

PG CHECK LIST – “ A category / Competent Authority Quota - CO”

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. If the candidate has passed MBBS from Siddhartha Medical College, Vijayawada, he/she has to submit study certificates from 6th to Intermediate /10+2
14. 10 years Residence proof / study certificates for APNL/ NL candidates selected Under APUR/UR seats.
15. Local Social Status Certificate in case of BC/SC/ST candidates issued by Government of AP/TS. Note : Social Status Certificate issued by States other than AP/TS are not considered and should be informed to the University immediately.
16. Minority Certificate issued by Government of A.P. if applicable
- 17. Annexures IV A and IV B in case of In- Service Candidates**
18. Annexure – II & III (Rs. 100/- Non- Judicial Stamp Paper)
19. Annexure A for all the In- Service Candidates & Annexure B for all Non- Service Candidates (Rs. 100/- Non- Judicial Stamp Paper)
20. Annexure –V (Declaration) on White Paper
21. Photocopy of Aadhar card
22. Photo copy of Pan Card for Student and Parent
23. Copy of Bank Pass Book Xerox / Bank Statement
24. Post date cheques for remaining period of study
25. 4 Passport Size Colour Photos of the Candidate
26. 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 (CQ) seats:

Clinical/Para Clinical/Pre Clinical	Tuition Fee	Other Fee	Total
Clinical Degree	Rs. 4,96,800/-	Rs. 45,000/-	Rs. 5,41,800/-
Para Clinical Degree	Rs. 1,55,250/-	Rs. 45,000/-	Rs. 2,00,250/-
Pre Clinical Degree	Rs. 70,380/-	Rs. 45,000/-	Rs. 1,15,380/-

ANNEXURE-A

BOND TO BE EXECUTED BY **ALL IN-SERVICE CANDIDATES** AS PER G.O.Ms.No.252, HM&FW (C1) DEPARTMENT, DATED.07.10.2022, G.O. Ms. No. 206, HM & FW(C1) DEPARTMENT, DATED: 11.08.2022 & G.O.Ms.No.150, HM&FW (C1) DEPT., DATED.11-12-2021 OF GOVT. OF ANDHRA PRADESH.

Bond - Duly Notarized on Non-Judicial Stamped paper for Rs. 100/- [One hundred rupees only]

I, Dr. _____ aged _____ years
S/o, D/o, W/o _____ Permanent resident of

_____ and Present Resident of _____ do hereby
swear an oath as follows:

1. I am admitted into PG Medical/Dental _____ Specialty under State Quota/Competent Authority Service Quota seats in Government Medical/Dental college/ Private Medical/Dental College at **Narayana Medical College, Nellore**, for the academic year 2022-23.
2. I am here with submitting the bond after reading and fully understanding the contents of the G.O. Ms. No. 252, HM&FW (C1) Department, Dated 07.10.2022, G.O.Ms.No.206, HM&FW (C1) Department, Dated 11.08.2022 and G.O.Ms.No.150, HM&FW (C1) Dept., Dated.11-12-2021 of Govt. of Andhra Pradesh.
3. I understand that all the admitted In-service candidates of PG Medical/Dental Degree courses under In-service quota seats after completion of the Post Graduate Degree course shall serve in the same area (Tribal/Rural/Continuous Regular service) from where the reservation was sought, to a minimum of six years (6) as per G.O. Ms. No. 252, HM&FW (C1) Department, Dated 07.10.2022, G.O.Ms. No.206, HM&FW (C1), dated 11.08.2022 and G.O.Ms.No.150, HM&FW (C1) Dept., dated.11-12-2021 of Govt. of Andhra Pradesh.
4. I am well aware of that the maximum duration to complete MD/MS/MDS is Six (6) years from the date of admission including University examinations. The maximum duration to completed PG (Medical / Dental) Diploma is four (4) years from the date of admission including University Examinations, failing which my admission is deemed to be cancelled.
5. If I fail to abide by the bond by non rendering the services after completion of the course to a minimum of six (6) years a penalty of Rs.25,00,000/- (Rupees Twenty Five lakhs only) per year shall be levied against me and University shall cancel the PG Medical (or) Dental Degree / Diploma obtained by me.

