



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-Part(1) 597

Dated: 27/02/2026

ADMISSION NOTICE

Subject: Reporting Schedule for those candidates who have been allotted seats in MD/MS/Diploma/DNB courses at ABVIMS & Dr. RML Hospital, New Delhi – Stray Round for the Academic Year 2025-26.

All candidates who have been allotted seats in MD/MS/Diploma/DNB Courses at ABVIMS & Dr. RML Hospital in Stray Round 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
State Quota and All India Quota	24.02.2026 (Tuesday)	M.D. (ANAESTHESIOLOGY)
	25.02.2026 (Wednesday)	M.D. (MICROBIOLOGY)
		M.D. (PHYSICAL MED. and REHABILITATION)
	26.02.2026 (Thursday)	M.S. (GENERAL SURGERY)
	27.02.2026 (Friday)	MD (FORENSIC MEDICINE)
28.02.2026 (Saturday)		

2. **Address for reporting date 24/02/2026 to 28/02/2026 PG Cell, Second Floor, Admin Block, 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.	GG SIP University Share	Rs. 28,500/-
3.	Security Money (Refundable)	Rs. 10,000/-
4.	Student Activity Fund	Rs. 1,000/-
TOTAL		Rs. 54,500/-

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

K. P. S. 27/02/2026

(Karunesh Pratap Singh)
Deputy Registrar

Helpline Numbers (10 AM to 5 PM):

Deputy Registrar – 8178988051

Sr. Admin Officer - 9968515636

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.

ANNEXURE-3

PROFORMA FOR SCHEDULED CASTE AND SCHEDULED TRIBE CERTIFICATE

Form of certificate as prescribed in M.H.A., O.M., No. 42/21/49-N.G.S. dated the 28.1.1952, as revised in Dept. of Per- & A.R. letter No. 36012/6/76-Est. (S.CT), dated the 29.10.1977, to be produced by candidate belonging to a Scheduled Caste or a Scheduled Tribe in support of his/her claim.

CASTE CERTIFICATE

This is to certify that Shri/Smt./Kum.* ----- son/daughter* of ----- of village/town* ----- in district/Division* ----- of the State/Union Territory* ----- belongs to the ----- Caste/ Tribe which is recognized as a Scheduled Caste/Scheduled Tribe* under:

- The Constitution (Scheduled Caste) Order, 1950
- The Constitution (Scheduled Tribe) Order, 1950
- The Constitution (Scheduled Caste) (Union Territories) Order, 1951
- The Constitution (Scheduled Tribe) (Union Territories) Order, 1951

1. (as amended by the Scheduled Caste and Scheduled Tribe Lists (Modification) order, 1956, the Bombay Re- organization Act, 1960, the Punjab Re- organization Act, 1966, the State of Himachal Pradesh Act, 1970 the North Eastern Areas (Re-organization) Act, 1971 and the Scheduled Castes and Scheduled Tribes Orders, (Amendment) Act, 1976).

- The Constitution (Jammu and Kashmir) Scheduled Caste Order, 1956.
- The Constitution (Andaman and Nicobar Islands) Scheduled Tribes Order, 1959.
- The Constitution (Dadra and Nagar Haveli) Scheduled Caste Order, 1962.
- The Constitution (Dadra and Nagar Haveli) Scheduled Tribes, Order, 1962.
- The Constitution (Puducherry) Scheduled Caste Order, 1964
- The Constitution (Uttar Pradesh) Scheduled Tribes, Order, 1967.
- The Constitution (Goa, Daman & Diu) Scheduled Caste Order, 1968.
- The Constitution (Goa, Daman & Diu) Scheduled Tribes, Order, 1968.
- The Constitution (Nagaland) Scheduled Tribes Order, 1970.
- The Constitution (Sikkim) Scheduled Caste Order, 1978.
- The Constitution (Sikkim) Scheduled Tribes Order, 1978.

2. Applicable in the case of Scheduled Caste/Schedule Tribe persons who have migrated from one State/Union Territory Administration:

This certificate is issued on the basis of the Scheduled Caste/Scheduled Tribe* certificate issued to Shri/Smt* ----- -father/mother of Shri/Smt/Kum* - ----- of village/town* ----- in District/Division* ----- of the State/Union Territory* ----- who belongs to the ----- caste/tribe which is recognized as a Scheduled Caste/Scheduled Tribe* in the State/Union Territory* ----- issued by the ----- (name of prescribed authority) vide their No ----- - date -----

3. Shri*/Smt.* /Kum* ----- and/or his/her* family ordinary reside (s) in village/town* ----- of the State/Union Territory of -----

Signature _____

Place ----- State/Union Territory

** Designation -----

Date ----- (With seal of Office)

* Please delete the words which are not applicable.

