



Health For All

RAIPUR INSTITUTE OF MEDICAL SCIENCES

(Run by Lord Buddha Educational Society; Registered Office: 229, Sector 15A, Noida, UP)

पत्र क्र.:— रिम्स/अधिष्ठाता/ 647 /2025

दिनांक :- 14/08/2025

प्रति,

संचालक,
चिकित्सा शिक्षा,
छत्तीसगढ़ शासन

विषय :- शैक्षणिक सत्र 2025 में चिकित्सा स्नातक (एम.बी.बी.एस) पाठ्यक्रम की महाविद्यालय सम्बद्धता, मान्यता शिक्षण शुल्क एवं सीटों की जानकारी बाबत।

संदर्भ :- आपके पत्र क्रमांक/5763/छात्र/काउंसलिंग/संचिशि/2025, रायपुर, दिनांक 23/06/2025 के संदर्भ में।

महोदय,

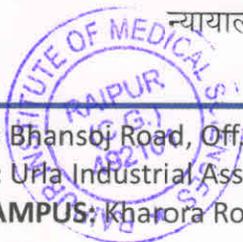
उपरोक्त विषयांतर्गत लेख है कि शैक्षणिक सत्र 2025 में हमारे महाविद्यालय में संचालित चिकित्सा स्नातक पाठ्यक्रम (एम.बी.बी.एस) में प्रवेश हेतु आपके द्वारा चाही गई जानकारी निर्धारित प्रारूप में निम्नलिखित है :-

1. महाविद्यालय को राष्ट्रीय आयुर्विज्ञान आयोग (एन.एम.सी.), नई दिल्ली द्वारा प्राप्त मान्यता है, छायाप्रति संलग्न है।
2. पं. दीनदयाल उपाध्याय स्मृति स्वास्थ्य विज्ञान एवं आयुष विश्वविद्यालय, रायपुर द्वारा प्रदाय सम्बद्धता की छायाप्रति संलग्न है।
3. महाविद्यालय में संबंधित पाठ्यक्रम की शिक्षण शुल्क एवं अन्य शुल्क (हॉस्टल एवं अन्य) निजी संस्था हेतु AFRC द्वारा निर्धारित शुल्क की जानकारी निम्नानुसार है :-

महाविद्यालय के संबंधित पाठ्यक्रम की शिक्षण शुल्क की संपूर्ण जानकारी

क्र.	शुल्क का विवरण	शुल्क राशि	प्राप्ति
1	शिक्षण शुल्क	7,45,187 /-	प्रतिवर्ष
2	सुरक्षा निधि	20,000 /-	एकमुश्त
3	हॉस्टल, मेस एवं ट्रांसपोर्ट शैक्षणिक गतिविधि शुल्क	5,50,000 /-	प्रतिवर्ष
कुल राशि		13,15,187 /-	
एन.आर.आई. (Non-Residential Indian Students)		\$ 35,000 USD	प्रतिवर्ष

- AFRC द्वारा सत्र 2025-26 के लिए फीस का निर्धारण लंबित है एवं प्रकरण माननीय उच्च न्यायालय में लंबित है जो भी फीस न्यायालय द्वारा निर्धारित की जाएगी वह मान्य है



MAIN CAMPUS: Bhansoj Road, Off. NH-6, Vil- Godhi, Raipur (CG). Phone- 1800-208-1088, 9303081217

URLA CAMPUS: Urla Industrial Association Building, Urla-Birgaon Chowk, Urla, Raipur (CG). Phone-9109190901

ARANG CAMPUS: Kharora Road, Near Hotel Royal Palace, Arang, (CG). Phone- 9109190902

www.rimsindia.ac.in



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(Run by Lord Buddha Educational Society; Registered Office: 229, Sector 15A, Noida, UP)

SUPER SPECIALITIES

Cardiology
CTVS
Neurology
Neurosurgery
Oncology
Oncosurgery
Gastrology
Gastrosurgery
Nephrology
Urology

