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Rajarajeswari Medical College & Hospital

(Recognized by Medical Council of India & Govt of India and
Affiliated to Rajiv Gandhi University of Health Sciences, Bangalore, Karnataka)

Sponsored by : MOOGAMBIGAI CHARITABLE AND EDUCATIONAL TRUST

Ref: RRMCH/PG - Admn/RGUHS/2014-15/039

Date: - 14/07/2014

To,

The Registrar,
Rajiv Gandhi University of Health Science,
4th 'T' Block, Jayanagar,
Bangalore-560 041.

Dear Sir,

Sub: Submission of Admission Statement of PG Degree (MD/MS Course) for the
academic year 2014-15-Admission approval requested-reg.

Ref:- RGUHS Bangalore Notification RGUHS/DSW/COE/2013-14 dated 26/06/2014.

With reference to the above subject and letter cited, we submit herewith the Post Graduate online submitted admission statement along with original challans in the form of Form 1 & Form 3 drawn on State Bank Mysore, Kumbalgodu Branch, Bangalore to the RGUHS account for the total amount of Rs. 10,18,400/- towards prescribed admission, registration and other fee for the students admitted to 1st Year PG (MD/MS) courses for the academic year 2014-15 as detailed hereunder:-

Challan Type	Fee particulars	Amount in Rs.	Challan No	Date	Bank
Form 1	Registration fee	2,28,000/-	J-546056	11/07/14	SBM, Kumbalgodu Branch, Bangalore-85.
	Admission fee	38,000/-			
	Sports fee	45,600/-			
	Students Welfare Fund	22,800/-			
	Additional Exam Fee PG	2,28,000/-			
	Total	5,62,400/-			
Form 3	Helinet Students Fee	4,56,000/-	J-546056	11/07/14	
Net Total		10,18,400/-	14 JUL 2014		

[Handwritten signature]

[Handwritten initials]

R. G. U. H. S.
J-546056 11/07/14
14 JUL 2014
Signature *[Handwritten signature]*

Campus

202, Kambipura, Mysore Road, Bangalore - 560 074.

Ph : 080 - 65666768/65666770 Fax : 080-28437393

E-mail : info@rrmch.org, enquiry@rrmch.org

rajarajeswarimedicalcollege@yahoo.com

www.rrmch.org

RajaRajeswari Medical College & Hospital

(Recognized by Medical Council of India & Govt of India and
Affiliated to Rajiv Gandhi University of Health Sciences, Bangalore, Karnataka)

Sponsored by : MOOGAMBIGAI CHARITABLE AND EDUCATIONAL TRUST

-2-

We request your goodself to kindly accord approval for admission of 1st year PG degree (MD/MS) students for the academic year 2014-15 and oblige.

Thanking you,

Yours faithfully,

Encl:

1. Original challan No J-546056 Dt 11/07/14 amount Rs.5,62,400/-
2. Original challan No J-545806 Dt 11/07/14 amount Rs.4,56,000/-
3. Registration/admission and other fee paid particulars
4. List of PG students admitted as on 10/07/2014 submitted to RGUHS on 11/07/2014
5. Online submitted admission statement
6. MCI – Letter of Permission
7. MH&FW Letter of permission for increase of PG seats for the year 2014-15.
8. RGUHS – Affiliation for the year 2014-15
9. GOK – PG Seat Matrix notification for the year 2014-15
10. PG CET 2014 Allotment letter
11. Allotment/Rank list of KRLMPCA PGET 2014
12. List of students applied for eligibility certificates
13. BOX FILE containing Original certificate of PG students


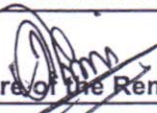
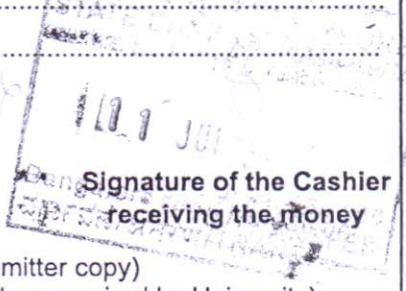
[Signature]
DEAN
Rajarajeswari Medical College & Hospital
Kambipura, Mysore Road
Bangalore - 560 074.



Campus

202, Kambipura, Mysore Road, Bangalore - 560 074.
Ph: 080 - 65666768/65666770 Fax: 080 28437393
E-mail : info@rrmch.org, enquiry@rrmch.org
rajarajeswarimedicalcollege@yahoo.com

FORM - 3

STUDENT / COLLEGE COPY	
RGUHS HELINET ACCOUNT	
BM ACCOUNT No. 54019483532	
NOTE : PLEASE KEY IN THE REG NO. COMPULSORILY	
PAYABLE AT ALL BRANCHES OF STATE BANK OF MYSORE	
	Rajiv Gandhi University of Health Sciences, Karnataka.
Name of the Bank :	State Bank of Mysore
Branch Name :	
Name of the College / Student :	RAJARAJESWARI MEDICAL COLLEGE & HOSPITAL, No. 202, Kambipura, Mysore Road, Bangalore - 560 074.
Address :	
Pin :	Phone :
Name of the Course :	
Class :	I / II / III / IV
Reg No.	<i>Year 2014-15</i>
Subject :	<i>1 Year PG Admission- Student</i>
Separate Challans to be made for the below UG/PG/SuperSpeciality/Ph.d/Fellowship/	
Particulars of fee remitted	Amount
1. Digital Library Service Fee / PGDHL:	-
2. Helinet Institutional fee	-
3. Helinet-Student Fee:	4,26,000/-
4. Miscellaneous Fee (Specify)	-
Total Fee	4,26,000/-
Amount (in words) Rupees	
<i>Four lacs and Twenty six thousands only</i>	
Note: Fees once paid will not be refunded	
Date: <i>10/7/2014</i>	Signature of the Remitter 
RAJARAJESWARI MEDICAL COLLEGE & HOSPITAL, No. 202, Kambipura, Mysore Road, Bangalore - 560 074.	
Amount (in words) Rupees	
.....	
.....	
Challan No.	<i>541955</i>
Date & Bank Seal	
Signature of the Cashier receiving the money	
(Remitter copy)	
(To be produced when required by University)	

Acad



RajaRajeswari Medical College & Hospital

AN ISO 9001 : 2008 CERTIFIED INSTITUTION

(Recognized by Medical Council of India & Govt. of India and
Affiliated to Rajiv Gandhi University of Health Sciences, Bangalore)

Sponsored by: MOOGAMBIGAI CHARITABLE AND EDUCATIONAL TRUST

Ref: RRMCH/UG - Admn/RGUHS/2014-15/085

Date: - 07.10.2014

To,

The Registrar,

Rajiv Gandhi University of Health Science,

4th 'T' Block, Jayanagar,

Bangalore-560 041.

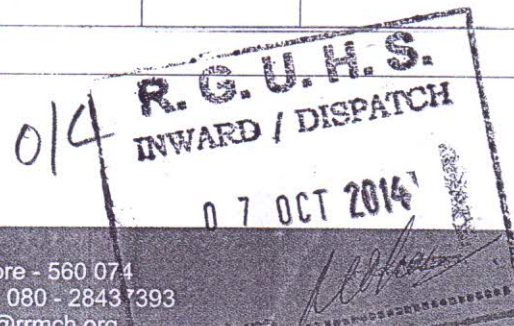
Dear Sir,

Sub: Submission of UG Admission Statement for the students admitted into first year MBBS course for the academic year 2014-15 Admission approval requested-reg.

Ref: RGUHS Bangalore Notification No. DSW/COE/2013-14 Dated: 22/04/2014

With reference to the above subject and letter cited, we submit herewith the UG admission statement along with original challans in the form of Form 1 & Form 3 through RTGS from State Bank Mysore, Kumbalgodu Branch, Bangalore to the RGUHS account for the total amount of Rs. 13,58,500/- towards prescribed registration / admission and other fee for the students admitted in to 1st Year MBBS course for the academic year 2014-15 as detailed hereunder:-

Challan Type	Fee particulars	Amount in Rs.	Challan No	Date	Bank
Form 1	Registration fee	3,96,000/-	366349	12.09.14	SBM, Kumbalgodu Branch, Bangalore-85.
	Admission fee	85,000/-			
	Sports fee	1,35,000/-			
	Students Welfare Fund	67,500/-			
	Total	6,83,500/-			
Form 3	Helinet Students Fee	6,75,000/-	369520	12.09.14	
Net Total		13.58.500/-			



RajaRajeswari Medical College & Hospital

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Sponsored by: MOOGAMBIGAI CHARITABLE AND EDUCATIONAL TRUST


Also we enclose herewith the original documents pertaining to the students admitted to 1st year MBBS course and other required approval details are enclosed herewith for your kind reference and verification.

