

PG MEDICAL DEGREE COURSE - CONVENER QUOTA ADMISSIONS
FOR THE ACADEMIC YEAR 2024 – 25
CHECK LIST AND FEE PAYMENT DETAILS

1. Allotment order (Issued by Dr. N.T.R UHS, Vijayawada)
2. Final Application Print out issued by Dr. N.T.R UHS
3. NEET PG MD/MS, 2024 – Admit card & Score Card
4. SSC or Equivalent examination containing the Date of Birth
5. Intermediate or Equivalent Examination (10+2)
6. MBBS / Equivalent Provisional or Original Degree Certificate
7. All years / Consolidated Marks statement of MBBS / Equivalent
8. PG Diploma Certificate (if applicable)
9. Compulsory Rotatory Internship Certificate should be on or before 15th August, 2024 (As per Dr.NTR UHS 2024-25 CQ/MQ Prospectus)
10. Provisional / Permanent Medical Registration from respective State Medical Council
11. Study & Conduct Certificate of MBBS / Equivalent
12. Transfer Certificate of MBBS /Equivalent
13. Migration Certificate of MBBS /Equivalent
14. If the candidate has passed MBBS from Siddhartha Medical College, Vijayawada, he/she has to submit Study certificates from 6th class to Intermediate.
15. 10 years of Residence proof/study certificates for Non local candidates and completed MBBS outside AP/TS.
16. Latest Social Status certificate in case of BC/SC/ST candidates issued by Govt. Of AP/TS (if applicable)
17. Parental Income certificate/ White Ration Card (if applicable)
18. Minority certificate issued by Govt. of AP if applicable
19. Local Status Certificate who are migrated from Telangana State to AP (if applicable)
20. PAN CARD & AADHAR CARD (Xerox copy)
21. Passport size photographs – 12
22. Bond paper vide Annexure – III of DR. N.T.R UHS PG Medical/Dental PROSPECTUS 2024 – 25 (Convener Quota) on Non- Judicial stamp paper for Rs. 100 /-
23. Annexure – A for all Non- Service Candidates, Annexure – B for In-Service Candidates on Judicial stamp paper for Rs. 100 /- along with Personal details
24. Tuition fee affidavit on Non - Judicial Stamp Paper for Rs. 100/- in the name of Student
25. **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. N.T.R UHS Prospectus 2024 – 25

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 2024 - 2025

Sl. NO.	PARTICULARS	CQ			REMARKS
		CLINICAL	PARA CLINICAL	NON CLINICAL	
1.	Tuition Fee **	4,96,800	1,55,250	70,380	Yearly
2.	Processing Fee	45,000	45,000	45,000	One Time
3.	Simulation & Skill Lab Fee	10,000	10,000	10,000	Yearly
4.	BLS Fee	3,000	3,000	3,000	One Time
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 and College details Contact Ph. No:

7331185466, 7331185477

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 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. N.T.R 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

(Required by: S1, S2, S3)

**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 2024-25.**

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

That I, Dr. _____ have been allotted a MD/MS _____
Seat in Konaseema Institute of Medical Sciences & Research Foundation, Amalapuram by
Dr.NTR University of Health Sciences, Vijayawada in counselling conducted on ____ under
the Competent Authority Quota / Management Quota for the academic year **2024-25** for the
duration of full course.

**G.O.Rt.No.504, HM&FW(C1) Dept., Government of Andhra Pradesh, Dt.06/08/2024 has
been issued** for fixation of 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, to pay the final 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.

DEPONENT (STUDENT SIGNATURE with date)

//NOTARY//

I further declare that I am fully conversant with the rules and regulations of **Konaseema Institute of Medical Sciences & Research Foundation**, Amalapuram, 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 **Konaseema Institute of Medical Sciences & Research Foundation, Amalapuram**, 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 **Konaseema Institute of Medical Sciences & Research Foundation, Amalapuram**, for the year 2024-25.

Solemnly sworn and

Signed before me on this the ___ day of _____ 2024

DEPONENT(STUDENTSIGNATURE)

//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 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:

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 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.NTR 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.85, HM&FW (C1) DEPARTMENT DT.20-07-2024 OF
GOVERNMENT OF ANDHRA PRADESH

ANNEXURE TO G.O.Ms.No.85, HM&FW (C) DEPT., DT. 20.07.2024.

AGREEMENT BOND FOR THE CANDIDATES ADMITTED TO PG DEGREE/SUPER SPECIALTY MEDICAL COURSES FOR THE ACADEMIC YEAR _____ UNDER IN SERVICE QUOTA.

[Non-Judicial Stamped Paper Rs.100/-]

THIS DEED OF BOND IS EXECUTED AT _____ ON THIS DAY OF _____ By Name:
S/O, D/O, W/O

Residing At (Permanent Address):

Mobile No:

Mail id:

Aadhar No:

PAN No:

IN FAVOUR OF DME/DPH&FW/DSH (Government of Andhra Pradesh)

WHEREAS the party of the FIRST PART has applied for admission to PG Degree course/ Super Specialty (Medical) course as in-service candidate and the party of the FIRST PART has been selected to the said course.

Whereas the party of the FIRST PART has agreed to serve the Government of Andhra Pradesh at any of the Government Institutions as ordered by the competent authority for a period of Ten (10) years after successful completion of the PG Degree/Super Specialty Course.

Whereas I am executing this bond with free will and consent without any coercion.

THE DEED OF INDEMNITY BOND WITNESSES AS FOLLOWS:

1. The Party of the FIRST PART is agreed to pay a sum of Rs. 50,00,000 (Rupees Fifty Lakhs Only) in addition to pay & allowances received during the study period with interest as applicable as on the date to the Government. The same shall be recovered from the Party of the FIRST PART by initiating the provisions under RR Act, in the event of failure of bond conditions.
2. The Party of the FIRST PART is agreed to absorb into (or) utilized his/her services in DME/DSH or in any Government Health Institution, after completion of the course.
3. The Party of the SECOND PART shall monitor the performance in the P.G. Course. If the authority found that, the Party of the FIRST PART intentionally delayed in completing the course, the Party of the SECOND PART will initiate appropriate disciplinary proceedings against the Party of the FIRST PART.
4. The University is at liberty to cancel the PG Medical Degree/Super Specialty degree of the party of the FIRST PART in violation of bond conditions.
5. The DME/DPH & FW/DSH is at liberty to initiate the criminal prosecution in the event of his/her failure to comply the bond conditions.
6. The party of the FIRST PART shall complete the P.G. Degree Medical within a period of six (6) years from the date of admissions.
7. The Party of the FIRST PART is agreed to furnish two sureties who are income tax assesses and one of them shall be a regular Government employee to recover the bond amount from the sureties, in the event of his/her failure in bond conditions.
8. The Party of the FIRST PART shall keep the certificates in the custody of the sponsoring authority (DME/DPH&FW/DSH) till completion of Ten (10) years service

Signed on this _____ Day _____ Month _____ Year

THE PARTY OF THE FIRST PART

Witnesses:

1. Signature:

Name and Address in full.

2. Signature:

Name and Address in full.

THE PARTY OF THE SECOND PART