



SHRI BALAJI INSTITUTE OF MEDICAL SCIENCE

MOWA, RAIPUR (C.G.)-492001

E-MAIL ID:- ug.sbimsraipur@gmail.com

DOCUMENTS REQUIRED FOR MBBS ADMISSION BATCH-2026-27

Original documents with 6 sets of Xerox and Soft copy of following documents to be Submitted at the time of admission.

S. N.	DOCUMENTS
1	Demand Draft of Rs. 8,02,700 in favour of Shri Balaji Institute of Medical Science payable at Raipur.
2	Demand Draft of Rs. 5,75,000/- (Rs. Five Lakh Seventy Five Thousand Only) (Transportation, Hostel & Mess Fees ,CME , Workshop ,Conference) in favour of Shri Balaji Institute of Medical Science payable at Raipur
3	Bank Guarantee of Rs. 8,02,700/- (Rs. Eight Lakh Two Thousand Seven Hundred Only) Valid up 5Years. (Kindly see www.shribalajimedicalcollege.com for format)- Only Nationalise Bank
4	Allotment letter by Directorate of Medical Education, Govt. Of Chhattisgarh
5	NEET Admit card
6	NEET Mark-sheet
7	High School (10 th) Mark Sheet/Birth Certificate (For Age Proof)
8	Higher Secondary (12 th) Mark Sheet
9	Transfer Certificate
10	Character Certificate
11	Migration Certificate
12	Gap Certificate (if Applicable)
13	Domicile Certificate
14	Caste Certificate(if Applicable)
15	Income Certificate for OBC candidate (Income Certificate issue by Tahsildar 1 year /Form16)
16	Medical Certificate issued by District/Institution Medical Board
17	Aadhar Card of Student and Parents
18	PAN Card of Student and Parents
19	Discontinuations Bond (Kindly see www.shribalajimedicalcollege.com for format)
20	Affidavit for Correctness of all documents (Kindly see www.shribalajimedicalcollege.com for format)
21	Affidavit For Payment Of Fees (Kindly see www.shribalajimedicalcollege.com for format)
22	Affidavit For Undertaking by Students and Parents for Rules and Regulations (Kindly see www.shribalajimedicalcollege.com for format)
23	Anti-Ragging Format Of Undertaking by Parent & Student (Kindly see www.shribalajimedicalcollege.com for format)
24	10 Passport size recent Colour Photographs of Student
25	NEET Conformation Page (Received in registered email id of student)

TO,

The Dean,
Shri Balaji Institute of Medical Science,
Mowa, Raipur (C.G.)

Dear Sir,

1. Name of Issuing Bank :-
2. Address of Issuing Bank:-
3. Bank Guarantee Number :-
4. Date of issuance :-
5. Amount of Guarantee: - Rs. 8,02,700/- (Rs. Eight Lakh Two Thousand Seven Hundred Only)
6. Guarantee Coverage Duration:- Date of Admission to 30/12/2031
7. Date of Expiry of Bank Guarantee:- 30/12/2031

Where as in consideration of your agreeing to allot admission in MBBS Course, to
Mr/Ms/Mrs.....S/O,D/O.....
.....R/O.....

(Here in after referred to as 'Party' which expression shall include his/her successors and assigns) on furnishing a Bank guarantee of equivalent value in the manner here in after contained.

WeBank, a corporate body constituted under the Banking Companies (Acquisition and Transfer of Undertaking) Act 1970, having its Head Office at.....inter-alia Branch Office at..... (Here in after 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. 8,02,700/- (Rs. Eight Lakh Two Thousand Seven Hundred Only) representing the course fees in the manner detailed below.
 - (a) Rs. 8,02,700/- (Rs. Eight Lakh Two Thousand Seven Hundred Only) from date of admission to 30/12/2031 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 from date of issuance of guarantee and shall remain in full force and effective up to date of expiry i.e
3. Not with standing anything contained here in above :-
- a. Our liability under this Guarantee is restricted to Rs. 8,02,700/-(Rs. Eight Lakh Two Thousand Seven Hundred Only).
 - b. This Guarantee shall remain valid up to 30/12/2031.
 - 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 in column number — 2, against each payment due from the part as shown 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. 8,02,700/- Only	30/12/2031

Signed and delivered on this day of2026.