We request your goodself to kindly accord admission approval for the said students admitted in to 1st year UG –MBBS course for the academic year 2014-15 and oblige.

This is submitted for favour of kind information and approval.

Thanking you,

Yours faithfully,


DEAN
RajaRajeswari Medical College & Hospital
Kambipura, Mysore Road,
Bangalore - 560 074.

Encl:

1. Original challan No 366349 Dt 12.09.14 amount Rs. 6,83,500/-
2. Original challan No 369520 Dt 12.09.14 amount Rs. 6,75,000/-
3. Registration/admission and other fee paid particulars
4. List of students submitted to RGUHS on 30.09.2014 by mail & Fax
5. Online admission statement
6. MCI – Letter for Renewal of Permissions for the year 2014-15
7. RGUHS – Affiliation for the year 2014-15
8. GOK – UG Seat Matrix notification for the year 2014-15
9. KEA UG CET 2014 Allotment letter
10. Rank list of KRLMPCA UGET 2014
11. List of students applied for eligibility certificates
12. BOX FILE containing Original certificate of UG students



Campus

Kambipura, Mysore Road, Bangalore - 560 074
Ph : 080 - 28437444 / 28437888 Fax : 080 - 28437393
E-mail : info@rrmch.org, enquiry@rrmch.org

RAJARAJESWARI MEDICAL COLLEGE & HOSPITAL,
KAMBIPURA, MYSORE ROAD, BANGALORE - 74

Submission of MBBS Admission Statement to RGUHS on 30.09.2014
Fee Statement of I MBBS Students admitted for the academic year 2014-2015

Sl No	Particulars	No of Students admitted Under CET MGT/NRI/ Foreign Category	Amount to be Remitted to RGUHS	Total
1	Registration Fee	CET Candidates (Rs.2000/- paid at CET Cell)	31 X 1000	31.000/-
		CET (SC 05 /ST 02 Candidates - 07 X Rs. 3000/-)	7X3000	21.000/-
		Management Students	108 X 3000	3.24.000/-
		NRI Category	04 X 5000	20.000/-
		Foreign Category	0 X 7500	-----
2	Admission Fee	CET candidates	38 X 500	19.000/-
		Management candidate	108X 500	54.000/-
		NRI Category	4 X 3000	12.000/-
		Foreign Category	0X 7500	-----
3	Student welfare fund	150 students X Rs. 100X4.5 years	150X450	67.500/-
3	Sports Fee	150 students X 4 ½ years	150 X 4.5 X 200	1.35.000/-
4	Students Helinet Fee	150 students onetime payment	150 X 4.5 X 1000	6.75.000/-
			Grand Total	13,58,500/-

Fee Paid Particulars

Sl No	Challan Type	Amount Rs.	Description	Challan No / Date
1	Form 1	6,83,500/-	Registration Fee Rs.3,96,000 /-	No:366349 Dt:12.09.2014 SBM, Kumbalgodu Branch, Bangalore-74
			Admission Fee Rs 85,000/-	
			Sports Fee Rs.1.35.000/-	
			Student welfare fund Rs.67.500/-	
2	Form 3	6.75.000/-	Students Helinet Fee Rs. 6.75.000/-	No:369520 Dt:12.09.2014 SBM, Kumbalgodu Branch, Bangalore-74
Total		Rs.13,58,500 /-		

D. S. R. B.
Bangalore-74

FORM - 1

RGUHS COPY

RGUHS GENERAL ACCOUNT

SBM ACCOUNT No. 54019480881

NOTE : PLEASE KEY IN THE REG NO. COMPULSORILY

PAYABLE AT ALL BRANCHES OF STATE BANK OF MYSORE



Rajiv Gandhi University of Health Sciences, Karnataka.

Name of the Bank : State Bank of Mysore

Branch Name :

Name of the College / Student :

Address :

DEAN
Rajarajeswari Medical College & Hospital
Kambipura, Mysore Road
Bangalore - 560 074.
Phone :

Pin :

Name of the Course :

Class : I / II / III / IV

Reg No.

Year 2014-15

Subject : 1 Year MBBS. Admn/Regn/others
Separate Challans to be made for Fee
UG/PG/SuperSpeciality/Ph.d/Fellowship

Particulars of fee remitted	Amount
FEE - AFFILIATION	
1.Application	/
2.Fresh/Additional Course	
3.Renewal (continuation)	
4.Annual Fee (continuation)	
5.Administrative & Service Charges(cont)	
6.Increase in intake UG / PG	
7.Late Fee / Penalty	
FEE - ADMISSION ✓	
1.Registration	3,96,000/-
2.Admission	85,000/-
3.Sports	1,95,000/-
4.Student Welfare Fund	67,500
5.Late Admission / Submission Fee	
6.Additional Examination Fee PG	
FEE - GENERAL	
1.Eligibility	/
2.Identity / Smart Card	
3.Migration	
4.NOC	
5.Fee collected under RTI Act	
6.Sale of Tender Form	
7.Sale of old News Papers / Records	
8.EMD	
9.Miscellaneous Fee (Specify)	
Total Fee	6,83,200/-

Amount (in words) Rupees

Six Lacs Eighty Three Thousand & Five Hundred

Note: Fees once paid will not be refunded

Date: 12/09/2014 Signature of the Remitter

For the use of the Bank, Mysore Road Bangalore - 560 074.

Amount (in words) Rupees

192500 366349

Challan No.

Date & Signature of the Cashier receiving the money

Bank Seal (To be issued to the Remitter for submitting along with the application to University)

FORM - 1

STUDENT / COLLEGE COPY

RGUHS GENERAL ACCOUNT

SBM ACCOUNT No. 54019480881

NOTE : PLEASE KEY IN THE REG NO. COMPULSORILY

PAYABLE AT ALL BRANCHES OF STATE BANK OF MYSORE



Rajiv Gandhi University of Health Sciences, Karnataka.

Name of the Bank : State Bank of Mysore

Branch Name :

Name of the College / Student :

Address :

DEAN
Rajarajeswari Medical College & Hospital
Kambipura, Mysore Road
Bangalore - 560 074.
Phone :

Pin :

Name of the Course :

Class : I / II / III / IV

Reg No.

Year 2014-15

Subject : 1 Year MBBS. Admn/Regn/others
Separate Challans to be made for Fee
UG/PG/SuperSpeciality/Ph.d/Fellowship

Particulars of fee remitted	Amount
FEE - AFFILIATION	
1.Application	/
2.Fresh/Additional Course	
3.Renewal (continuation)	
4.Annual Fee (continuation)	
5.Administrative & Service Charges(cont)	
6.Increase in intake UG / PG	
7.Late Fee / Penalty	
FEE - ADMISSION ✓	
1.Registration	3,96,000/-
2.Admission	85,000/-
3.Sports	1,95,000/-
4.Student Welfare Fund	67,500/-
5.Late Admission / Submission Fee	
6.Additional Examination Fee PG	
FEE - GENERAL	
1.Eligibility	/
2.Identity / Smart Card	
3.Migration	
4.NOC	
5.Fee collected under RTI Act	
6.Sale of Tender Form	
7.Sale of old News Papers / Records	
8.EMD	
9.Miscellaneous Fee (Specify)	
Total Fee	6,83,200/-

Amount (in words) Rupees

Six Lacs Eighty Three Thousand & Five Hundred

Note: Fees once paid will not be refunded

Date: 12/9/2014 Signature of the Remitter

For the use of the Bank, Mysore Road Bangalore - 560 074.

Amount (in words) Rupees

192500 366349

Challan No.

Date & Signature of the Cashier receiving the money

Bank Seal (Remitter copy) (To be produced when required by University)

FORM - 3

SBM JAYANAGAR BRANCH COPY

RGUHS HELINET ACCOUNT

SBM ACCOUNT No. 54019483532

NOTE : PLEASE KEY IN THE REG NO. COMPULSORILY

PAYABLE AT ALL BRANCHES OF STATE BANK OF MYSORE



Rajiv Gandhi University of Health Sciences, Karnataka.

Name of the Bank : State Bank of Mysore

Branch Name :

Name of the

College / Student :

DEAN

Address :

Rajarajeswari Medical College & Hospital
Kambipura, Mysore Road
Bangalore - 560 074.

Pin :

Phone :

Name of the Course :

Class :

I / II / III / IV

Reg No.

Year 2014-15

Subject : 1 Year M.B.B.S Admissions

**Separate Challans to be made for
UG/PG/SuperSpeciality/Ph.d/Fellowship**

Particulars of fee remitted	Amount
1. Digital Library Service Fee / PGDHL:	-
2. Helinet Institutional fee	-
3. Helinet-Student Fee:	6,75,000/-
4. Miscellaneous Fee (Specify)	-
Total Fee	6,75,000/-

Amount (in words) Rupees

Six lakh and Seventy Five Thousand only.