SPECIALITIES

General Medicine
General Surgery
Paediatrics
Orthopaedics
Obstetrics
Gynaecology
Psychiatry
ENT
Dermatology
Ophthalmology
Respiratory Medicine
Dentistry

SALIENT FEATURES

1000 bedded
20 Modular OTs
Cath Lab
MRI Scan
CT Scan
Endoscopy
Dialysis unit
50 Bedded ICU
50 Private Rooms

- i. D.D. for Tuition fee & Caution money 7,65,187 /- is to be made in favour of **Lord Buddha Educational Society** payable at Raipur.
 - ii. D.D. for Hostel, Mess & Transportation fee 5,50,000 /- is to be made in favour of **Lord Buddha Educational Society** payable at Raipur.
 - iii. सभी छात्र प्रवेश के समय एक साल के शिक्षण शुल्क के बराबर बैंक गारंटी **Lord Buddha Educational Society** के हक में 4 साल 6 माह की अवधि के लिये देय होगी।
4. महाविद्यालय में संबंधित पाठ्यक्रम की प्रवेश सीट संख्या 150 है, जो NMC से मान्यता प्राप्त है, व संचालक चिकित्सा शिक्षा के पत्र क्र. 289495/DME/SS/2016 दिनांक 13 अक्टूबर 2016 के आधार पर सीटों का विवरण निम्नानुसार है (छायाप्रति संलग्न)।

क्रम संख्या	कोटा/नियतांश	सीट संख्या
1	NRI कोटा	23
2	प्रबंधन नियतांश सीट	64
3	शासकीय नियतांश सीट	63
	कुल सीट संख्या	150

→ प्रवेश से संबंधित जानकारी हेतु ई-मेल: www.rimsindia.ac.in & admissions@rimsindia.ac.in एवं मोबाईल 9109190911 पर संपर्क कर सकते हैं।



प्रो. डॉ. गम्भीर सिंह
(M.B.B.S., M.S., F.A.I.S.)
अधिष्ठाता
रिम्स, रायपुर (छ0ग0)

Dean
Raipur Institute Of Medical Sciences
Raipur (C.G.)

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DOCUMENT REQUIRED FOR ADMISSION

Original documents with 3 sets of Xerox and Soft Copy of following documents to be submitted at the time of admission

S. No.	Document
01.	Demand Draft of Rs. 7,45,187/- (Tuition Fee) + 20,000 (Caution Money Refundable) (Rs. Seven Lac Sixty Five Thousand One Hundred and Eighty Seven Only) in favor of Lord Buddha Educational Society Coll payable at Raipur
02.	D.D. of Rs. 5,50,000/- (Hostel, Mess & Transportation) (Rs. Five Lac Fifty Thousand Only) Lord Buddha Educational Society Coll payable at Raipur
03.	Bank Guarantee of Rs. 7,45,187/- (Rs. Seven Lac Forty Five Thousand One Hundred and Eighty Seven Only) Valid till 31/12/2030 (One Year tuition Fees)
04.	State Registration Certificate, Govt. of Chhattisgarh
05.	Allotment Letter by Directorate of Medical Education, Govt. of Chhattisgarh
06.	Scrutiny Letter by Directorate of Medical Education, Govt. of Chhattisgarh
07.	NEET Admit Card
08.	NEET Mark-sheet
09.	High School (10 th) Mark sheet/Birth Certificate (For Age Proof)
10.	Higher Secondary (12 th) Mark Sheet
11.	Transfer Certificate
12.	Character Certificate
13.	Migration Certificate
14.	Gap Certificate (if Applicable)
15.	Domicile Certificate (if Applicable)
16.	Caste Certificate (if Applicable)
17.	Income Certificate for OBC Candidate (ITR 3 Yrs. Or Income certificate 3 Yrs.)
18.	Medical Certificate issued by District/Institutional Medical Board
19.	Aadhar Card – Student and Parents
20.	PAN Card – Student and Parents
21.	Discontinuation Bond/Breakage Bond
22.	Affidavit for Correctness of all document
23.	10 Passport size recent Color Photographs of Students
24.	Affidavit for Payment of Fees if revised by any authority
25.	NRI- Xerox copy of NRI Documents should be submitted as per DME, (C.G.)
26.	At the time of Admission Post dated Cheque for 3.5 Year fee to be submitted
27.	Affidavit for Undertaking by Students and Parents for Rules and regulations
28.	Anti-Ragging Format of Undertaking by Parent & Student
29.	NEET Confirmation Page (Received in registered email id of student)

