Charges	-	150.00
TOTAL	-	6550.00

Rupees :- Six Thousand five hundred fifty only

Date - Cashier

OFFICE OF THE PRINCIPAL,

SHEIKH BHIKHARI MEDICAL COLLEGE & HOSPITAL HAZAERIBAG
(Formerly called as – HAZARIBAG MEDICAL COLLEGE, HAZARIBAG)
MONEY RECEIPT :-

NAME:- SL. NO.-
CLASS:- 1ST Year Batch:- 2021-22 Roll No.:-

01. Admission fee	-	100.00
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04. Seat Rent & Electricity Charges	-	200.00
05. Bus Charges	-	150.00
TOTAL	-	6550.00

Rupees:- Six Thousand five hundred fifty only

Date - Cashier

OFFICE OF THE PRINCIPAL,

SHEIKH BHIKHARI MEDICAL COLLEGE & HOSPITAL HAZARIBAG
(Formerly called as – HAZARIBAG MEDICAL COLLEGE, HAZARIBAG)
MONEY RECEIPT :-

NAME:- SL. NO. –
CLASS:- 1ST Year Batch:- 2021-22 Roll No:-

01. Caution Money	-	1000.00
02. Athletic Charges	-	200.00
03. Students Activity Fund	-	200.00
04. Terminal Exam Fee	-	100.00
05. Poor Boys Fund	-	50.00
06. Identity Card	-	80.00
07. Maintenance Charges	-	500.00
08. Registration Fee	-	500.00
TOTAL	-	2630.00

Rupees :- Two Thousand six hundred thirty only

Date - Cashier

OFFICE OF THE PRINCIPAL,

SHEIKH BHIKHARI MEDICAL COLLEGE & HOSPITAL HAZARIBAG
(Formerly called as – HAZARIBAG MEDICAL COLLEGE, HAZARIBAG
MONEY RECEIPT:-

NAME:- SL. NO.
CLASS:- 1ST Year Batch:- 2021-22 Roll No:-

01. Caution Money	-	1000.00
02. Athletic Charges	-	200.00
03. Students Activity Fund	-	200.00
04. Terminal Exam Fee	-	100.00
05. Poor Boys Fund	-	50.00
06. Identity Card	-	80.00
07. Maintenance Charges	-	500.00
08. Registration Fee	-	500.00
TOTAL	-	2630.00

Rupees :- Two Thousand six hundred thirty only

Date - Cashier

Girl's

OFFICE OF THE PRINCIPAL,

SHEIKH BHIKHARI MEDICAL COLLEGE & HOSPITAL, HAZARIBAG
(Formerly called as – HAZARIBAG MEDICAL COLLEGE, HAZARIBAG)
MONEY RECEIPT :-

NAME:- SL. NO. –
CLASS:- 1ST Year Batch:- 2021-22 Roll No:-

01. Admission fee	-	100.00
02. Microscope Charges	-	100.00
03. Seat Rent & Electricity Charges	-	200.00
04. Bus Charges	-	150.00
TOTAL	-	550.00

Rupees :-Five hundred fifty only

Date - Cashier

OFFICE OF THE PRINCIPAL,

SHEIKH BHIKHARI MEDICAL COLLEGE & HOSPITAL HAZAERIBAG
(Formerly called as – HAZARIBAG MEDICAL COLLEGE, HAZARIBAG)
MONEY RECEIPT :-

NAME:- SL. NO.-
CLASS:- 1ST Year Batch:- 2021-22 Roll No.:-

01. Admission fee	-	100.00
02. Microscope Charges	-	100.00
03. Seat Rent & Electricity Charges	-	200.00
04. Bus Charges	-	150.00
TOTAL	-	550.00

Rupees:- Five hundred fifty only

Date - Cashier

OFFICE OF THE PRINCIPAL,

SHEIKH BHIKHARI MEDICAL COLLEGE & HOSPITAL HAZARIBAG
(Formerly called as – HAZARIBAG MEDICAL COLLEGE, HAZARIBAG)
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NAME:- SL. NO. –
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02. Athletic Charges	-	200.00
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08. Registration Fee	-	500.00
TOTAL	-	2630.00

Rupees :- Two Thousand six hundred thirty only

Date - Cashier

OFFICE OF THE PRINCIPAL,

SHEIKH BHIKHARI MEDICAL COLLEGE & HOSPITAL HAZARIBAG
(Formerly called as – HAZARIBAG MEDICAL COLLEGE, HAZARIBAG
MONEY RECEIPT:-

NAME:- SL. NO.
CLASS:- 1ST Year Batch:- 2021-22 Roll No:-

01. Caution Money	-	1000.00
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03. Students Activity Fund	-	200.00
04. Terminal Exam Fee	-	100.00
05. Poor Boys Fund	-	50.00
06. Identity Card	-	80.00
07. Maintenance Charges	-	500.00
08. Registration Fee	-	500.00
TOTAL	-	2630.00

Rupees :- Two Thousand six hundred thirty only

Date - Cashier

SHEIKH BHIKHARI MEDCIAL COLLEGE, HAZARIBAG

(Formerly called as - HAZARIBAGH MEDICAL COLLEGE, HAZARIBAG)

(email id – hazaribagmedicalcollege@gmail.com)

MONEY-RECEIPT

Name: ..... Sl. no. .....