Note: Fees once paid will not be refunded

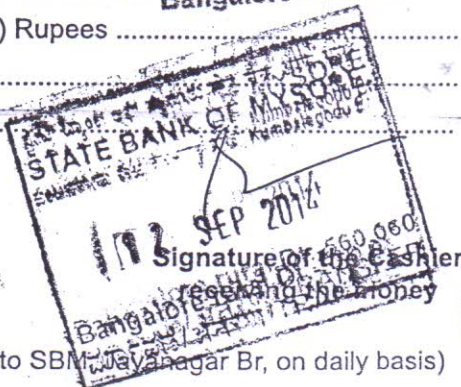
Date: 12/9/2014.

Signature of the Remitter
Rajarajeswari Medical College & Hospital
Kambipura, Mysore Road
Bangalore - 560 074.

Amount (in words) Rupees

Challan No.

Date & Bank Seal



(To be forwarded to SBM Jayanagar Br, on daily basis)

FORM - 3

STUDENT / COLLEGE COPY

RGUHS HELINET ACCOUNT

SBM ACCOUNT No. 54019483532

NOTE : PLEASE KEY IN THE REG NO. COMPULSORILY

PAYABLE AT ALL BRANCHES OF STATE BANK OF MYSORE



Rajiv Gandhi University of Health Sciences, Karnataka.

Name of the Bank : State Bank of Mysore

Branch Name :

Name of the

College / Student :

DEAN

Address :

Rajarajeswari Medical College & Hospital
Kambipura, Mysore Road
Bangalore - 560 074.

Pin :

Phone :

Name of the Course :

Class :

I / II / III / IV

Reg No.

Year 2014-15

Subject : 1 Year M.B.B.S Admission.

**Separate Challans to be made for
UG/PG/SuperSpeciality/Ph.d/Fellowship**

Particulars of fee remitted	Amount
1. Digital Library Service Fee / PGDHL:	-
2. Helinet Institutional fee	-
3. Helinet-Student Fee: ✓	6,75,000/-
4. Miscellaneous Fee (Specify)	-
Total Fee	6,75,000/-

Amount (in words) Rupees

Six lakh and Seventy Five Thousand only.

Note: Fees once paid will not be refunded

Date: 12/9/2014.

Signature of the Remitter
Rajarajeswari Medical College & Hospital
Kambipura, Mysore Road
Bangalore - 560 074.

Amount (in words) Rupees

Challan No.

Date & Bank Seal



(To be produced when required by University)



RajaRajeswari Medical College & Hospital

AN ISO 9001 : 2008 CERTIFIED INSTITUTION

(Recognized by Medical Council of India & Govt. of India and
Affiliated to Rajiv Gandhi University of Health Sciences, Bangalore)

Sponsored by: MOOGAMBIGAI CHARITABLE AND EDUCATIONAL TRUST

Ref.RRMCH/RGUHS-ins.Heli fee/2014-15/111

Date: 15.11.2014

To,

The Registrar

Rajiv Gandhi University of Health Sciences,
4th 'T' Block, Jayanagar,
Bangalore – 560 041.



Dear Sir,

Sub: Submission of Original Challan for payment of Institutional Helinet Fee for the year 2015-16 - Reg.

Ref: RGUHS Notification No. RGUHS/Aff-COE/2015-16 dated: 07.11.2014 download from RGUHS web portal on 10/11/2014

With reference to the above subject and letter cited, we enclose herewith the original challan No 986601 dated 14.11.2014 through RTGS from SBM, Kumbalagodu Branch Bangalore – 74) for the amount of Rs.1.30.000/- (Rupees one lakh and thirty thousand Only) towards prescribed fee for institutional Helinet fee for existing UG & PG (MBBS & MD/MS) courses of our institution for the academic year 2015-16.

Kindly acknowledge the receipt of same.

Thanking you Sir,



Yours faithfully

DBAN
Rajarajeswari Medical College & Hospital
Kambipura, Mysore Road
Bangalore - 560 074.

Enclr : Original challan no . 986601 Dt: 14.11.2014 amount Rs. 1.30.000/-

FORM - 3

STUDENT / COLLEGE COPY

RGUHS HELINET ACCOUNT

SBM ACCOUNT No. 54019483532

NOTE: PLEASE KEY IN THE REG NO. COMPULSORILY

PAYABLE AT ALL BRANCHES OF STATE BANK OF MYSORE



Rajiv Gandhi University of Health Sciences, Karnataka.

Name of the Bank: State Bank of Mysore

Branch Name:

Name of the College / Student: RAJARAJESWARI MEDICAL COLLEGE & HOSPITAL

Address: No. 202, Kambipura, Mysore Road, Bangalore-560 074.

Pin: Phone:

Name of the Course:

Class: I / II / III / IV

Reg No. Year 2015-16

Subject: Annual Institutional Helinet Fee
Separate Challans to be made for UG/PG/SuperSpeciality/Ph.d/Fellowship

Particulars of fee remitted	Amount
1. Digital Library Service Fee / PGDHL:	-
2. Helinet Institutional fee	-
3. Helinet-Student Fee:	1,30,000/-
4. Miscellaneous Fee (Specify)	-
Total Fee	1,30,000/-

Amount (in words) Rupees: One Lakh and Thirty Thousands only

Note: Fees once paid will not be refunded

RAJARAJESWARI MEDICAL COLLEGE & HOSPITAL
Date: 14/11/2014
Signature of the Cashier
For the use of the Bank

Amount (in words) Rupees: 1,30,000/-

Challan No. 1184 NOV 2014
Signature of the Cashier receiving the money

Date & Bank Seal
(Remitter copy)
(To be produced when required by University)





DELNET

Developing Library Network

New Delhi

www.delnet.nic.in

Certificate of Membership

This certifies that

*Rajarajeswari Medical
College & Hospital, Bengaluru*


is an Institutional Member of

DELNET – Developing Library Network

and is entitled to all benefits and privileges pertaining thereto.

Membership Number *IM – 4998* has been renewed and it

expires on November 13, 2015


Dr. H. K. Kaul
Director
DELNET, New Delhi

RajaRajeswari Medical College & Hospital

(Recognized by Medical Council of India & Govt. of India and
Affiliated to Rajiv Gandhi University of Health Sciences, Bangalore)

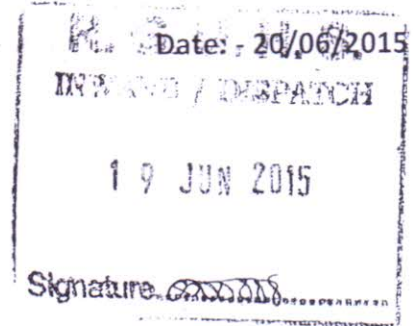
Sponsored by: MOOGAMBIGAI CHARITABLE AND EDUCATIONAL TRUST



Ref: RRMCH/PG - Admn/RGUHS/2015-16/041

To,

The Registrar,
Rajiv Gandhi University of Health Science,
4th 'T' Block, Jayanagar,
Bangalore-560 041.



Dear Sir,

Sub: Submission of online entered printed admission statement of PG Degree (MD/MS)
Course for the academic year 2015-16-Admission approval requested-Reg.

Ref:- RGUHS Bangalore Notification no. DSW/COE/2015-16 dated 28/05/2015.

With reference to the above subject and letter cited, we submit herewith the Post Graduate online entered printed admission statement along with net banking payment transaction ID to the RGUHS account for the total amount of Rs. 8,61,600/- towards prescribed admission, registration and other fee for the students admitted to 1st Year PG (MD/MS) courses at our RajaRajeswari Medical College & Hospital, Bengaluru for the academic year 2015-16 as detailed hereunder:-

Challan Type	Fee particulars	Amount in Rs.	Transaction ID no.	Date	Customer ID
Form 1	Registration fee	2,13,000/-	DSBM 3844068131	10/06/15	ADMIFEE 20150610162 54501021165
	Admission fee	24,500/-			
	Sports fee	20,700			
	Students Welfare Fund	41,400/-			
	Additional Exam Fee PG	1,38,000/-			
	Total	4,47,600/-			
Form 3	Helinet Students Fee	4,14,000/-	DSBM 3844074376	10/06/15	HELIFEE20150 61016292614 81262
	Net Total	8,61,600/-			

O/C

Campus

202 Kambipura, Mysore Road, Bangalore-560 060

Ph : 080 29 29 29 29 / 28437444 Fax : 28437393

E-Mail : info@rmch.org, enquiry@rmch.org, rajarajeswarimedicalcollege@yahoo.com

www.rmch.org

RajaRajeswari Medical College & Hospital

(Recognized by Medical Council of India & Govt. of India and
Affiliated to Rajiv Gandhi University of Health Sciences, Bangalore)

Sponsored by: MOOGAMBIGAI CHARITABLE AND EDUCATIONAL TRUST.