Bank Details: - For BG Issuance

Only Account No: 50100503259917

Name: - SHRI BALAJI INSTITUTE OF MEDICAL SCIENCE

IFSC CODE: - HDFC0003656

Signature of Bank Official with Stamp

COURSE DISCONTINUATION/BREAKAGE BOND

I, Mr/Ms..... aged about Years,
S/D/O resident of
do hereby swear an oath as follow:

I have been selected to the 1st MBBS course at Shri Balaji Institute of Medical Science, Mowa, 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 Shri Balaji Institute of Medical Science, Mowa 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 applicable tuition fees and other fees of Shri Balaji Institute of Medical Science, Mowa 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 fees, hostel & mess fees and educational transportation fees, cme, workshop, conference to Shri Balaji Institute of Medical Science payable for the entire course without any demur.

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

Name of Candidate:-

Name of Parents with Relation

Address:-

Address:-

(सभी प्रवेशित अभ्यर्थियों हेतु)

(250/- के नानज्युडिशियल स्टाम्प पर निष्पादित कर नोटरी द्वारा सत्यापित किया जाए)

छत्तीसगढ़ के निजी चिकित्सा महाविद्यालय में प्रवेशार्थियों द्वारा निष्पादित किए जाने वाले शपथ पत्र का प्रारूप

मेरा पुत्र/पुत्री.....आत्मज/आत्मजा श्री
निवासी..... छत्तीसगढ़ के चिकित्सा महाविद्यालय में स्नातक
पाठ्यक्रम (एमबीबीएस) में प्रवेश हेतु चयनित अभ्यर्थी हूं।

1. मैंने छत्तीसगढ़ शासन चिकित्सा शिक्षा विभाग मंत्रालय रायपुर की अधिसूचना क्रमांक.....
दिनांक.....:छत्तीसगढ़ चिकित्सा" स्नातक प्रवेश नियम- " एवं
"निर्देशिका" में निहित प्रावधानों को भली-भांति पढ़कर समझ लिया है।

2. मेरा पुत्र/पुत्री राज्य कोटे/मैनेजमेंट कोटे की सामान्य/आरक्षित श्रेणी का छात्र/छात्रा है।

3. मैं एतद् द्वारा यह शपथ पत्र निम्न शर्तों पर निष्पादित करता हूं कि:-

यदि मेरे पुत्र/पुत्री के द्वारा तृतीय चरण की काउंसिलिंग की प्रवेश की अंतिम तिथि उपरान्त
शिक्षण सत्र..... हेतु एमबीबीएस पाठ्यक्रम की प्रवेशित सीट का परित्याग किया जाता है तो,
मेरे द्वारा अनारक्षित श्रेणी/आरक्षित श्रेणी हेतु नियम 11 में उल्लेखित सम्पूर्ण राशि महाविद्यालय को
देय होगी।

पता.....
फोन नं.

अभिभावक का फोटो
अभिभावक

प्रतिभूतिकर्ता का फोटो
प्रतिभूतिकर्ता

हस्ताक्षर अभिभावक

प्रतिभूतिकर्ता

मैंपुत्र/पुत्री/पत्नी श्री..... निवासी.....

उपरोक्तनुसार शपथ पत्र के उल्लंघन की दशा में शपथ पत्र में उल्लेखित राशि मेरे द्वारा प्रदाय की जावेगी।

गवाह:-

1.
2.

गवाह नं. 01 का फोटो

1. गवाह

गवाह नं. 01 का फोटो

2. गवाह

हस्ताक्षर

प्रतिभूतिकर्ता

नाम:.....

पता:

.....

To Be Notarized

To be made on Rs. 100 Stamp Paper

UNDERTAKING

Date:-.....

I.....S/O,D/O.....

R/O.....

Have got admission in Shri Balaji Institute of Medical Science, Mowa, Raipur (Chhattisgarh) under Government/Management/NRI Quota for Session 2026-27.

I have submitted required original document in this college.

I declare that all documents submitted by me, are genuine and valid to the best of my knowledge and belief and nothing has been concealed there in.

I am well aware of the fact that if the information given by me is found to be false/not true at any point of time, candidature/Admission/Enrolment will be cancelled and I will be liable to legal action as per guidance by Government/University /DME, Govt. of CG/Management, against me and any benefit accrued by me will be summarily cancelled.

Signature of Student

Signature of Parents/Guardian

(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 MBBS Academic batch 2026-27 in Shri Balaji Institute of Medical Science, Mowa, Raipur Chhattisgarh.

I am well aware of **NMC** rules of having minimum 75% attendance in Theory and 80% attendance in Practical in individual subjects to be eligible to appear in the MBBS 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 Lecture (Theory/Practical) and I am aware that if I don't secure attendance more than 75% attendance in Theory and 80% attendance in Practical, I shall be detained and not allowed to appear for the MBBS 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 carefully gone through 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 MBBS University Examination.