Class: 1st year Batch: 2021-22 Roll No. .....

Received the sum Rs. 30,000/- (Rupees Thirty thousand only) Vide draft no. ....., dated: ...../ cheque no. .....dated: .....as Hostel Maintenance fee.

Date: ..... Sign. Of Cashier

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REPORT OF MEDICAL EXAMINATION BY THE MEDICAL BOARD OF THE COLLEGE

Name of Candidate: .....

GENL. CONDITION: Height: .....CM Weight: .....kg

C.V System: ..... Pulse Rate.....

Respiratory System: ..... Blood Pressure.....

Elementary System: Teeth & Gum: ..... Tongue:.....

Abdomen:..... Lever..... Spleen.....

VISION: R.E .....L.E.....

EAR: Rt. Ear.....Lt. Ear.....

Hernia..... Hydrocele.....

Female Disease:-

Other, if any:

FIT/ UNFIT FIT/ UNFIT FIT/UNFIT

1. SIGNATURE 2. SIGNATURE 3. SIGNATURE

(INFROMATION BY THE CANDIDATE)

Are.you ever suffered from (i) Epilepsy (fits).....

(ii) Mental illness.....

SIGNATURE OF CANDIDATE

OFFICE OF THE PRINCIPAL, SHEIKH BHIKHARI MEDICAL COLLEGE, HAZARIBAG
(Formerly called as- HAZARIBAGH MEDICAL COLLEGE, HAZARIBAG)
PH. No. 06546-296629 & 06546-299923 website : www.hazaribagmedicalcollege.org/
E-mail Id : hazaribagmedicalcollege@gmail.com

REPORT OF MEDICAL EXAMINATION

Name of Candidate: .....

GENL. CONDITION: Height: .....CM Weight: .....kg

C.V System: ..... Pulse Rate.....

Respiratory System: ..... Blood Pressure.....

Elementary System: Teeth & Gum: ..... Tongue:.....

Abdomen:..... Lever..... Spleen.....

VISION: R.E .....L.E.....

EAR: Rt. Ear.....Lt. Ear.....

Hernia..... Hydrocele.....

Female Disease:-

Other, if any:

FIT/ UNFIT FIT/ UNFIT FIT/UNFIT

SIGNATURE & SEAL OF REGISTERED MEDICAL PRACTITIONER

(INFROMATION BY THE CANDIDATE)

Are you ever suffered from (i) Epilepsy (fits).....

(ii) Mental illness.....

SIGNATURE OF CANDIDATE

OFFICE OF THE PRINCIPAL, SHEIKH BHIKHARI MEDICAL COLLEGE, HAZARIBAG
(Formerly called as- HAZARIBAGH MEDICAL COLLEGE, HAZARIBAG)
PH. No. 06546-296629 & 06546-299923 / website : www.hazaribagmedicalcollege.org/
E-mail Id : hazaribagmedicalcollege@gmail.com

Waiver and Release of Liability – Fitness Center (Gym) at Sheikh Bhikhari Medical College, Hazaribag.

In agreeing to participate in the Fitness Center at Sheikh Bhikhari Medical College, Hazaribag ("SBMC"), I agree as follows:

I fully understand and acknowledge that recreational and fitness activities have

(a) Inherent risks, dangers and hazards that exist in my use of such fitness center equipment and my participation in these activities.
(b) My participation in such activities and/or use of such equipment may result in injury or illness including, but not limited to, bodily harm, disease, strains, fractures, partial and/or total paralysis, death or other ailments that could causes serious disability.
(c) By my participation in these activities and for use of equipment, I hereby assume all risks and dangers and all responsibility for any losses and/or damages.

I, on behalf of myself, my personal representatives and my heirs, hereby voluntarily agree to release, waive, discharge, hold harmless, defend, and indemnify SBMC and its representatives, employees, and volunteers form any and all claims , actions or losses for bodily injury, property damage, wrongful death, loss of services or otherwise which may arise out of my use of any equipment of participation in these activities.

I HAVE READ THE ABOVE WAIVER AND RELEASE AND BY SIGNING IT I AGREE NOT TO HOLD SHEIKH BHIKHARI MEDICAL COLLEGE, HAZARIBAG LIABLE FOR ANY PERSONAL INJURY, PROPERTY DAMAGE, OR WRONGFUL DEATH, CAUSED BY NEGLIGENCE OR ANY OTHER CAUSE.

Signature
Name of Student / Teacher/ Staff –
Roll No. -
Session -
Sheikh Bhikhari Medical College, Hazaribag.