• Please quote specific Presidential Order.

• Delete the paragraph which is not applicable.

** Should be signed by the Authorities empowered to issue Scheduled Caste/Scheduled Tribe certificates as specified above.

ANNEXURE-4

PROFORMA FOR OTHER BACKWARD CLASS (OBC-NCL) CERTIFICATE

(Certificate to be produced by Other Backward Class applying for admission to Central Educational Institute (CEIS) under the Government of India)

This is to certify that Shri/Smt./Kum./Dr. _____ Son/Daughter of Shri/Dr. _____ of Village/Town _____ District/Division _____ in the _____ State belongs to the _____ Community which is recognized as a backward class under:

- (i) Resolution No. 12011/68/93-BCC(C) dated 10/09/93 published in the Gazette of India Extraordinary part I Section I No. 186 dated 13/09/93.
- (ii) Resolution No. 12011/9/94-BCC dated 19/10/94 published in the Gazette of India Extraordinary part I Section I No. 163 dated 20/10/94.
- (iii) Resolution No. 12011/7/95-BCC dated 24/05/95 published in the Gazette of India Extraordinary part I Section I No. 88 dated 25/05/95.
- (iv) Resolution No. 12011/96/94-BCC dated 09/03/96.
- (v) Resolution No. 12011/44/96-BCC dated 06/12/96 published in the Gazette of India Extraordinary part I Section I No. 120 dated 11/12/96.
- (vi) Resolution No. 12011/13/97-BCC dated 03/12/97.
- (vii) Resolution No. 12011/99/94-BCC dated 11/12/97.
- (viii) Resolution No. 12011/68/98-BCC dated 27/10/99.
- (ix) Resolution No. 12011/88/98-BCC dated 06/12/99 published in the Gazette of India Extraordinary part I Section I No. 270 dated 06/12/99.
- (x) Resolution No. 12011/36/99-BCC dated 04/04/2000 published in the Gazette of India Extraordinary part I Section I No. 71 dated 04/04/2004.
- (xi) Resolution No. 12011/44/99-BCC dated 21/09/2000 published in the Gazette of India Extraordinary part I Section I No. 210 dated 21/09/2000.
- (xii) Resolution No. 12015/09/2000-BCC dated 06/09/2001.
- (xiii) Resolution No. 12011/01/2001-BCC dated 19/06/2003.
- (xiv) Resolution No. 12011/04/2002-BCC dated 13/01/2004.
- (xv) Resolution No. 12011/09/2004-BCC dated 16/01/2006 published in the Gazette of India Extraordinary part I Section I No. 210 dated 16/01/2006.
- (xvi) Resolution No. 20012/129/2009/-BC-II dated 04/03/2014 published in the Gazette of India Extraordinary Part I section I no. 63 dated 04/03/2014.
- (xvii) Resolution No. F.No.12015/05/2011-BC-II dated 17th February, 2014

Shri/Smt./Kum. _____ and/or his family ordinarily reside(s) in the _____ District/Division of _____ State.

This is also to certify that he/she does not belong to the persons/section (creamy layer) mentioned in Column 3 of the Scheduled to the Government of India. Department of Personnel & Training O.M. No. 36012/22/93-Estt. (SCT) dated 08/09/93 which is modified vide OM No. 36033/3/2004 Estt. (Res.) dated 09.03.2004 or the latest notification of the Government of India.

Dated: _____

District Magistrate/Competent Authority Seal

NOTE: Any Resolution Number not mentioned/ corrective Ness in above list (1-17) may be verified from central list at national commission for Backward classes website and be may accepted as valid after confirmation from site by verifying institutes.

- (a) The Term Ordinarily used here will have the same meaning as in Section 20 of the Representation of the People Act, 1950.
- (b) The authorities competent to issue Caste Certificates are indicated below:
 - 1 District Magistrate/Additional Magistrate/1st Class Stipendiary Magistrate/Sub-Divisional Magistrate/Taluka Magistrate/Executive Magistrate/Extra Assistant Commissioner (not below the rank of 1st Class Stipendiary Magistrate.)
 - 2 Chief Presidency Magistrate/Additional Chief presidency Magistrate/Presidency magistrate.
 - 3 Revenue Officer not below the rank of Tehsildar.
 - 4 Sub-Divisional Officer of the area where the candidate and/or his family resides.
 - (c) The annual income/status of the parents of the applicant should be based on financial year ending March 31, 2025

Annexure-2

CERTIFICATE OF DISABILITY FOR NEET ADMISSIONS

(As per MCI Gazette Notification No. MCI-18(1)/2018-Med./187262 dated 5th Feb, 2019/ 14th May, 2019 for admission to Medical Courses in All India Quota)

Certificate No :

Certificate Date : 00-XXX-2025

Name of the Designated Disability Certification Centre				PHOTOGRAPH
This to certify that Dr. / Mr. / Ms.				
Age		Son/ Daughter of Mr.		
NEET Roll No.		Rank No.		