Date:

Witnesses:

Signature of the candidate

1. Signature: Name:
Name and address in full

Name :
Address

2. Signature:
Name and address in full

Aadhar No:
Mobile No:
E-maid ID:

PERSONAL DETAILS

(To be submitted by the In-Service Candidate along with the bond for the academic year 2023-24)

1	Name	
2	Age & date of birth	
3	Father's Name	
4	Mother's Name	
5	Present Address	
6	Permanent Address	
7	HOD of Department with full address (VVP/DME/ESI/DH of AP/TS)	
8	Mobile Number	
9	E-mail ID	
10	Aadhar No	
11	State Medical Council Registration Number	
12	NEET Rank	
13	NEET Roll Number	
14	Allotment number & Date issued by Dr.YSR UHS	
15	Name of the Medical /Dental College to which candidate is admitted	
16	PG Medical/ Dental Degree Specialty to which candidate is allotted	

Date:

Signature of the candidate

Name:

Mobile No:

Aadhar No:

E-mail ID:

Address :

ANNEXURE-B

BOND TO BE EXECUTED BY **ALL NON-SERVICE CANDIDATES** AS PER
G.O.Ms.No.251, HM&FW (C1) DEPARTMENT DT.02-10-2022 OF
GOVERNMENT OF ANDHRA PRADESH

Bond - Duly Notarized on Non-Judicial Stamped paper for Rs. 100/-
[One hundred rupees only]

I, Dr. _____ aged _____ years
S/o, D/o, W/o _____ Permanent resident
of _____ and present

Resident of _____ do
hereby swear an oath as follows:

1. I am admitted in to MD/MS _____ Specialty under State
Quota/Competent Authority Quota seats in Government Medical College/Private
Medical College at Narayana Medical College, Nellore, for the academic year 2023-
24.

2. I am here with submitting the bond after reading and fully understanding the
contents of G.O.Ms.No.251, dt.02-10-2022 of HM&FW (C1) Department of Govt. of
Andhra Pradesh regarding the Compulsory Rural/Government Service to the Post
Graduate (Medical) Degree candidates admitted into State Quota/Competent
Authority Quota seats in Government Medical Colleges/Private Medical Colleges after
completion of their course.

3. I understand that all the Non-service candidates who are admitted into PG
(Medical) Degree courses in State Quota/Competent Authority Quota seats in
Government Medical Colleges/Private Medical Colleges and successfully completed
the Post Graduate Degree course shall under go one-year compulsory
Rural/Government service in APVVP/DME, A.P Hospitals as per the G.O.Ms.No.251,
dt.02-10-2022 of Govt. of Andhra Pradesh.

4. If I fail to abide by the bond either by not joining (or) by not completing the
stipulated one year Rural/Government service period of one year within a maximum
period of 18 months after obtaining the PG (Medical) Degree, a penalty of
Rs.40,00,000/- (Rupees forty lakhs only) shall be levied against me.

Date:

Witnesses:

Signature of the candidate

1. Signature:

Name and address in full

Name:

Address:

Aadhar No:

Mobile No:

E-mail ID:

2. Signature:

Name and address in full

PERSONAL DETAILS

(To be submitted by the Non-Service Candidate along with the bond for the academic year 2023-24)

1	Name	
2	Age & date of birth	
3	Father's Name	
4	Mother's Name	
5	Present Address	
6	Permanent Address	
7	Mobile Number	
8	E-mail ID	
9	Aadhar No	
10	State Medical Council Registration Number	
11	NEET Rank	
12	NEET Roll Number	
13	Allotment number issued by Dr.YSR UHS	
14	Name of the College to which candidate is admitted	
15	PG (Medical) Degree Speciality	

Date:

Signature of the candidate

Name:

Mobile No:

Aadhar No:

E-mail ID:

Address :

**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 _____ 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 _____
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
_____ College for the year 2023-24.

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

DEPONENT

//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)