-2-

We request your goodself to kindly accord approval for admission of 1st year PG degree
(MD/MS) students for the academic year 2015-16 and oblige.

Thanking you,

Yours faithfully,

Dean
Dean

RajaRajeswari Medical College & Hos
202, Kambipura, Mysore Road,
Bangalore-560 074.

Encl:

1. Admission fee payment ID No DSBM3844068131 dt: 10.06.2015 amt Rs. 4,47,600/
2. Helinet fee payment ID No DSBM3844074376 dt: 10.06.2015 amt Rs. 4,14,000/
3. Registration/admission and other fee paid particulars
4. List of PG students admitted as on 10/06/2015 submitted to RGUHS on 11/06/2015
5. Online submitted PG admission statement
6. MCI – Letter of Permission
7. MH&FW Letter of permission for increase of PG seats for the year 2015-16.
8. RGUHS – Affiliation for the year 2015-16
9. GOK – PG Seat Matrix notification for the year 2015-16
10. PG CET 2015 Allotment letter
11. Allotment/Rank list of KRLMPCA PGET 2015
12. List of students applied for eligibility certificates
13. BOX FILE containing Original certificate of PG students



RajaRajeswari Medical College & Hospital
Bangalore

Registration, Admission & Other Fee to RGUHS for PG (MS/MD) Admissions

Campus

202 Kambipura, Mysore Road, Bangalore-560 060

Ph : 080 29 29 29 29 / 28437444 Fax : 28437393

E-Mail : info@rrmch.org, enquiry@rrmch.org, rajarajeswarimedicalcollege@yahoo.com

6/10/2015

RGUHS Thank You page



Online form for Helinate Fee
Thank You, Your Transaction successful

Transaction Reference Number	DSBM3844074376
Customer Id	HELIFEE201506101629261481262
Transaction Amount	414000.00
Name Of Institute	Rajarajeswari Medical College and Hospital
Faculty	MEDICAL
Course	PG
Affiliation Type	FRESH
Payment Catagory	ADMISSION

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<https://payments.billdesk.com/MercOnline/RGUResponseHandler?reqid=HelinateFee>



RajaRajeswari Medical College & Hospital

(Recognized by Medical Council of India & Govt. of India and
Affiliated to Rajiv Gandhi University of Health Sciences, Bangalore)

Sponsored by: MOOGAMBIGAI CHARITABLE AND EDUCATIONAL TRUST



Ref No:RRMCH/RGUHS-UG Admn /2015-16/114-A

Date:- 30/09/2015

To,

The Finance Officer
Rajiv Gandhi University of Health Sciences,
4th 'T' Block, Jayanagar,
Bangalore – 560 041.

Dear sir,

Sub:- Submission of receipt of payment online admission for **1st year UG Degree**
(MBBS) Course at RajaRajeswari Medical College & Hospital, Bangalore, for
the **Academic year 2015-16.**

Ref:- RGUHS Bangalore revised Notification No. DSW/COE/2015-16 Dated: 31/07/2015

We are here with submitting receipt of online admission fees for 1st year UG Degree (MBBS)
course at RajaRajeswari Medical College & Hospital, Bangalore, for the academic year 2015-16 batch.

We have enclosed the online form for admission fees Receipt **Rs. 4,64,000/-** And **Helinet fees**
Rs. 4,50,000/-

This is submitted for your kind information and approval.

Thanking You sir,

Yours faithfully,

DEAN

(Dr. Shivakumar Veeraiah)

Encl:

1. Transaction Reference No: DSBM4041186850, dated:30/09/2015, Rs. 4,64,000/-
2. Transaction Reference No: DSBM4041196199, dated:30/09/2015, Rs. 4,50,000/-

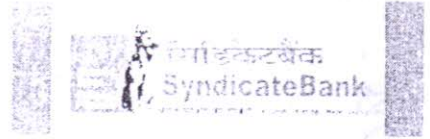
Campus

202 Kambipura, Mysore Road, Bangalore-560 060

Ph: 080 29 29 29 29 / 28437444 Fax: 28437393

E-Mail : info@rrmch.org, enquiry@rrmch.org, rajarajeswarimedicalcollege@yahoo.com

www.rrmch.org



Online form for Helinate Fee
Thank You, Your Transaction successful

Transaction Reference Number	DSBM4041196199
Customer Id	HELIFEE201509301325204243481
Transaction Amount	450000.00
Name Of Institute	Rajarajeshwari Medical College and Hospital
Faculty	MEDICAL
Course	UG
Affiliation Type	FRESH
Payment Category	ADMISSION

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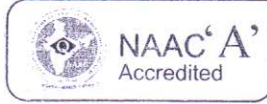




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Ref No:RRMCH/RGUHS-UG Admn /2015-16/114-A

Date:- 30/09/2015

To,

The Finance Officer
Rajiv Gandhi University of Health Sciences,
4th 'T' Block, Jayanagar,
Bangalore – 560 041.

Dear sir,

Sub:- Submission of receipt of payment online admission for **1st year PG Degree (Super Specialty) Course** at RajaRajeswari Medical College & Hospital, Bangalore, For the Academic year 2015-16.

Ref:- RGUHS Bangalore revised Notification No. DSW/COE/2015-16 Dated: 31/07/2015

We are here with submitting receipt of online admission fees for 1st year PG Degree (Super Specialty) course at RajaRajeswari Medical College & Hospital, Bangalore, for the academic year 2015-16 batch.

We have enclosed the online form for admission fees Receipt Rs. 14,800/- And Helinet fees **Rs. 12,000/-**

This is submitted for your kind information and approval.

Thanking You sir,

Yours faithfully,

DEAN

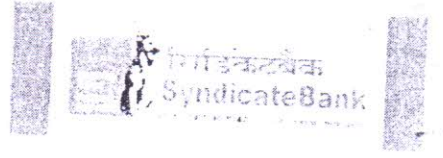
(Dr. Shivakumar Veeraiah)

RajaRajeswari Medical College & Hospital
4th 'T' Block, Jayanagar, Bangalore
Bangalore - 560 041

Encl:

1. Transaction Reference No: DSBM4041220077, dated:30/09/2015, Rs. 14,800/-
2. Transaction Reference No: DSBM4041228449, dated:30/09/2015, Rs. 12,000/-





Online form for Helinate Fee
Thank You, Your Transaction successful

Transaction Reference Number	DSBM4041228449
Customer Id	HELIFEE201509301346080203483
Transaction Amount	12000.00
Name Of Institute	Rajarajeswari Medical College and Hospital
Faculty	MEDICAL
Course	PG
Affiliation Type	FRESH
Payment Category	ADMISSION

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Transaction. Sign Here





RajaRajeswari Medical College & Hospital

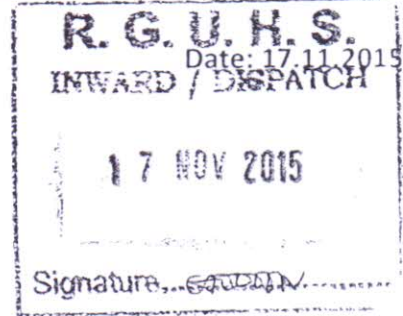
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Ref.RRMCH/RGUHS-ins.Heli fee/2015-16/137

To,
The Registrar
Rajiv Gandhi University of Health Sciences,
4th 'T' Block, Jayanagar,
Bangalore – 560 041.



Dear Sir,

Sub: Submission of Original Challan for payment of **Institutional Helinet Fee** for the **year 2016-17** - Reg.

Ref: RGUHS Notification No. RGUHS/Aff-CoE/2015-16 dated: 09.11.2015 download from RGUHS web portal on 11/11/2015

With reference to the above subject and letter cited, we enclose herewith online payment receipt (Transaction ID ESBI4119838033 dt: 17.11.2015) for the amount of **Rs.1.30.000/-** (Rupees one lakh and thirty thousand Only) towards prescribed fee for **institutional Helinet fee** for existing UG & PG (MBBS & MD/MS) courses of our institution for the academic **year 2016-17.**

Kindly acknowledge the receipt of same.

Thanking you Sir,



Yours faithfully

DEAN

Enclr : Copy of Online payment receipt

(Transaction ID ESBI4119838033 dt: 17.11.2015, Amount Rs.1,30,000/-)

Raja Rajeswari Medical College & Hospital
Kambipura, Mysore Road,
Bangalore-560 074.

