



पूर्वोत्तर इंदिरा गांधी क्षेत्रीय स्वास्थ्य एवं आयुर्विज्ञान संस्थान, शिलांग

NORTH EASTERN INDIRA GANDHI REGIONAL INSTITUTE OF HEALTH & MEDICAL SCIENCES, SHILLONG

(भारत सरकार, स्वास्थ्य एवं परिवार कल्याण मंत्रालय, स्वायत्त संस्थान)

(An Autonomous Institute, Ministry of Health and Family Welfare, Government of India)

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F. No.

No.NEIGR-Acad/2020/54

Dated Shillong the 20th July 2020

NOTICE

In continuation of NEIGRIHMS 2nd Post Graduate (MD/MS) Counseling Notification No- NEIGR-Acad/2020/54 dated 16th July 2020 and in pursuance of Hon'ble Supreme Court of India W.P(C) No 267 of 2017 Dar-Us Slam Educational Trust & Ors, V/s Medical Council of India & Ors, as communicated by the Medical Counseling Committee, Directorate General of Health Services, Ministry of Health and Family Welfare, Government of India, vide Notice No. U-12021/44/2019/54-MEC dated 23.06.2020 and Notice No-U12021/44/2020/61-MEC dated 02.07.2020, it is for information of all concerned that the students who took admission and secured admission from the 50% All India Quota/Deemed Universities pursuant to the 2nd Round 50% All India Quota/Deemed University “**shall not be eligible to participate**” in the 2nd Round of NEIGRIHMS Counseling to be held on the 23rd July, 2020.

Under the above circumstance the candidates who are willing to participate in the 2nd Round NEIGRIHMS Counseling to be held on the 23rd July 2020 are asked hereby to submit the “Undertaking” in the prescribed format enclosed at Annexure-A by return mail at deanofficeneigrihms@gmail.com on or before 4.00 PM, 22.07.2020.

Dean

NEIGRIHMS

UNDERTAKING

I Dr with PG-2020 Roll no-
..... of NEET Conducted by National Board of
Examinations, New Delhi do hereby declare that, I have not been allotted
seat/admitted into Post Graduate (MD/MS) seat during the session (2020-21)
from the 2nd Round of 50% All India Quota Seats/ Deemed Universities
conducted by the Medical Counseling Committee, Directorate General of Health
Services, Ministry of Health and Family Welfare, Government of India, New
Delhi.

Date.....

Signature.....

Place.....

Name

Mobile No.....

E-Mail address.....