

ST. JOHN'S NATIONAL ACADEMY OF HEALTH SCIENCES

BENGALURU

St. John's Medical College

MBBS Admissions 2024-25

TEMPLATES OF CERTIFICATES

REQUIRED FOR ST. JOHN'S MBBS SEAT CATEGORIES IN KARNATAKA CET APPLICATION

DEGREE OF BACHELOR OF MEDICINE AND BACHELOR OF SURGERY (MBBS)

- 1. As per the Government of India policy, counselling for admission to the MBBS Course in St. John's Medical College for the academic year 2024-2025 will be conducted by the Karnataka Examination Authority (KEA). For information on registration, verification of documents and other counselling formalities, kindly refer to the KEA website (http://kea.kar.nic.in).
- 2. In keeping with the mission of the Institution to train healthcare personnel to serve in the underserved areas of the Country, all MBBS candidates to SJMC are required, as a precondition for admission, to execute a social obligation service bond to serve for two years in one of the designated hospitals or health centres in a medically underserved area of the country. Those who fail to fulfil the social obligation service commitment will have to pay the penalty stipulated by the Governing Board.
- 3. Admissions to St. John's Medical College are subject to the regulations and statutory enactments of the University, the National Medical Council (NMC), and the Central and the State Governments.
- 4. Candidate must be an Indian Citizen with Indian domicile (studied in India for at least 7 years preceding application from VI to XII standard). There is no NRI quota in St. John's Medical College

SEAT MATRIX

	Category	Number of seats
1.	All India General Open Merit	10
2.	Institutional Staff Quota (Karnataka)	10
3.	Roman Catholic Christian Religious Sisters (Nuns)	20
4.	Roman Catholic Christian Tribals	10
5.	Roman Catholic Christians of Scheduled Caste Origin	10
6.	Native (Local) North Indian Roman Catholic Christians	10
7.	Roman Catholic Christians of Karnataka State	10
8.	Roman Catholic Christians All India Open Merit	60
9.	Karnataka State Open Merit	10
	Total	150

ST. JOHN'S MBBS SEAT MATRIX CATEGORIES - DEFINITIONS

Category 1: All India General Open Merit, includes all Indian Nationals irrespective of gender, religion, caste, community, region or any such affiliations.

Category 2: Institutional Staff Quota (Karnataka) includes children of currently employed permanent staff of St. John's National Academy of Health Sciences who have served the Institution for ten continuous years or more.

Category 3: Roman Catholic Christian Religious Sisters (Nuns) includes Religious Sisters (nuns) who are members of Religious Congregations in India recognized by the Roman Catholic Church.

Category 4: Roman Catholic Christian Tribals includes Roman Catholic Christians who are members of recognized Tribal Communities.

Category 5: Roman Catholic Christians of Scheduled Caste Origin includes Roman Catholic Christians belonging to communities of Scheduled Caste origin.

Category 6: Native (Local) North Indian Roman Catholic Christians includes all Roman Catholic Christians who are neither Tribal (Category 4) nor of Schedule Caste origin (Category 5) and who are NOT members of the states of Maharashtra, Gujarat, Goa and South Indian States of Kerala, Tamil Nadu, Karnataka, Andhra Pradesh, Telangana and Puducherry and who are NOT migrants or descendants of migrants to North India from the afore-mentioned States.

Category 7: Roman Catholic Christians of Karnataka State includes all Roman Catholics Christians who have domicile in the State of Karnataka as per the KEA criteria.

Category 8: Roman Catholic Christians All India Open Merit includes all Roman Catholic Christians of India who do not come under the reserved categories 2, 3, 4, 5, 6, 7, 9.

Category 9: Karnataka State Open Merit includes all candidates irrespective of gender, religion, caste, community, region who have domicile in the State of Karnataka as per KEA criteria.

(Note: If any seat falls vacant in any of the Reserved Categories, it will be allocated to Category 8 - Roman Catholic Christians - All India Open Merit).

• COMMON COUNSELLING BY KARNATAKA EXAMINATION AUTHORITY(KEA)

Counselling for selection of MBBS students to St John's Medical College for the academic year 2024-2025 will, as directed by NMC, be conducted by the Karnataka Examination Authority (KEA). NEET-UG 2024 qualified candidates who wish to apply for MBBS admission to St John's Medical College should, therefore, register with the Karnataka Examination Authority as per the KEA Schedule. For detailed information on KEA notifications and information, please visit KEA website (http://kea.kar.nic.in) regularly.

ADDITIONAL ORIGINAL DOCUMENTS TO BE UPLOADED BY THE CANDIDATES TO KEA CET APPLICATION AND PRODUCED DURING DOCUMENT VERIFICATION

Applicants to St. John's Medical College, Bengaluru must upload the following original documents in the prescribed format to the KEA CET application and produce them at the time of KEA document verification. These are in addition to the documents required by the KEA. The templates of the additional documents required for admission to St. John's Medical College are as given below.