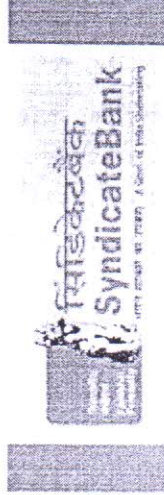
Campus

202 Kambipura, Mysore Road, Bangalore-560 060

Ph: 080 29 29 29 / 28437444 Fax: 28437393

E-Mail: info@rrmch.org, enquiry@rrmch.org, rajarajeswarimedicalcollege@yahoo.com

www.rrmch.org



Online form for Helinate Fee
 Thank You, Your Transaction successful

Transaction Reference Number	ESBI4119838033
Customer Id	HELIFEE201511171308427696009
Transaction Amount	130000.00
Name Of Institute	Rajarajeswari Medical College and Hospital
Faculty	MEDICAL
Course	PG
Affiliation Type	RENEWAL
Payment Category	AFFILIATION

[Handwritten Signature]

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Certificate of Membership

This certifies that


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Hospital, Bengaluru District*

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and is entitled to all benefits and privileges pertaining thereto.

Membership Number *IM – 4998* has been renewed and it
expires on November 13, 2016


Dr. H. K. Kaul
Director
DELNET, New Delhi



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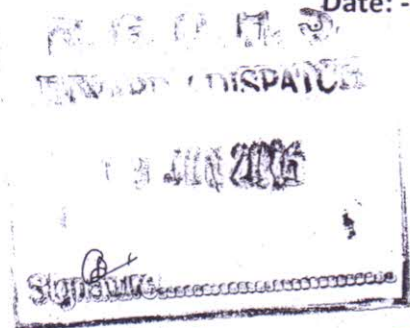


Ref: RRMCH/RGUHS/PG - Admn /2016-17/045

Date: - 10/06/2016

To,

The Registrar,
Rajiv Gandhi University of Health Science,
4th 'T' Block, Jayanagar,
Bangalore-560 041.



Dear Sir,

Sub: Submission of hard copy of online entered printed admission statement of PG Degree (MD/MS) Course for the academic year 2016-17-Admission approval requested-Reg.

Ref:- RGUHS Bangalore PG Calendar of Events Notification no. RGUHS/DSW/COE/2016-17 dated 21/03/2016.

With reference to the above subject and letter cited, we submit herewith the hard copy of Post Graduate online entered printed admission statement along with net banking payment transaction to the RGUHS account for the total amount of Rs. 8,92,800/- towards prescribed amount for admission, registration and other fee for the students admitted to 1st Year PG (MD/MS) courses at our RajaRajeswari Medical College & Hospital, Bengaluru for the academic year 2016-17 as detailed hereunder:-

Challan Type	Fee particulars	Amount in Rs.	Transaction ID no.	Date	Customer ID
Form 1	Registration fee	2,16,000/-	FSBM45179 85863	01.06.16	MISGEN20160 60111452008 918469
	Admission fee	36,000/-			
	Sports fee	43,200/-			
	Students Welfare Fund	21,600/-			
	Additional Exam Fee PG	1,44,000/-			
	Total	4,60,800/-			
Form 3	Helinet Students Fee	4,32,000/-	FSBM45179 75850	01.06.16	MISHEL20160 60111415078 518467
Net Total		8,92,800/-			

Handwritten signature and stamp.

Contd.....2

RajaRajeswari Medical College & Hospital

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-2-

We request your goodself to kindly accord approval for the students admitted into 1st year PG degree (MD/MS) Course in the various specialty subjects for the academic year 2016-17 and oblige.

Thanking you Sir,

Yours faithfully,

Dean
DEAN

Rajarajeswari Medical College & Hospital
Kambipura, Mysore Road
Bangalore - 560 074,

Encl:

1. Admission fee payment ID No FSBM4517985863 dt: 01.06.2016 amt Rs. 4,60,800/
2. Helinet fee payment ID No FSBM4517975850 dt: 01.06.2016 amt Rs. 4,32,000/
3. Registration/admission and other fee paid particulars
4. List of PG students admitted as on 31/05/2016 submitted to RGUHS on 01/06/2016
5. Online submitted PG admission statement for the year 2016-17
6. MCI – Letter of Permission
7. MH&FW Letter of permission for increase of PG seats for the year 2016-17.
8. RGUHS – Affiliation for the year 2016-17
9. GOK – PG Seat Matrix notification for the year 2016-17
10. Government – KEA - PG CET 2016 Allotment letter
11. Allotment/Rank list of AMPCK PGET 2016
12. List of students applied for eligibility certificates
13. BOX FILE containing Original certificate of PG students



Campus

202 Kambipura, Mysore Road, Bangalore-560 060

Ph : 080 29 29 29 29 / 28437444 Fax : 28437393

E-Mail : info@rrmch.org, enquiry@rrmch.org, rajarajeswarimedicalcollege@yahoo.com



RajaRajeswari Medical College & Hospital

(Recognized by Medical Council of India & Govt. of India and
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Ref:RRMCH/Sup Spl - Admn/RGUHS/2016-17/104-A

Date: -06.10.2016

To,

The Registrar,
Rajiv Gandhi University of Health Science,
4th 'T' Block, Jayanagar,
Bangalore-560 041.

R.G.U.H.S.
INWARD DISPATCH
06 OCT 2016

Dear Sir,

Sub: Submission of hard copy of online admission statement uploaded to RGUHS web Portal on 31.08.2016 for the students admitted into first year Super Specialty course in the various specialty subjects for the academic year 2016-17-Admission approval requested-Reg.

Ref: RGUHS Bangalore Notification No. RGUHS/DSW/COE/2016-17 Dated: 27/08/2016

With reference to the above subject and letter cited, we submit herewith with the hard copy of online admission statement uploaded to RGUHS web portal on 31.08.2016 for admission of Super Specialty students at our RajaRajeswari Medical College and Hospital, Bangalore for the academic year 2016-17.

Also we enclose herewith the online payment for the total amount of Rs. 31,200/- vide transaction Ref No HSBM4795065233 (Amount Rs. 22,200/-) and HSBM4795076677 (Amount Rs. 9,000/-) dt: 30.09.2015 towards prescribed registration / admission and other fee for the students admitted to 1st Year Super Specialty course for the academic year 2016-17 as detailed hereunder:-

Fee particulars	Amount in Rs.	Transaction ID no.	Customer ID	Date of Payment
Registration fee	9,000/-	HSBM479506 5233	ADMIFEE2016 100113235581 433681	01/10/2016
Admission fee	1,500/-			
Sports fee	1,800/-			
Students Welfare Fund	900/-			
Additional Exam Fee	9,000/-			
Total	22,200/-			
Students Helinet Fee	9,000/-	HSBM479507 6677		01/10/2016
Total Amount	31,200/-			

Campus

202, Kambipura, Mysore Road, Bangalore-560 060
Ph : 080 29 29 29 29 / 28487444 Fax : 28437383

E-Mail : info@rrmch.org, enquiry@rrmch.org, rajarajeswarimedicalcollege@yahoo.com



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-2-

In this regards we enclose herewith copy of online payment statements for the said amount for your kind reference.

This is submitted for kind information and approval.

Thanking you Sir,

Yours faithfully,

Dean

(Dr. H.V. Shetty)

Rajarajeswari Medical College & Hospital
Kambipura, Mysore Road

Encl:

1. Admission fee payment ID No HSBM4795065233 dt: 01.10.2016 amt Rs. 22,200/-
2. Helinet fee payment ID No HSBM4795076677 dt: 01.10.2016 amt Rs. 9,000/-

13400 x 3 = 40200 Payable
31200 Paid

9000/- due
M



Campus

202- Kambipura, Mysore Road, Bangalore-560 060


Ph: 080 29 29 29 / 28437440 Fax: 28437393

E-Mail: info@rrmch.org, enquiry@rrmch.org, rajarajeswarimedicalcollege@yahoo.com

**RAJARAJESWARI MEDICAL COLLEGE & HOSPITAL,
KAMBIPURA, MYSORE ROAD, BANGALORE-74**
Submission of Super Specialty Admission Statement to RGUHS on 31.08.2016
Fee Statement of I year Super Specialty Students admitted for the academic
year 2016-17

Particulars	No of Students admitted under CET MGT/NRI/Foreign Category	Amount to be Remitted to RGUHS	Total
Registration Fee	CET Candidates (Rs. 2000/- paid at CET Cell)	0 X 1000	0
	CET (SC 05/ST 02 Candidates 07 X Rs. 3000/-)	0 X 3000	0
	Management Students	3 X 3000	9000/-
	NRI Category	0 X 5000	0
	Foreign Category	0 X 7500	0
Admission Fee	CET candidates	0 X 500	0
	Management candidate	3 X 500	1,500/-
	NRI category	0 X 3000	0
	Foreign Category	0 X 7500	0
Student welfare fund	students X Rs. 100X3 years	3 X 300	900/-
Sports Fee	students X 3 years	3 X 3 X 200	1,800/-
Students Helinet Fee	students onetime payment	3 X 3 X 1000	9,000/-
Additional Exam Fee	Student onetime payment	3 x 3000	9,000/-
Grand Total			31,200/-

