

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 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 Rank 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
9. Compulsory Rotatory Internship certificate(Candidate should have completed internship by 15.08.2024 as per Dr.NTR UHS Prospectus 2024-25
10. MBBS Registration Certificate from the respective State Medical Council
11. Transfer / Migration certificate of MBBS
12. Permanent Caste Certificate, If applicable.
13. 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
14. Tuition Fee Affidavit - Bond to be executed by Non Judicial Stamp Paper for Rs. 100/- for **All Candidates (Enclosed)**
15. Senior Residency Bond to be executed by Non Judicial Stamp Paper for Rs. 100/- for **All Candidates (Enclosed)**
16. Study Bond to Dr. NTR UHS (AFFIDAVIT) Annexure –IV. Bond to be executed by Non Judicial Stamp Paper for Rs. 100/- **All Candidates (as per Dr. NTR UHS 2024-25 MQ Prospectus)**
17. Annexure –V (Declaration) on White Paper (**as per Dr. NTR UHS 2024-25 MQ Prospectus**)
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

FEE PAYMENT DETAILS

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/-

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

**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//

Senior Residency Bond

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

This Deed of Bond is executed on ____ day of November, 2024 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 notarized 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 - IV

(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

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)