· All Applicants: Category 1 to 9

- Affidavit undertaking that they will execute a social obligation service bond to serve for two years in one of the designated hospitals or health centres in a medically underserved area of the Country after graduation (see Certificate format 1A).
- Supporting document/s to prove residence in India for a period of at least 7 years prior to
 application for the MBBS course in the form of a study certificate issued by School/s in India
 stating that the candidate has studied for 7 continuous years from VI to XII standard (see
 Certificate Template 1B).

· Category Two: Institutional Staff Quota (Karnataka)

• Eligibility Certificate from Director of St. John's National Academy of Health Sciences.

• Category Three: Roman Catholic Christian Religious Sisters (Nuns)

• Certificate in prescribed format from the Superior General/Provincial of the applicant stating that the applicant is a bona fide Professed Religious (Nun) (see Certificate Template 2).

Category Four: Roman Catholic Christian Tribals

- Baptism Certificate attested by the Bishop of the applicant
- Certificate in prescribed format from the Bishop of the applicant stating that the applicant is a Roman Catholic Christian belonging to a Tribal Community in his Diocese (see Certificate Template 3).

· Category Five: Roman Catholic Christians of Scheduled Caste Origin

- Baptism Certificate attested by the Bishop of the applicant
- Certificate in prescribed format from the Bishop of the applicant stating that the applicant is a member of the Roman Catholic Christian community of Scheduled Caste origin belonging to his Diocese (see Certificate Template 4).

· Category Six: Native (Local) North Indian Roman Catholic Christians

- Baptism Certificate attested by the Bishop of the applicant
- Certificate from the Bishop of the applicant stating that the applicant is a Native (Local) North Indian Roman Catholic Christian belonging to his diocese (see Certificate Template 5).

Category Seven: Roman Catholic Christians of Karnataka State

- Baptism Certificate attested by the Bishop of the applicant
- Certificate from the Bishop of the applicant stating that the applicant is a bonafide Catholic belonging to his diocese in Karnataka State (see Certificate Template 6).
- Karnataka State Domicile Certificate as prescribed by Karnataka Examination Authority (KEA).

· Category Eight: Roman Catholic Christians - All India Open Merit

- Baptism Certificate attested by the Bishop of the applicant
- Certificate from the Bishop of the applicant stating that the applicant is a bonafide Catholic belonging to his diocese (see Certificate Template 7).

· Category Nine: Karnataka Open Merit

• Karnataka State Domicile Certificate as prescribed by Karnataka Examination Authority (KEA).

TEMPLATES OF ADDITIONAL CERTIFICATES REQUIRED FOR ADMISSION UNDER THE ST. JOHN'S MEDICAL COLLEGE SEAT MATRIX CATEGORIES

<u>Template 1A for all Applicants to St. John's</u>: Format of Affidavit undertaking to execute a bond to serve in medically underserved areas in the Country for two years after graduation.

To be submitted on Rs. 100/- stamp paper at the time of KEA Document Verification

UNDERTAKING TO EXECUTE BOND TO DO SERVICE IN MEDICALLY UNDERSERVED AREAS

I (Name of Candidate) son/daughter of (Name of Father/Mother/Guardian)

AND

(Name of Father/Mother/Guardian) parent of (Name of Candidate) residing at (Permanent Address,) hereby declare as follows:

- 1. We understand that St. John's Medical College has a policy that requires its MBBSgraduates, after completion of the course, to serve in one of its designated hospitals or health centres in a medically underserved area of the Country for a minimum period of TWO years. We understand that the penalty for failure to complete the 2 years social obligation service is Rs.25,00,000/-
- 2. If (*Name of candidate*) is admitted to St. John's Medical College, we undertake to execute a social obligation service bond to do two years of service in a medically underserved area as per the St. John's Medical College policy.
- 3. We understand that admission of (*Name of candidate*) to St. John's Medical College will be invalid, if the above-mentioned social obligation service is not executed.

What is stated above is true and correct and further we hereby undertake to act accordingly.

Date

Deponent

Signature of the Candidate

Place

Deponent

Signature of the Parent

<u>Template 1B for all Applicants to St. John's</u>: Format of Study Certificate to be issued by the Institution/s where the applicant has studied from Standard VI to Standard XII.

