

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

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 2024-25.

1. Allotment order issued by Dr. NTR UHS, Vijayawada
2. AP PG Medical Admissions **Final** Application – (Issued by Dr. NTRUHS)
3. NEET PG – 2024 Admit Card and Score Card (Issued by NBE)
4. 10th Class (S.S.C.) Certificate
5. Intermediate Pass Certificate / 10 +2 Certificate
6. MBBS Original Degree Certificate
7. MBBS Study & Conduct Certificate
8. MBBS Consolidated Marks Memo
10. Compulsory Rotatory Internship certificate (Candidate should have completed Internship by 15.08.2024 as per Dr.NTR UHS Prospectus 2024-25)
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. For Non Local candidates:
 - Minimum 10 Years Study Certificate of student / either of parents of AP State, if MBBS is from outside of AP State. (or)
 - Minimum 10 years Residence Certificate of Andhra Pradesh State of either parents (or)
 - Current employment certificate of either of parents, if working in Andhra Pradesh only.
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. Annexure A for all the **In- Service Candidates** & Annexure B for **all Non-Service candidates**. Bond duly notarized by Non Judicial Stamp Paper for Rs. 100/- (**as per Dr. NTR UHS 2024-25 Prospectus**)
18. Tuition Fee Affidavit. Bond to be executed by Non Judicial Stamp Paper for Rs. 100/- for **All Candidates (Enclosed)**
19. Study Bond to Dr. NTR UHS (AFFIDAVIT) Annexure –III. Bond to be executed by Non Judicial Stamp Paper for Rs. 100/- **All Candidates (as per Dr. NTR UHS 2024-25 Prospectus)**
20. Annexure IV A and IV B for **In- Service Candidates (as per Dr. NTR UHS 2024-25 Prospectus)**
21. Annexure –V (Declaration) on White Paper (**as per Dr. NTR UHS 2024-25 Prospectus**)
22. Photocopy of Aadhar card
23. Photo copy of Pan Card for Student and Parent
24. Copy of Bank Pass Book Xerox / Bank Statement
25. Post date cheques for remaining period of study
26. 4 Passport Size Colour Photos of the Candidate

FEE PAYMENT DETAILS

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/-

Fee can be paid through :

DD in favour of "**Narayana Medical College**" payable at Nellore

(OR)

Online Payment Details for 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

ANNEXURE-A

**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 2024-25.

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:

1. Signature:

Name and address in full

2. Signature:

Name and address in full

Signature of the candidate

Name:

Address:

Aadhar No:

Mobile No:

E-mail ID:

PERSONAL DETAILS

(To be submitted by the Non-Service Candidate along with the bond for the academic year 2024-25)

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 STUDENTS ADMITTED INTO
PRIVATE UN-AIDED NON-MINORITY MEDICAL COLLEGES OF ANDHRA PRADESH
FOR THE ACADEMIC YEAR 2024-25.
(ON Non - Judicial Stamp Paper for Rs. 100/-)**

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

That I have been allotted a MD / MS _____ Seat in Narayana Medical College,
Nellore by Dr. NTR University of Health Sciences, Vijayawada in Counseling conducted on
_____ under the Competent Authority Quota / Management Quota for the academic year
2024-25 for the duration of full course.

The Government of Andhra Pradesh issued G. O. Rt. No. 504, HM&FW (C1) Dept., Dt. 06/08/2024
notified tentative fee structure (pending fixation of final fee) for the academic year 2024-25 in respect
of PG courses in private un-aided professional Medical and Dental Colleges in the State of Andhra
Pradesh and it 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. 504, HM&FW (C1) Dept., Dt. 06/08/2024), 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.

In the event of discontinuing from the course at any time after admission, I shall pay Narayana Medical
College, Nellore, the complete fee of the remaining period along with the amount of stipend received
till then.

This Affidavit cum Indemnity Bond is executed by me as a pre-condition to seek admission to MD/MS
_____ Course in Narayana Medical College, Nellore, for the year 2024-25.

Solemnly sworn and
Signed before me on this
the _____ day of _____ 2024

DEPONENT

//NOTARY//

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

I, Dr. _____ selected for Post Graduate Degree/Diploma for the year 2024-25 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. NTR 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 (For Re-admission)

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 2024-25 do hereby solemnly affirm and sincerely state as follows:

I declare that I shall abide by the rules and regulations prescribed by the Dr. NTR 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)