

PG MEDICAL DEGREE COURSE - CONVENER QUOTA ADMISSIONS
FOR THE ACADEMIC YEAR 2023 – 24
CHECK LIST AND FEE PAYMENT DETAILS

1. Allotment order (Issued by Dr. YSRUHS, Vijayawada)
2. Provisional Verification form issued by Dr. YSR UHS
3. Online application form issued by Dr. YSR UHS
4. NEET PG MD/MS, 2023 – Admit card & Score Card
5. SSC or Equivalent examination containing the Date of Birth
6. Intermediate or Equivalent Examination (10+2)
7. MBBS / Equivalent Provisional or Original Degree Certificate
8. All years / Consolidated Marks statement of MBBS / Equivalent
9. PG Diploma Certificate (if applicable)
10. Compulsory Rotatory Internship Certificate should be on or before 11th August, 2023
11. Provisional / Permanent Medical Registration from respective State Medical Council
12. Study & Conduct Certificate of MBBS / Equivalent
13. Transfer Certificate of MBBS /Equivalent
14. Migration Certificate of MBBS /Equivalent
15. If the candidate has passed MBBS from Siddhartha Medical College, Vijayawada, he/she has to submit Study certificates from 6th class to Intermediate.
16. 10 years of Residence proof/study certificates for Non local candidates and completed MBBS outside AP/TS.
17. Latest Social Status certificate in case of BC/SC/ST candidates issued by Govt. Of AP/TS (if applicable)
18. Parental Income certificate/ White Ration Card (if applicable)
19. Minority certificate issued by Govt. of AP if applicable
20. Local Status Certificate who are migrated from Telangana State to AP (if applicable)
21. PAN CARD & AADHAR CARD (Xerox copy)
22. Passport size photographs – 12
23. Bond paper vide Annexure – III of DR. YSRUHS PG Medical/Dental PROSPECTUS 2023 – 24 (Convener Quota) on Non Judicial stamp paper for Rs. 100 /-
24. Annexure – A for all Non Service Candidates, Annexure – B for In-Service Candidates on Judicial stamp paper for Rs. 100 /- along with Personal details
25. Tuition fee affidavit on Non - Judicial Stamp Paper for Rs. 100/- in the name of Student
26. **For Sliding candidates:**
 - Custodian certificate from previous college (Original)
 - Fee receipt issued by previous college (Original)
 - Relieving letter of previous college

ADDITIONAL DOCUMENTS FOR SERVICE CANDIDATES

- Annexure – IV A & Annexure - IV B of DR. YSR UHS Prospectus 2023 – 24

Note: Students need to submit Three sets of Photo copies (Xerox copies) of above mentioned documents and certificates.

FEE FOR PG (MD/MS) STUDENTS AT THE TIME OF ADMISSION
FOR THE ACADEMIC YEAR 2023 – 2024

Sl. NO.	PARTICULARS	CQ		
		CLINICAL	PARA CLINICAL	NON CLINICAL
1.	Tuition Fee **	4,96,800	1,55,250	70,380
2.	Processing Fee	45,000	45,000	45,000
3.	Simulation & Skill Lab Fee	10,000	10,000	10,000
4.	BLS Fee	3,000	3,000	3,000
Total Fee		5,54,800	2,13,250	1,28,380

**** The Tuition fee notified above is subject to outcome of the W.P.Nos. 32975, 33162 & 35090 of 2022.**

Tuition Fee can be paid through:

- **DD** in favour of “**DEAN/PRINCIPAL, KIMS & RF**” payable at Amalapuram.

Note: For Fee details contact Mr. Prasanna, Ph. No: 7331155205

For college details contact Ph. No: 7331155202

ANNEXURE – III

(Non-Judicial stamped paper for Rs. 100 /-)

(FOR ALL CANDIDATES)

I, Dr. _____ selected for Post Graduate Degree MD / MS course 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, Vijayawada a sum of Rs. 3,00,000/- + 18% GST and refund the amount received as stipend up to that date to Government.

Date:

Signature of the Candidate

WITNESS

1. Signature:

Name and Address in full

2. Signature:

Name and Address in full

TUITION FEE AFFIDAVIT SUBMITTED BY PG MEDICAL/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 Roll No. _____, NEET PG 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 _____ College by Dr. YSR University of Health Sciences, Vijayawada in counselling conducted on _____ under the Competent Authority Quota / Management Quota for the Academic years 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 2003 in W. P. No. 32975 of 2022, "Upon hearing both the counsel, this Court deems it appropriate to enhancing the existing fee for the academic year 2022-23 at the rate of 15% for the present year 2023-24 for MBBS-PG and Super Speciality 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 Counselling notification in respect of MBBS PG and Super Speciality Courses Medical admissions.

The respondents are further directed to notify the enhanced fee for the present academic year 2023-24 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 is Issued G. O. Ms. No. 123, HM&FW (C1) Dept., Dt. 10/08/2023 notified the fee structure for the academic year 2023-24 by enhancing the rate of 15% on the existing fee of the academic year 2022-23 which was notified in the G. O. Ms. No. 56, HM&FW (C1) Dept., 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 MD/ MS _____ course in _____ College for the academic year 2023-24.

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

DEPONENT

//NOTARY//

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 _____ Speciality under State Quota/Competent Authority Quota seats in Government Medical College/Private Medical College at <Name of the Medical College and Place> 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:

2. Signature:

Name and address in full

Aadhar No:

Mobile No:

E-maid ID:

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 :

ANNEXURE-B

BOND TO BE EXECUTED BY ALL **IN-SERVICE CANDIDATES** AS PER G.O.Ms.No.252, HM&FW (C1) DEPT., DT.07-10-2022, G.O.Ms.No.206, HM&FW (C1) DEPT., DT.11-08-2022 AND G.O.Ms.No.150, HM&FW (C1) DEPT., DT.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 _____ Speciality under State Quota/Competent Authority Service Quota seats in Government Medical/Dental College/Private Medical/Dental College at **<Name of the Medical College/Dental College and Place>** for the academic year 2023-24.
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) Dept., dt.07-10-2022, G.O.Ms.No.206, HM&FW (C1) Dept., dt.11-08-2022 and G.O.Ms.No.150, HM&FW (C1) Dept., dt.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) Dept., dt.07-10-2022, G.O.Ms.No.206, HM&FW (C1) Dept., dt.11-08-2022 and G.O.Ms.No.150, HM&FW (C1) Dept., dt.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 complete 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) 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 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 A.P/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 allotted	
16	PG Medical/Dental Degree Speciality to which candidate is allotted	

Date:

Signature of the candidate

Name:

Mobile No:Aadhar No:

E-mail ID:

Address :