Executive Director
RIMS, Raipur (G.G.)
Executive Director

Raipur Institute of Medical Science

Dean
RIMS, Raipur (G.G.)
Dean

Raipur Institute Of Medical Sciences
Raipur (C.G.)

**Rs. 250/-Stamp Paper & Notarized
BANK GUARANTEE FORMAT**

To

The Dean
Raipur Institute of Medical Sciences
Raipur (C.G.)

Dear Sir.

Bank Guarantee Number-

Date of Issuing Bank Guarantee-

Amount of Guarantee: Rs. 7,45,187/- Only

Guarantee Coverage Duration: Date of Admission to 31/12/2030

Last Date of Lodgment of Claim.-31/12/2030

Whereas in consideration of you are agreeing to allot admission to MBBS Course to Mr.....
.....S/O-D/O.....
R/O.....
(Hereinafter referred to as 'Party' which expression shall include his/her successors and assigns) on
furnishing a bank guarantee of equivalent value in the manner hereinafter contained.

We Bank, a body corporate constituted under Banking Companies
(Acquisition and Transfer of Undertakings) Act 1970, having its Head Office at.....
.....And inter alia a branch office at

(Hereinafter referred to as 'The Bank' which expression shall, unless repugnant to the context, include its
successors and assigns) do hereby covenant and agree with you as follows...

1. We hereby undertake to pay to you the sum in aggregate not exceeding Rs: 7,45,187/-
(Rs. Seven Lac Forty Five Thousand One Hundred and Eighty Seven Only) representing the
course fees in the manner detailed below.
 - a. Rs. 7,45,187/- (Rs. Seven Lac Forty Five Thousand One Hundred and Eighty Seven Only)
from date of admission to 31/12/2030 without demur, merely on the first written demand
signed by you or by your duly authorized representative Any such demand made on us shall
be conclusive as regards the amount due and payable to you by us under this guarantee.
2. This guarantee shall come in to force to force from date of issue of guarantee and shall remain in
full force and effect up to and including 31/12/2030
3. Notwithstanding anything contained hereinabove
 - a. Our liability under this Guarantee in restricted to Rs. 7,45.187-(Rs. Seven Lac Forty Five
Thousand One Hundred and Eighty Seven Only)

- b. This Guarantee shall remain valid up to 31/12/2030.
- c. We are liable to pay the guarantee amount or any part thereof under this Bank Guarantee only if you serve us a written claim or demand on or before 30 days (Thirty Days) after the date of claim period as mentioned column number 3 against each payment due from the part as show in the below mentioned schedule-

Date of Payment to be made by Party	Amount Due	Date of Expiry of Claim Period
As per Schedule	Rs. 7,45,187/-Only	31/12/2030

Signed and delivered thisday of2025

Signature of Bank Official with Stamp

On Rs 50/- Stamp Paper & Notarized

UNDERTAKING

Date:

I,..... S/D of

R/O.....

have been admitted in Raipur Institute of Medical Sciences, Raipur C.G. under Government/ Management/ NRI Quota for Session 2025-26 have Submitted original documents required for this college.

I declare that all documents submitted by me, are true and correct to best of my knowledge.

If any falsification is found, Government/ University/DME, Govt. of CG/College Management is liable to cancel my Candidature/Enrolment and I am solely responsible for any sort of legal action taken by Government/University/DME, Govt. of CG/ Management, against me.