Has the following Disability

Disability Details				
Sr No	Disability Type	Type of Disability	Specified Disability	Disability %
1				

Conclusion: Based on quantification of Disability The Disability of candidate is between 40- 80%. Hence, the candidate is eligible to pursue medical education and also eligible to claim PwD reservation.

The Disability Certification Board certifies that the candidate is Eligible for admission in Medical/ Dental courses and to avail 5% PwD reservation as per the NMC/ MCI Gazette Notification.

Eligible for PWD Quota, Eligible for Medical/Dental Course

Functional competency with the aid of **Assistive devices** in case of **Locomotor*/ Visual*/ Hearing* Impairment**, if any.
No

Sign & Name:
Name:

Assistant Professor
Neurology

Sign & Name:

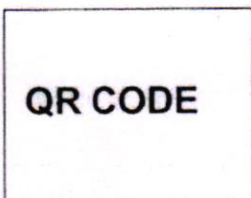
Associate Professor
Orthopedics

Sign &

Associate Professor
Medicine

Disclaimer : This Certificate is Provisional and will be verified by the allotted college authorities at the time of admission. The candidate may be subjected to diagnostic test to specify the level of disability again at the allotted college in case of any ambiguity. The certificate may be cross verified by the admitting college from the Disability Board from where the certificate has been issued. Hence, the Designated Disability Boards and the candidates are advised to preserve the records for any future reference. The Disability Certificate is valid for this academic session only.

Downloading Date: August XX, 2024 00:0



Performa for EWS Certificate

7

Annexure-I

Government of
(Name & Address of the authority issuing the certificate)

INCOME & ASSEST CERTIFICATE TO BE PRODUCED BY ECONOMICALLY WEAKER SECTIONS

Certificate No. _____

Date: _____

VALID FOR THE YEAR _____

This is to certify that Shri/Smt./Kumari _____ son/daughter/wife of _____ permanent resident of _____ Village/Street _____ Post Office _____ District _____ in the State/Union Territory _____ Pin Code _____ whose photograph is attested below belongs to Economically Weaker Sections, since the gross annual income* of his/her 'family***' is below Rs. 8 lakh (Rupees Eight Lakh only) for the financial year _____. His/her family does not own or possess any of the following assets*** :

- I. 5 acres of agricultural land and above;
- II. Residential flat of 1000 sq. ft. and above;
- III. Residential plot of 100 sq. yards and above in notified municipalities;
- IV. Residential plot of 200 sq. yards and above in areas other than the notified municipalities.

2. Shri/Smt./Kumari _____ belongs to the _____ caste which is not recognized as a Scheduled Caste, Scheduled Tribe and Other Backward Classes (Central List)

Signature with seal of Office _____
Name _____
Designation _____

Recent Passport size attested photograph of the applicant

*Note1: Income covered all sources i.e. salary, agriculture, business, profession, etc.

**Note 2: The term "Family" for this purpose include the person, who seeks benefit of reservation, his/her parents and siblings below the age of 18 years as also his/her spouse and children below the age of 18 years

***Note 3: The property held by a "Family" in different locations or different places/cities have been clubbed while applying the land or property holding test to determine EWS status.

G. Prasad

Annexure - 6

SURETY BOND
[For Post Graduate Medical Programmes (PGMC)]
 (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 SSMC / PGMC, 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) 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) 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 _____ 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 (forPGMC), 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).

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), 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), 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.

Annexure - 7

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 PG 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

Annexure - 8

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

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



Appendix 7

UNDERTAKING BY THE STUDENT WITH RESPECT TO ANTI RAGGING

I, _____ S/D of Mr./ Mrs. /Ms. _____, having been admitted to Programme/Stream _____ at (Institute/College) _____ 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.

- 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 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.
- 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.

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 _____ on this the _____ of _____.

 Signature of deponent



Appendix 8

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 _____ on this the _____ of _____, _____.

 Signature of deponent

File No. PGSS12415442925-PGSS-ARWMS-Part(A)-(Gem)ntez9106130704)