Challan Type	Amount Rs.	Fee Paid Particulars		
		Description	Transaction ID no.	Customer ID
Form 1	22,200/-	Registration Fee Rs. 9000/-	HSBM4795065233 Dt:- 01/10/2016	ADMIFEE2016100 113235581433681 Dt:- 01/10/2016
		Admission Fee Rs. 1,500/-		
		Sports Fee Rs. 1,800/-		
		Student Welfare fund Rs. 900/-		
		Additional Exam Fee Rs. 9000/-		
Form 3	9,000/-	Students Helinet Fee Rs.9,000/-	HSBM4795076677 Dt:- 01/10/2016	
TOTAL	31,200/-			


DRAN
 Rajarajeswari Medical College & Hospital
 Kambipura, Mysore Road
 Bangalore-74

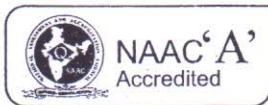




RajaRajeswari Medical College & Hospital

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Sponsored by: MOOGAMBIGAI CHARITABLE AND EDUCATIONAL TRUST



Ref:RRMCH/UG - Admn/RGUHS/2016-17/102

Date: -17.10.2016

To,
The Registrar,
Rajiv Gandhi University of Health Science,
4th 'T' Block, Jayanagar,
Bangalore-560 041.

Dear Sir,

Sub: Submission of hard copy of online admission statement uploaded to RGUHS web Portal on 30.09.2016 for the students admitted into first year **UG MBBS** course for the academic year 2016-17-Admission approval requested-Reg.

Ref: RGUHS Bangalore Notification No. DSW/COE/2016-17, Dated: 21/03/2016

With reference to the above subject and letter cited, we submit herewith with the hard copy of online admission statement uploaded to RGUHS web portal on 30.09.2016 for admission of UG students into 1st year MBBS Course at our RajaRajeswari Medical College and Hospital, Bangalore for the academic year 2016-17.

Also we enclose herewith the online payment for the total amount of Rs. 14,11,500/- vide transaction Ref No. HSB14795482757 (Amount Rs. 736500/-) and (Amount 6,75,000/-) dt: 01.10.2016 towards prescribed registration / admission and other fee for the students admitted to 1st Year MBBS course for the academic year 2016-17 as detailed hereunder:-

Fee particulars	Amount in Rs.	Transaction Ref No.	Customer ID	Date of Payment
Registration fee	4,54,000/-	HSB14795482757	ADMIFEE2016 100115411733 333720	01.10.2016
Admission fee	80,000/-			
Sports fee	1,35,000/-			
Students Welfare Fund	60,500/-			
Total	7,36,500/-			
Students Helinet Fee	6,75,000/-	HSBM4795401051	HELIFEE20161 001151241157 26584	01.10.2016
Total Amount	14,11,500/-			

17 OCT 2016
B...

Handwritten signature and stamp of RajaRajeswari Medical College & Hospital

Campus

202 Kambipura, Mysore Road, Bangalore-560 060
Ph : 080 29 29 29 29 / 28437444 Fax : 28437393

E-Mail : info@rrmch.org, enquiry@rrmch.org, rajarajeswarimedicalcollege@yahoo.com

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-2-


Also we enclose herewith the original documents pertaining to the students admitted to 1st year MBBS course for the year 2016-17 along with other required approval details for your kind reference and verification.

We request your goodself to kindly accord admission approval for the said UG students admitted to 1st year MBBS course at our RajaRajeswari Medical College and Hospital, Bangalore for the academic year 2016-17 and oblige.

This is submitted for kind information and approval.

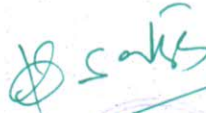

Thanking you Sir,

Yours faithfully,


Dean DEAN
Rajarajeswari Medical College & Hospital
Kambipura, Mysore Road
Bangalore - 560 074.

Encl:

1. Admission fee transaction ref no HSB14795482757 dt:01.10.2016 amt Rs.7,36,500/-
2. Helinet fee transaction ref no HSBM4795401051 dt: 01.10.2016 amt Rs. 6,75,000/-
3. Registration/admission and other fee paid particulars
4. List of students submitted to RGUHS on 30.09.2016 by mail
5. Hard copy of online admission statement
6. MH&FW, New Delhi- Recognition notification for MBBS Course, 150 Intake
7. RGUHS – Affiliation for the year 2016-17
8. GOK – UG Seat Matrix notification for the year 2016-17
9. KEA UG CET 2016 consolidated Allotment list
10. Rank list of AMPCK UG 2016 through NEET 2016 ranking
11. List of students applied for eligibility certificates
12. BOX FILE containing Original certificate of UG students

Campus

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Ph : 080 29 29 29 29 / 28437444 Fax : 28437393

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Ref: RRMCH/ Instn-Helinet/2016-17 / 138 - 1

date: 14/11/2016

To,

The Registrar

Rajiv Gandhi University of Health Sciences,
4th 'T' Block, Jayanagar,
Bangalore - 560 041

RGUHS
INWARD / DISPATCH

14 NOV 2016

Signature: *[Handwritten Signature]*

Respected Sir,

Sub: Payment of institutional Helinet Fee of UG & PG Courses (Including Super Specialty) of our institution for the academic year 2017 - 18 - Copy of Online payment Acknowledgment-submitted - Reg

Ref: RGUHS Notification No. RGUHS/Aff/CoE/2016-17 dated: 07.10.2016

With reference to the above subject and letter cited, we enclose herewith the copy of Online Payment Acknowledgement (Transaction id: **HSBI4889495115 Dt: 11/11/2016**) made to RGUHS account for the amount of **Rs. 1,30,000**) towards prescribed fee for payment of Institutional Helinet Fee of UG & PG Courses of our RajaRajeswari Medical College & Hospital, Bangalore for the academic year 2017 -18.

This is submitted for your kind reference and oblige.

Thanking you Sir,

Yours Faithfully

[Handwritten Signature]

Dean
RajaRajeswari Medical College & Hospital
Kambipura, Mysore Road

Enclr: Copy of Online Payment Ack (Transaction Id: **HSBI4889495115 dt: 11/11/2016)
Amt. of **Rs. 1,30,000/-****

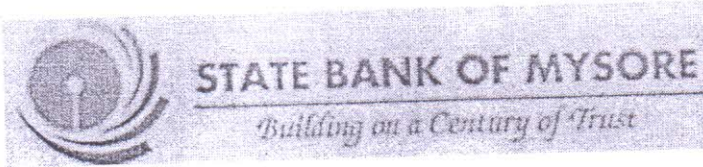


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Ph : 080 29 29 29 29 / 28437444 Fax : 28437393

E-Mail : info@rrmch.org, enquiry@rrmch.org, rajarajeswarimedicalcollege@yahoo.com

www.rrmch.org



Online form for Miscellaneous Fee General

Thank You, Your Transaction successful

Transaction Reference Number	HSBI4889495115
Customer Id	MISGEN201611117165359133148
Transaction Amount	130000.00
Name Of Institute	Rajarajeswari Medical College and Hospital
Faculty	MEDICAL
Course	Annual Institutional Helinet fee 2017 18

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Dr. Sangeeta Kaul
Network Manager



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Fax: 91-11-26741122
E-mail: sangs@delnet.ren.nic.in,
sangskaul2003@yahoo.co.in
Web: www.delnet.nic.in

DELNET/IM-4998/knRRMCH/MEM/2017

December 14, 2017

Sub: DELNET Membership Renewal

Dear Mr. Kiran,

We acknowledge with thanks the receipt of ₹ 13,570/- (₹ Thirteen Thousand Five Hundred Seventy only-) vide DD no. 007643 dated 20.11.2017 made towards the DELNET Annual Institutional Membership Fee for the period 14.11.2017 to 13.11.2018. The receipt no. 49410 dated 11.12.2017 is enclosed for the office records.

You are requested to access DELNET databases through the World Wide Web using the following procedure:

Web Address: <http://www.delnet.nic.in>

Click onto DELNET Discovery portal. Since the IP address provided by you is not static (broadband), you are requested to use following login & password to access the new discovery portal of DELNET.