Signature of Parent/Guardian

Signature of Student

कोर्स डिसकन्टीनूएशन बांड/ब्रेकेज बांड

मैं, श्री/सुश्री..... आयु लगभग..... वर्ष, पुत्र /पुत्री
..... निवासी..... एतदद्वारा

निम्नलिखित शपथ लेता हूँ:

मुझे चिकित्सा शिक्षा निदेशालय (CGDME) छत्तीसगढ़ शासन, रायपुर द्वारा आयोजित छत्तीसगढ़ राज्य काउंसलिंग के माध्यम से नीट रैंक क्रमांक. (एआईआर) के माध्यम से रायपुर इंस्टीट्यूट ऑफ मेडिकल साइंसेस रायपुर (छ.ग.) में प्रथम एमबीबीएस कोर्स के लिए चुना गया है।

मैं, यह कहता हूँ कि मैंने अपनी इच्छा से तथा अपने माता-पिता/अभिभावक के साथ सीजीडीएमई आबंटन संख्या..... दिनांक..... के अनुसार रायपुर इंस्टीट्यूट ऑफ मेडिकल साइंसेस रायपुर (छ.ग.) में एमबीबीएस पाठ्यक्रम में प्रवेश लिया है।

मैं प्रथम वर्ष के एमबीबीएस पाठ्यक्रम में प्रवेश के विचार से एमबीबीएस पाठ्यक्रम पूरा करूंगा और तदनुसार रायपुर इंस्टीट्यूट ऑफ मेडिकल साइंसेस रायपुर (छ.ग.) की सभी लागू ट्यूशन फीस और अन्य फीस का भुगतान करने का वचन देता हूँ।

किसी भी कारण से एमबीबीएस कोर्स छोड़ने की स्थिति में, मैं अपने माता-पिता/अभिभावक के साथ रायपुर इंस्टीट्यूट ऑफ मेडिकल साइंसेस रायपुर (छ.ग.) को पूरे कोर्स के लिए देय शेष ट्यूशन फीस, हॉस्टल और मेस फीस और शैक्षिक परिवहन शुल्क, सीएमई, कार्यशाला, सम्मेलन का भुगतान बिना किसी आपत्ति के करने का वचन देता हूँ।

उपरोक्त वर्णित बातें सत्य एवं सही है। मैं अपने माता-पिता/अभिभावक के साथ मिलकर तदनुसार कार्य करने का वचन देता हूँ।

स्थान :-
दिनांक :-

माता-पिता /अभिभावक

प्रतिभूतिकर्ता / गवाह

अभ्यर्थी के हस्ताक्षर

माता-पिता/अभिभावक के हस्ताक्षर

अभ्यर्थी का नाम

संबंध सहित माता-पिता का नाम:-

पता:-

पता:-

(The below Undertaking has to be submitted on Rs 50/- stamp paper)
Undertaking by Students and Parents for Rules and Regulations

I, Mr/Ms _____ S/D/O _____
Resident of _____

Joining for the Course M.B.B.S Academic batch 2025-26 in Raipur Institute of Medical Sciences, Bhansoj Road, Off NH-6, Village Godhi, Raipur, Chhattisgarh.

I am well aware of **NMC** rules of having minimum 75% attendance in Theory & 80% attendance in Practical in individual subjects to be eligible to appear in the **M.B.B.S.** University Examination

1. I will attend all the classes from the opening day of the Institute and I will be regular and punctual to all the classes Le (Theory/Practical) and am aware that if I don't secure attendance more than 75% attendance in Theory & 80% attendance in Practical, I shall be detained and not allowed to appear for the M.B.B.S University Examination.
2. I will follow the dress code and uniform prescribed by the Institute.
3. Absenteeism on medical grounds is to be informed to the Institute authority by the parents/guardians of their ward immediately with a medical and fitness certificate.
4. Any change in address or phone number will be communicated to the Institute authorities immediately.

