

PG CHECK LIST – “ Management Quota (S1/S2/S3)”

List of the following original certificates and Two sets of Photo copies are to be submitted at the time of reporting for Provisional Admission into Medical PG Degree courses for the academic year 2023-24.

1. Allotment order issued by Dr. YSR UHS, Vijayawada
2. AP PG Medical Admissions Application – Dr. YSRUHS
3. Provisional Verification Form issued by Dr. YSR UHS, Vijayawada
4. NEET PG – 2023 Admit Card and Rank Card
5. 10th Class (S.S.C.) Certificate
6. Intermediate Pass Certificate / 10 +2 Certificate
7. MBBS Original Degree Certificate
8. MBBS Study & Conduct Certificate
9. MBBS Consolidated Marks Memo
10. Compulsory Rotatory Internship certificate(Candidate should have completed internship by 11.08.2023 as per Dr.YSR UHS Prospectus 2023-24
11. MBBS Registration Certificate from the respective State Medical Council
12. Transfer / Migration certificate of MBBS
13. Permanent Caste Certificate, If applicable.
14. Documents required for NRI Seats
 - a) Annexure II
 - b) Supporting Documents (any one of (1) and any one of (2)- Total two documents are to be collected
 - 1) Copy of Green Card / Copy of Citizenship Card / Copy of Passport by the Respective Country
 - 2) Copy of NRI’s Bank Statement of last 6 months /Copy of Latest Electricity Bill in the name of NRI / Copy of Gas Bill in the name of NRI / Copy of Water Bill in the name of NRI
15. Annexure – II & III (Rs. 100/- Non- Judicial Stamp Paper)
16. Tuition Fee Affidavit & Senior Residency Bond (Rs. 100/- Non- Judicial Stamp)
17. Annexure –V (Declaration) on White Paper
18. Photocopy of Aadhar card
19. Photo copy of Pan Card for Student and Parent
20. Copy of Bank Pass Book Xerox / Bank Statement
21. Post date cheques for remaining period of study
22. 4 Passport Size Colour Photos of the Candidate
23. DD in favour of “**Narayana Medical College**” payable at Nellore

(OR)

RTGS/NEFT/Account Transfer

Name : NARAYANA MEDICAL COLLEGE

Bank : ICICI A/C No : 631001120450

IFSC: ICIC0006310

Branch : DANDAYUDHAPURAM, NELLORE

Note : Strictly No cash deposit in the above account

Fee Details for Category (MQ) seats:

Name of the Course	Tuition Fee (S1)	Tuition Fee (S2)	Other Fee (S1/S2/S3)
Clinical Degree	Rs. 9,93,600/-	Rs. 57,50,000/-	Rs. 45,000/-
Para Clinical Degree	Rs. 3,10,500/-	Rs. 17,25,000/-	Rs. 45,000/-
Pre Clinical Degree	Rs. 1,40,760/-	Rs. 9,20,000/-	Rs. 45,000/-

**TUITION FEE AFFIDAVIT SUBMITTED BY PG MEDICAL / PG DENTAL STUDENTS
ADMITTED INTO PRIVATE UN-AIDED NON-MINORITY MEDICAL & DENTAL
COLLEGES OF ANDHRA PRADESH FOR THE ACADEMIC YEAR 2023-24.
(ON Non - Judicial Stamp Paper for Rs. 100/-)**

I, Dr. _____,
(Aadhar No: _____), NEET PG / NEET MDS Roll No. _____,
NEET PG / NEET MDS Rank. _____, S/o/D/o. _____,
R/o. _____ do here by solemnly affirm and state
on oath as follows.

That I have been allotted a _____ Seat in Narayana Medical College by Dr. YSR
University of Health Sciences, Vijayawada in Counseling conducted on _____ under the
Competent Authority Quota / Management Quota for the academic year 2023-24 for the duration of full
course.

That I am aware of the fact that W. P. No. 32975 of 2022 were filed and the Hon'ble High Court of A.P.,
gave the following direction in I. A. No. 2 of 2023 in W. P. No. 32975 of 2022, "Upon hearing both the
counsel, this Court deems it appropriate to enhance the existing fee for the academic year 2022-2023 at
the rate of 15% for the present year 2023-2024 for MBBS-PG and Super Specialty Courses, in the interest
of justice, keeping in view of the inflation and other factors.

Therefore, the State Government is directed to go ahead with the Counseling notification in respect of
MBBS PG and Super Specialty Courses medical admissions.