Login : knrrmchb
Password : rrmc4998

Kindly note your ILL Password is "knrrmchbllib" to be used while registering a request. The password for generating usage statistics online is 4507***1992. You are also welcome to send us the bibliographical references at sangs@delnet.ren.nic.in, sangskaul2003@yahoo.co.in for the resources, which are not available in our union catalogues. We will try our best to locate these resources. *Also, a complete demo on how to access DELNET online databases is available at YouTube. The link is available at DELNET database site.*

I am enclosing a poster on DELNET and a Certificate of Membership. Please kindly let us know if you wish to get any books on ILL or the journal articles.

With kind regards,

Yours sincerely,

Sangeeta Kaul

Mr. Kiran R.
Chief Librarian
RajaRajeswari Medical College & Hospital
Kambipura, Mysore Road, Bengaluru-560074
Karnataka

Encl: (1) Receipt no. 49410 dated 11.12.2017 of ₹ 13,570/-
(2) DELNET Poster
(3) DELNET Brochure
(4) Certificate of Membership

RajaRajeswari Medical College & Hospital

(Recognized by Medical Council of India & Govt. of India and
Affiliated to Rajiv Gandhi University of Health Sciences, Bengaluru)

Sponsored by: MOOGAMBIGAI CHARITABLE AND EDUCATIONAL TRUST



Ref: RRMCH/RGUHS/PG - Admn /2017-18/022

Date: - 08/06/2017

To,

The Registrar,
Rajiv Gandhi University of Health Science,
4th 'T' Block, Jayanagar,
Bangalore-560 041.

Dear Sir,

Sub: Submission of hard copy of online entered printed admission statement of **PG Degree (MD/MS) Course for the academic year 2017-18 Admission approval requested-Reg.**

Ref:- RGUHS Bangalore PG Calendar of Events Notification no. DSW/COE/2017-18
Dt:21/03/2017

With reference to the above subject and letter cited, we submit herewith the hard copy of Post Graduate online entered printed admission statement along with net banking payment transaction to the RGUHS account for the total amount of **Rs. 10,07,000/-** towards prescribed amount for admission, registration and other fee for the students admitted to 1st Year PG (MD/MS) courses at our RajaRajeswari Medical College & Hospital, Bengaluru for the academic year 2017-18 as detailed hereunder:-

Payment Type	Fee particulars	Amount in Rs.	Transaction ID no.	Date	Customer ID
Online Payment Through Net banking	Registration fee	2,27,000/-	ISBI 5404780603	02.06.2017	ADMIFEE 2017602150421 32941440
	Admission fee	37,500/-			
	Sports fee	45,000/-			
	Students Welfare Fund	22,500/-			
	Additional Exam Fee PG	2,25,000/-			
	Total	5,57,000/-			
	Helinet Students Fee	4,50,000/-	ISBI 5404789954	02.06.2017	MISHEL 2017060215082 866848848
	Net Total	10,07,000/-			

Contd.....2

Campus

202 Kambipura, Mysore Road, Bengaluru-560 074.

Ph : 080 29292929 / 28437444 Fax : 28437393

E-Mail : info@rrmch.org, enquiry@rrmch.org, rajarajeswarimedicalcollege@yahoo.com

www.rrmch.org

Online form for Miscellaneous Fee General
Thank You, Your Transaction successful

Transaction Reference Number

ISB5404789954

Customer Id

MISHEL2017060215082866848848

Transaction Amount

450000.00

Name Of Institute

Rajarajeswari Medical College and Hospital

Faculty

MEDICAL

Course

Helinet fee PG

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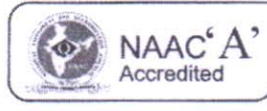




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Ref:RRMCH/UG - Admn/RGUHS/2017-18/048

Date: -12/09/2017

To,
The Registrar,
Rajiv Gandhi University of Health Science,
4th 'T' Block, Jayanagar,
Bangalore-560 041.

Dear Sir,

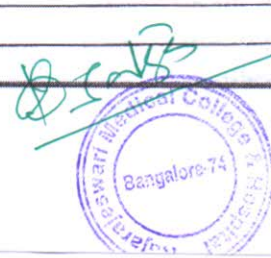
Sub: Submission of hard copy of online admission statement uploaded to RGUHS web Portal on 31.08.2017 for the students admitted into first year **UG MBBS course** for the academic year **2017-18-Admission approval requested-Reg.**

Ref: RGUHS Bangalore revised Notification No. DSW/COE/2017-18, Dated: 31/03/2017

With reference to the above subject and letter cited, we submit herewith with the hard copy of online admission statement uploaded to RGUHS web portal on 31.08.2017 for admission of UG students into 1st year MBBS Course at our RajaRajeswari Medical College and Hospital, Bangalore for the academic year 2017-18.

Also we enclose herewith the online payment receipts for the total amount of **Rs. 23,37,500/-** paid on 04.09.2017 to **RGUHS account** towards prescribed registration / admission and other fee for the students admitted to 1st Year MBBS course for the academic year 2017-18 as detailed hereunder:-

Sl. No	Description	Amount in Rs.	Transaction Refer No.	Customer ID
1.	Registration Fee	7,50,000/-	Rs. 9,70,000/-	ADMIFEE2017090413253269744066
2.	Admission Fee	1,25,000/-	JSB15634243397	Dated: 04.09.2017
3.	Sports Fee	2,25,000/-	Dated: 04.09.2017	
4.	Student Welfare Fund	1,12,500/-	Rs. 2,42,500/-	ADMIFEE2017090413310980344067
			JSBI5634261226	Dated: 04.09.2017
	Total	12,12,500/-	Dated: 04.09.2017	
5.	Student Helinet Fee	11,25,000/-	Rs. 9,00,000/-	MISHEL2017090510210066058223
			JSB15636425428	Dated: 04.09.2017
			Rs. 2,25,000/-	MISHEL2017090510270252858224
			JSBI5636443534	Dated: 04.09.2017
	Net Total	23,37,500/-		

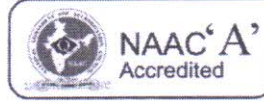




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Affiliated to Rajiv Gandhi University of Health Sciences, Bengaluru)

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-2-

Also we enclose herewith the original documents pertaining to the students admitted into 1st year MBBS course for the year 2017-18 along with other required approval documents for your kind reference and verification.

We request your goodself to kindly accord admission approval for the said UG students admitted into 1st year MBBS course at our RajaRajeswari Medical College and Hospital, Bangalore for the academic year 2017-18 and oblige.

This is submitted for kind information and approval.

Thanking you Sir,

Yours faithfully,

Dean
DEAN

Rajarajeswari Medical College & Hospital
Kambipura, Mysore Road
Bangalore - 560 074.

Encl:

1. Admission fee transaction ref no JSB15634243397 & JSB15634261226 dt:04.09.2017 amount of Rs.12,12,500/-
2. Helinet fee transaction ref no JSB15636425428 & JSB15636443534 dt: 04.09.2017 amount of Rs. 11,25,000/-
3. Registration/admission and other fee paid particulars
4. List of students submitted to RGUHS on 31.08.2017 by mail
5. Hard copy of online admission statement made to RGUHS portal on 31.08.2017
6. MH&FW, New Delhi LOP for MBBS Course, increased seat from 150 to 250 for the year 2017-18
7. RGUHS – Affiliation for the year 2017-18
8. GOK – UG Seat Matrix notification for the year 2017-18
9. KEA UG CET 2017 consolidated Allotment list
10. List of students applied for eligibility certificates
11. BOX FILE containing Original certificate of UG students(250 No's)



Thank You page



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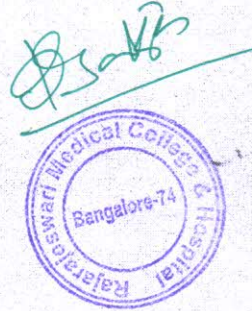
Online form for Miscellaneous Fee General
Thank You, Your Transaction successful

Transaction Reference Number	JSBI5636425428
Customer Id	MISHEL2017090510210066058223
Transaction Amount	900000.00
Name Of Institute	Rajarajeswari Medical College and Hospital
Faculty	MEDICAL
Course	UG Helinet fees 2017 18

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Thank You, Your Transaction successful

Transaction Reference Number	JSBI5636443534
Customer Id	MISHEL2017090510270252858224
Transaction Amount	225000.00
Name Of Institute	Rajarajeswari Medical College and Hospital
Faculty	MEDICAL
Course	UG Helinet fees 2017 18

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Dr. S. S. S.



RajaRajeswari Medical College & Hospital

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Ref No:RRMCH/RGUHS-INSTN.Heli fee/2017-18/087-1

Date: 20.11.2017

To,
The Registrar
Rajiv Gandhi University of Health Sciences,
4th 'T' Block, Jayanagar,
Bangalore – 560 041.