Signature of Student

ACKNOWLEDGEMENT

I have gone through carefully the terms of the above undertaking and understand that if He/She fails to comply with the attendance rules he/she will be detained and will not be allowed to sit for the M.B.B.S. University Examination.

I undertake that I/he/she will strictly follow the above terms.

Signature of Parent/Guardian

Date:

Name & Address with Mobile Number

To be made on Rs 50/- Stamp Paper & Notarized

ANNEXURE –I

AFFIDAVIT BY THE STUDENT

I, _____ (Full name of student with Institute Roll Number)

s/o d/o Mr./Mrs./Ms. _____ having been admitted to _____ (name of the institution), have received or downloaded a copy of the UGC Regulations on Curbing the Menace of Ragging in Higher Educational Institutions, 2009 (hereinafter called the “Regulation”) carefully read and fully understood the provisions contained in the said Regulation.

- 1) I have, in particular, perused clause 3 of the Regulations and am aware as to what constitutes ragging.
- 2) I have also, in particular, perused clause 7 and clause 9.1 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.
- 3) I hereby solemnly aver and undertake that
 - a) I will not indulge in any behavior 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.
- 4) 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.
- 5) 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.
- 6) Along with the above mentioned points I do hereby declare that
 - a) I will obey the code of conduct of the institute and do not indulge in any kind of in-disciplined activity while in and off the institution campus.
 - b) I will be solely responsible for any kind of accident/mishap caused on account of the above mentioned clause (6.a).

Declared this _____ day of _____ month of _____ year.

Signature of deponent

Name: _____

Note: It is mandatory to submit this affidavit in the above format, if you desire to register for the forth coming academic session

To be made on Rs 50/- Stamp Paper & Notarized

ANNEXURE –II

AFFIDAVIT BY PARENT/GUARDIAN

I, Mr./Mrs./Ms., _____ (Full name of parent/guardian)
father/mother/guardian of, (full name of student with University Roll Number), having been admitted to
_____ (name of the institution), have received or downloaded 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.

- 7) I have, in particular, perused clause 3 of the Regulations and am aware as to what constitutes ragging.
- 8) I have also, in particular, perused clause 7 and clause 9.1 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.
- 9) I hereby solemnly aver and undertake that
 - c) My ward will not indulge in any behavior or act that may be constituted as ragging under clause 3 of the Regulations.
 - d) 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.
- 10) 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.
- 11) 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.
- 12) Along with the above mentioned points I do hereby declare that
 - c) My ward will obey the code of conduct of the institute and do not indulge in any kind of in-disciplined activity while in and off the institution campus.
 - d) My ward will be solely responsible for any kind of accident/mishap caused on account of the above mentioned clause (6.a).

Declared this _____ day of _____ month of _____ year.

Signature of deponent

Name:

Address:

Telephone/Mobile No.:

Note: It is mandatory to submit this affidavit in the above format, if you desire to register for the forth coming academic session

ON RS. 50/- STAMP PAPER AND NOTARIZED
AFFIDAVIT FOR PAYMENT OF FEES

I..... S/O or D/O..... who has been admitted to First year MBBS course during academic year 2025-26 in RIMS Raipur, have read the AFRC norms for academic year 2025-2026, 2026-27 and 2027-2028, and have clearly understood that, the present fees charged to us is fixed by AFRC. Raipur Institute of Medical Sciences has appealed in Honourable High Court of Chhattisgarh for revision of fees fixed by AFRC. In case of fee increased by any authorities, I will have to pay the difference amount.

I hereby agree to pay the increased fee.

Verification: -

Verified at Raipur on this..... day of20.... that the above contents are true to the best of my knowledge and belief.

Parents Name
Name & Signature

Students Name
Name & Signature

Students Name:

Students Contact No: -

Residential Address: -

Parents Contact No.

Parents Email ID: -