



Health For All

RAIPUR INSTITUTE OF MEDICAL SCIENCES

750 Bedded Hospital & Medical College

No: RIMS/DEAN/ 500 /2023

Date: 31.07.2023

Notice

The proposed fee structure for UG (MBBS) Batch 2023-2024.

Batch – 2023-24

*Tuition Fees	–	7,45,187/per year
Hostel & Mess Fees	–	3,00,000/per year
Transport Fees	–	2,50,000/per year
Caution Money	–	20,000 (One Time)
Total	–	13,15,187

Fees for NRI Candidate (Tuition Fees) – \$35,000 USD per Year

Note – *Our Institution is under appeal process against fees fixation done by AFRC. In case of fee increased by any authorities, you agree to pay the increased fee.


31/07. 2023

Prof. Dr. Gambheer Singh
(M.B.B.S., M.S., F.A.I.S.)
DEAN
RIMS, Raipur (C.G.)



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

(A unit of LORD BUDDHA EDUCATIONAL SOCIETY)

Campus : Bhansoj Road, Off. NH-6, Gram-Godhi, Raipur, Chhattisgarh
ob.No.-9109190914, 9303081217 Fax : 91-0771-3053089 www.rimsindia.ac.in
egistered Office: 229, Sector-15 A, Noida, (G.B. Nagar) UP, Tel 0120-4635900

RIMS Helpline

1800-208-1088



DOCUMENT REQUIRED FOR ADMISSION

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

Sr.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. 3,00,000/- (Hostel & Mess) (Rs. Three Lac Only) Lord Buddha Educational Society Coll payable at Raipur
03.	D.D. of Rs. 2,50,000/- (Transportation, CME, Workshops and Conferences) (Rs. Two Lac Fifty thousand Rupees Only) in Favor of "Lord Buddha Educational Society Coll" payable at Raipur
04.	Bank Guarantee of Rs. 7,45,187/- (Rs. Seven Lac Forty Five Thousand One Hundred and Eighty Seven Only) Valid till 31/12/2028 (One Year Fees)
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

Executive Director
RIMS, Raipur (C.G.)



Dean
RIMS, Raipur (C.G.)
Dean

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

**In 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 31/12/2028

Last Date of Lodgment of Claim: - 31/12/2028

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 **31/12/2028** 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 **31/12/2028**.
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 **31/12/2028**.
 - (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	31/12/2028

Signed and delivered thisday of..... 2023.

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 2023-24. I 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

To be made on Rs. 250 Stamp paper & Notarized

COURSE DISCONTINUATION/ BREAKAGE BOND

I, Mr/Msaged aboutYears,
S/D/OResident of
..... Do hereby swear an oath as follow:

I have been selected to the 1st year MBBS course at Raipur Institute of Medical Sciences, Raipur (C.G.) through the C.G. State counselling conducted by the Directorate of Medical Education, Government of Chhattisgarh, Raipur through NEET Rank No.....(AIR)

I, Say that on my own will and along with my parents/guardian took admission to the MBBS course at Raipur Institute of Medical Sciences, Raipur (C.G.) as per the CGDME Allotment No..... Dated.....

I, Say in consideration of admission to 1st year MBBS course, I Shall complete the MBBS course and accordingly undertake to pay all the tuition and other fees as demanded by Raipur Institute of Medical Sciences, Raipur (C.G.)

In event of my discontinuation of MBBS course due to any reason; I along with my parent/guardian hereby undertake to pay balance tuition and other fees to Raipur Institute of Medical Sciences payable for the entire course without any demur.

Here by during the tenure of MBBS duration 4 ½ years. The hostel accommodation is compulsory & mandatory for every student, in any case of student is vacating the hostel. Then He /She have to pay complete fee of the hostel Accommodation for 5 years.

What is stated above is true and correct. I along with my parent/guardian do hereby undertake to act accordingly.

Place: -

Date: -

Signature of the Candidate

Signature of the Parent/ Guardian

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 2023-24 in RIMS Raipur, have read the AFRC norms for academic year 2022-2023, 2023-2024 and 2024-2025, and have clearly understood that, the present fees charged to us is fixed by AFRC. Raipur Institute of Medical Sciences has appealed in Honorable 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 of _____ 20__ 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: -