Dear Sir,

Sub: Payment of **Institutional Helinet Fee** for existing UG&PG program conducted at our RajaRajeswari Medical College & Hospital Bangalore for the **academic year 2018-19** – Copy of online payment receipt submitted - Reg

Ref: RGUHS Notification No. RGUHS/AFF/CoE/2018-19 dt:27.10.2017

With reference to the above subject and letter cited, we enclose herewith online payment receipt (Transaction ID JSBI5814050697 dt: 14.11.2017) for the **amount of Rs.1,30,000/-** (Rupees One Lakh thirty thousands only) towards prescribed fee for payment of **Institutional Helinet fee** for existing UG&PG program conducted at our RajaRajeswari Medical College & Hospital Bangalore for the academic year 2018-19

Kindly acknowledge the receipt of same.

Thanking you Sir,

o/c

[Handwritten signature]



Yours faithfully

[Handwritten signature]

Dean

DEAN

Rajarajeswari Medical College & Hospital
Kambipura, Mysore Road
Bangalore - 560 074.

Encl : Copy of Online payment receipt

(Transaction ID JSBI5814050697 dt: 14.11.2017, Amount Rs.1,30,000/-)

Campus

202 Kambipura, Mysore Road, Bengaluru-560 074.

Ph : 080 29292929 / 28437444 Fax : 28437393

E-Mail : info@rrmch.org, enquiry@rrmch.org, rajarajeswarimedicalcollege@yahoo.com

www.rrmch.org



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Online form for Miscellaneous Fee General

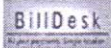
Thank You, Your Transaction successful

Transaction Reference Number	JSBI5814050697
Customer Id	MISHEL2017111416585450763959
Transaction Amount	130000.00
Name Of Institute	Rajarajeswari Medical College and Hospital
Faculty	MEDICAL
Course	Institutional Helinet fee to the UG PG courses 2018

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and is entitled to all benefits and privileges pertaining thereto.

Membership Number *IM – 4998* has been renewed and it

expires on November 13, 2018

Dr. H. K. Kaul

Director

DELNET, New Delhi

Date of Issue: December 11, 2017



RajaRajeswari Medical College & Hospital

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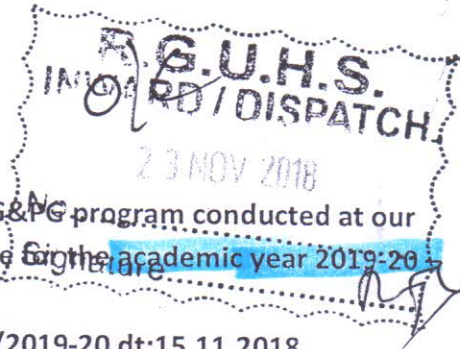
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Ref No:RRMCH/RGUHS-INSTN.Heli fee/2018-19/069-1

Date: 23.11.2018

To,
The Registrar
Rajiv Gandhi University of Health Sciences,
4th 'T' Block, Jayanagar,
Bangalore – 560 041.



Dear Sir,

Sub: Payment of **Institutional Helinet Fee** for existing UG&PG program conducted at our RajaRajeswari Medical College & Hospital Bangalore for the academic year 2019-20
Copy of online payment receipt submitted - Reg


- Ref: 1. RGUHS revised notification no. RGUHS/AFF/CoE/2019-20 dt:15.11.2018
- 2. RGUHS Notification No. RGUHS/AFF/CoE/2019-20 dt:29.10.2018

With reference to the above subject and letter cited, we enclose herewith online payment receipt (Transaction Ref no: **PSBI6898245202** dt: 15.11.2018) for the amount of **Rs.1,30,000/-** (Rupees One Lakh thirty thousands only) towards prescribed fee for payment of **Institutional Helinet fee** for existing UG&PG program conducted at our RajaRajeswari Medical College & Hospital Bangalore for the academic year 2019-20

Kindly acknowledge the receipt of same.

Thanking you Sir,

Yours faithfully


D. Dean
Rajarajeswari Medical College & Hospital
Kambipura, Mysore Road
Bangalore - 560 074.

Enclr : Copy of Online payment receipt
(Transaction Ref no: PSBI6898245202 dt: 15.11.2018, Amount Rs.1,30,000/-)



Campus

202 Kambipura, Mysore Road, Bengaluru-560 074.
Ph : 080 29292929 / 28437444 Fax : 28437393

E-Mail : info@rrmch.org, enquiry@rrmch.org, rajarajeswarimedicalcollege@yahoo.com

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Online form for Miscellaneous Fee General
Thank You, Your Transaction successful

Transaction Reference Number	PSBI6898245202
Customer Id	MISGEN2018111514052971289731
Transaction Amount	130000.00
Name Of Institute	Rajarajeswari Medical College and Hospital
Faculty	MEDICAL
Course	UG PG Institutional Helinet fee 2019 20

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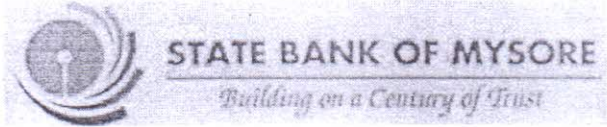


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08/21/2020

UG - Helinet fee.



Online form for Miscellaneous Fee General
Thank You, Your Transaction successful

Transaction Reference Number	NSBI6648824815
Customer Id	MISHEL2018090512425100084251
Transaction Amount	265500.00
Name Of Institute	Rajarajeswari Medical College and Hospital
Faculty	MEDICAL
Course	2018 19 MBBS Phase I UG Helinet fee

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for MBBS Admission

Total Amount

Rs. 2,65,500 = ∞

Rs. 49,500 = ∞

Rs. 3,15,000 = ∞

Scots





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Online form for Miscellaneous Fee General
Thank You, Your Transaction successful

Transaction Reference Number	NSBI6656468935
Customer Id	MISHEL2018090715100654284626
Transaction Amount	49500.00
Name Of Institute	Rajarajeswari Medical College and Hospital
Faculty	MEDICAL
Course	Difference amount for admission 2018 19

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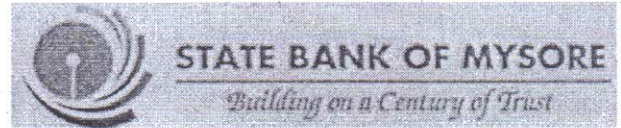
Thank You, Your Transaction successful

Transaction Reference Number	NSBI6338948693
Transaction ID	MISHEL2018052616412037877439
Transaction Amount	100000.00
Name of Institute	Rajarajeswari Medical College and Hospital
Faculty	MEDICAL
Course	PG Admision Helinet Fee 2018

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Online form for Admission Fee
Thank You, Your Transaction successful

Transaction Reference Number	NSBI6648839378
Customer Id	ADMIFEE2018090512462876754501
Transaction Amount	18000.00
Name Of Institute	Rajarajeswari Medical College and Hospital
Faculty	MEDICAL
Course	PG

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for Super Specialty

Rs. 18000 = ✓

Rs. 16400 = ✓

Rs. 5100 = ✓

Rs. 39,500 = ✓

Scans





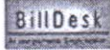
Online form for Miscellaneous Fee General
Thank You, Your Transaction successful

Transaction Reference Number	NSBI6648850108
Customer Id	MISHEL2018090512490484284252
Transaction Amount	16700.00
Name Of Institute	Rajarajeswari Medical College and Hospital
Faculty	MEDICAL
Course	Super speciality course 2018 19

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Online form for Miscellaneous Fee General
Thank You, Your Transaction successful

Transaction Reference Number	NSBI6656477430
Customer Id	MISGEN2018090715123255784606
Transaction Amount	5100.00
Name Of Institute	Rajarajeswari Medical College and Hospital
Faculty	MEDICAL
Course	SS Difference amount for admission 2018 19

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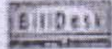
Online form for Miscellaneous Fee General
Thank You, Your Transaction successful

Transaction Reference Number	LSBI5680688432
Customer Id	MSHEL2017121217124311469260
Transaction Amount	75600.00
Name Of Institute	Rajarajeswari Medical College and Hospital
Faculty	ALLIED HEALTH SCIENCE
Course	HELINET FEE BSC ALLIED HEALTH SCIENCE 17111 ADMISSION

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UG & PG Institutional Helinet fee 2018



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Transaction Reference Number	JSBI5814050697
Customer Id	MISHEL2017111416585450763959
Transaction Amount	130000.00
Name Of Institute	Rajarajeswari Medical College and Hospital
Faculty	MEDICAL
Course	Institutional Helinet fee to the UG PG courses 2018

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expires on November 13, 2019

Dr. H. K. Kaul

Director

DELNET, New Delhi

Date of Issue: November 27, 2018