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

Signature of Parent/Guardian

Name:

Address:

Mobile Number:

Date:

ANNEXURE I
FORMAT OF UNDERTAKING BY THE STUDENT

1. I _____
(Full Name in Block Letters)
Son/ Daughter of Mr./Mrs./Ms. _____
(Full Name in Block Letters)
admitted to the course of _____ with Admission
No. _____
(Name of Course)
at _____
(Name of College / Institution)
affiliated to _____
(Name of University)
have received a copy of the REGULATIONS FOR PREVENTION AND PROHIBITION OF RAGGING IN
MEDICAL COLLEGES/INSTITUTIONS, 2021 of the National Medical Commission(NMC).
2. I have carefully read and fully understood the provisions in these Regulations
 3. I have particularly perused CHAPTER II SECTION 3 and have fully understood what constitutes "Ragging"
 4. I have also in particular perused Chapter IV and read and understood the Administrative and Penal actions that may be taken against me in case I am found guilty of ragging or abetting ragging, actively or passively, or being part of a conspiracy to promote ragging
 5. I hereby undertake that-
 - (i) I will not indulge in any behavior or act that may come under the definition of ragging as may be constituted under Section 3 of these regulations
 - (ii) I will not participate in or abet or propagate ragging in any form included but not limited to those that may be constituted under Section 3 of these regulations
 - (iii) I will not hurt anyone physically or psychologically or cause any other harm.
 6. I hereby agree that if found guilty of any aspect of ragging, I may be punished as per the provisions of the NMC Regulations mentioned above and/or as per the law in force
 7. I also declare that I have never been found to be guilty of ragging or abetting ragging, actively or passively, or being part of a conspiracy to promote ragging and have never been punished in any manner for these offences and further affirm that if this declaration is incorrect or false, my admission is liable to be cancelled / withdrawn.
- Signed on this _____ day of _____ month of _____ year

Signature

Name:

Address :

Signature of Witness 1

(Name of Witness 1)

Signature of Witness 2

(Name of Witness 2)

To Be Notarized

To be made on Rs. 50 Stamp Paper

Tel/ Mobile No:

Address

Address

ANNEXURE II

FORMAT OF UNDERTAKING BY PARENT / GUARDIAN OF THE CANDIDATE/STUDENT

1. I _____
(Full Name in Block Letters)
Father / Mother/ Guardian of Mr./Mrs./Ms. _____
(Full Name of Student in Block Letters)

admitted to the course of _____ with Admission No. _____
(Name of Course)

at _____
(Name of College / Institution)

affiliated to _____
(Name of University)

Hereby declare that I have received a copy of the REGULATIONS FOR PREVENTION AND PROHIBITION OF RAGGING IN MEDICAL COLLEGES/INSTITUTIONS, 2021 of the National Medical Commission(NMC).

2. I have carefully read and fully understood the provisions in these Regulations
3. I have particularly perused CHAPTER II SECTION 3 and have fully understood what constitutes "Ragging"
4. I have also in particular perused Chapter IV and read and understood the Administrative and Penal actions that may be taken against my son/ daughter/ward in case he /she is found guilty of ragging or abetting ragging, actively or passively, or being part of a conspiracy to promote ragging
5. I hereby undertake that my son/ daughter/ ward -
 - (iv) Will not indulge in any behaviour or act that may come under the definition of ragging as may be constituted under Section 3 of these regulations
 - (v) Will not participate in or abet or propagate ragging in any form included but not limited to those that may be constituted under Section 3 of these regulations
 - (vi) Will not hurt anyone physically or psychologically or cause any other harm.
6. I hereby agree that if my son/ daughter/ ward is found guilty of any aspect of ragging, he/ she may be punished as per the provisions of the NMC Regulations mentioned above and/or as per the law in force
7. I also declare that he/she has never been found to be guilty of ragging or abetting ragging, actively or passively, or being part of a conspiracy to promote ragging and have never been punished in any manner for these offences and further affirm that if this declaration is incorrect or false, his/her admission is liable to be cancelled / withdrawn .

Signed on this _____ day of _____ month of _____ year

Signature

Name:

Address :

Signature of Witness 1

(Name of Witness 1)

Signature of Witness 2

(Name of Witness 2)

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 2026-27 in Shri Balaji Institute of Medical Science Mowa, Raipur, have read the AFRC norms for academic year 2024-25, 2025-26 and 2026-27 have clearly understood that, the present fees charged to us is fixed by AFRC. Shri Balaji Institute of Medical Science Mowa, Raipur has appealed in Honorable Apex 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

Student Name
Name & Signature

Students Name:-

Students Contact No:-

Residential Address:-

Parents Contact No.

Parents Email ID:-