The Respondents are further directed to notify the enhanced fee for the present academic year 2023- 2024
at the rate of 15% as a tentative fee till the fixation of final fee as per the procedure under the provisions
Act 20 of 2019 and Rules made there under, which is pending before the APHERMC".

As per the above Orders, the Government of Andhra Pradesh issued G. O. Ms. No. 123, HM&FW (C1)
Dept., Dt. 10/08/2023 notified the fee structure for the academic year 2023-2024 by enhancing the rate
of 15% on the existing fee of the academic year 2022-2023 which was notified in the G. O. Ms. No. 56,
HM&FW C1) Dept., Dt. 29/05/2020 to the PG Medical and Dental Courses pending fixation of the final
fee. The G.O. further stated that the fee structure notified is subject to outcome of the W. P. No's. 32975-
33162 and 35090 of 2022.

I am herewith paying the tuition fee as per the above orders of the Government of Andhra Pradesh
(G. O. Ms. No. 123, HM&FW (C1) Dept., Dt. 10/08/2023), I further undertake, without prejudice to
my rights, I agree to pay the tuition fee payable pursuant to the decision of the Hon'ble High Court in
above batch of Writ Petitions or by the Hon'ble Supreme Court of India or Order of the Government or
any other authority concerned.

I further declare that I am fully conversant with the rules and regulations of Narayana Medical College,
Nellore, in the matter of recovery of pending tuition fee and other fee from its students and the
Management and Administration of the Institution may take any such legal action deemed fit to recover
the dues from us.

This Affidavit cum Indemnity Bond is executed by me as a pre-condition to seek admission to
_____ Course in Narayana Medical College, Nellore, College for the year 2023-24.

Solemnly sworn and
Signed before me on this
the _____ day of _____ 2023

DEPONENT

//NOTARY//

Senior Residency Bond

(ON Non - Judicial Stamp Paper for Rs. 100/-)

This Deed of Bond is executed on _____ day of August, 2023 at _____ by Sri.-----
-----S/O..D/O..W/o-----Residing at (Permanent
address) _____ Mobile No _____
Email Id _____ Aadhar No _____
To in favour of _____ College, _____

WHEREAS the party of the FIRST PART has taken admission to Post Graduate
-----Medical Course at Narayana Medical College in Andhra
Pradesh. WHEREAS as per GO.MS.No.57 HM & FW(C1) Dept, dated 28/04/2023 in
para 17 of II, the party of first part shall serve as a Senior Resident in the above
college, for a period of one year after successful completion of the PG course.

ANDWHEREAS to ensure the service of the first party as senior resident in the above
college for a period of one year, the first party is hereby agreed to execute this
notarised indemnity bond.

ANDWHEREAS the first party hereby agreed to serve as senior resident in the above
college for a period of one year after successful completion of the Post Graduate
course, otherwise first party is liable to pay damages to the college as quantified
by them.

Date

Signature of the Candidate

//NOTARY//

ANNEXURE - II
(Non-Judicial Stamped paper for Rs. 100/-)
(FOR ALL CANDIDATES)

I, Dr..... selected for Post Graduate Degree for the year 2023-24 do hereby undertake to complete the said course. In the event of me leaving / dropping from continuation of the studies during the course after cutoff date for admission, I hereby undertake to pay to Narayana Medical College, Nellore, fee for the remaining period of study and refund the amount received as stipend upto that date to Narayana Medical College, Nellore.

DATE :

Signature of the Candidate

Witness :

1. Signature :

Name and address in full

2. Signature :

Name and address in full

ANNEXURE - III
(Non-Judicial Stamped paper for ₹. 100/-)
(FOR ALL CANDIDATES)

I, Dr. _____ selected for Post Graduate Degree/Diploma for the year 2023-24 do hereby undertake to complete the said course as per the requirements of the University. In the event of my leaving the studies after joining the course, I undertake to pay to Dr. YSR University of Health Sciences a sum of Rs.3,00,000/- + 18% GST and refund the amount received as stipend upto that date to Government.

DATE :

Signature of the Candidate

Witness :

1. Signature :

Name and address in full

2. Signature :

Name and address in full

ANNEXURE – V

DECLARATION

I Son of/Daughter ofResiding at and admitted to in 1st year of (Name of the PG course) at (Name of the College) for the academic year 2023-24 do hereby solemnly affirm and sincerely state as follows:

I declare that I shall abide by the rules and regulations prescribed by the Dr. YSR University of Health Sciences, Vijayawada for the (course) including regulations for re-admission after the break of study.

Date :

Signature of candidate

/ Countersigned /

Dean / Principal / Director
(Office date with seal)