NAME, FULL POSTAL ADDRESS AND TELEPHONE NUMBER OF THE INSTITUTION			
This is to certify that Mr./Ms. (name of applicant), has studied from			
Name and Signature of the Head of the Institution			
Institution Seal			

<u>Template 2 for Reserved Category 3 Applicants</u>: Format of the Certificate for Roman Catholic Religious Sisters (Nuns)

To be issued on the Official Letter head of Superior General/Provincial

ELIGIBILITY CERTIFICATE FOR RELIGIOUS SISTERS

This is to certify that Sr. (name of applicant), CET APPLICATION NUMBER (application number), residing at (applicant's permanent address) is a bonafide Professed Religious in the (name of Province) Province of the Roman Catholic Religious Congregation of (name of Congregation) in the State of (name the State).

I further certify that Sr. (name of applicant) has been permitted by the Congregation to apply for MBBS admission to St. John's Medical College, Bangalore.

Name, Signature and Seal of the Applicant's Superior General/Provincial with Date

<u>Template 3 for Reserved Category 4 Applicants</u>: Format of Bishop's Certificate for Roman Catholic Tribal

To be issued on Bishop's Official Letterhead

ELIGIBILITY CERTIFICATE FOR TRIBAL CATHOLICS

This is to certify that Mr./Ms. (name of the applicant), CET APPLICATION NUMBER (application number), residing at (applicant's permanent address) is a bonafide Roman Catholic Christian belonging to the (name of the parish) Parish in the Diocese/Archdiocese of (name of the Diocese) in the State of (name of the State).

I further certify that Mr./Ms. (name of applicant) belongs to a Roman Catholic Christian Tribal community in my Diocese.

Name, Signature and Seal of the Applicant's Bishop with Date

<u>Template 4 for Reserved Category 5 Applicants</u>: Format of Bishop's Certificate for Roman Catholic Christians of Scheduled Caste Origin

To be issued on Bishop's Official Letterhead

ELIGIBILITY CERTIFICATE FOR ROMAN CATHOLIC CHRISTIANS OF SCHEDULED CASTE ORIGIN

This is to certify that Mr./Ms. (name of the applicant), CET APPLICATION NUMBER (application number), residing at (applicant's permanent address) is a bonafide Roman Catholic Christian belonging to the (name of the parish) Parish in the Diocese/Archdiocese of (name of the Diocese) in the State of (name of the State).

I further certify that Mr./Ms. (name of applicant) is a member of Roman Catholic Christian Community of Scheduled Caste origin in my Diocese.

Name, Signature and Seal of the Applicant's Bishop with Date

<u>Template 5 for Reserved Category 6 Applicants</u>: Format of Bishop's Certificate for Native (Local) North Indian Roman Catholic Christians

To be issued on Bishop's Official Letterhead

ELIGIBILITY CERTIFICATE FOR NATIVE (LOCAL) NORTH INDIAN CATHOLICS

This is to certify that Mr./Ms. (name of the applicant), CET APPLICATION NUMBER (application number), residing at (applicant's permanent address) is a bonafide Roman Catholic Christian belonging to the (name of the parish) Parish in the Diocese/Archdiocese of (name of the Diocese) in the North Indian State of (name of the State).

I further certify that Mr./Ms. (name of applicant) is a Native North Indian Roman Catholic Christian and that he/she is neither a Tribal nor of scheduled caste origin nor a migrant or a descendant of migrants from Maharashtra, Goa, Gujarat and South Indian states of Kerala, Tamil Nadu, Karnataka, Andhra Pradesh, Telangana and Puducherry

Name, Signature and Seal of the Applicant's Bishop with Date

<u>Template 6 for Reserved Category 7 Applicants</u>: Format of Bishop's Certificate for Roman Catholic Christians of Karnataka State

To be issued on Bishop's Official Letterhead

ELIGIBILITY CERTIFICATE FOR ROMAN CATHOLIC CHRISTIAN WITH KARNATAKA DOMICILE

This is to certify that Mr./Ms. (name of the applicant), CET APPLICATION NUMBER (application number), residing at (applicant's permanent address) is a bonafide Roman Catholic Christian belonging to the (name of the Parish) Parish in the Diocese/Archdiocese of (name of the Diocese) in the State of Karnataka.

Name, Signature and Seal of the Applicant's Bishop with Date

<u>Template 7 for Reserved Category 8 Applicants</u>: Format of Bishop's Certificate forRoman Catholic Christians-All India open Merit

To be issued on Bishop's Official Letterhead

ELIGIBILITY CERTIFICATE FOR ROMAN CATHOLIC CHRISTIANS ALL INDIA OPEN MERIT)

This is to certify that Mr./Ms. (name of the applicant), CET APPLICATION NUMBER (application number), residing at (applicant's permanent address) is a bonafide Roman Catholic Christian belonging to the (name of the parish) Parish in the Diocese/Archdiocese of (name of the Diocese) in the State of (name of the State).

Name, Signature and Seal of the Applicant's Bishop with Date

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