

PG MEDICAL DEGREE COURSE - CONVENER QUOTA ADMISSIONS **FOR THE ACADEMIC YEAR 2025 - 26**

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, 2025 - 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 31st July 2025
(As per Dr.NTR UHS 2025-26 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 Ratio n 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 2025 - 26 (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 /- alongwith 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 & Declaration, SURETY FORM [Non-Judicial Stamped Paper Rs.10/-] N.T.R UHS Prospectus 2025-26.

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 2025 - 2026

Sl. NO.	PARTICULARS	CQ			
		CLINICAL	PARA CLINICAL	NON-CLINICAL	REMARKS
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	

**** Tuition fee structure in Private Un-aided Professional Medical Colleges of A.P for the current academic year 2025-26 will be as decided by the Govt. of Andhra Pradesh, subject to the outcome of 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, 7331185155

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

I, Dr..... selected for Post Graduate Degree/Diploma for the year 2025-26 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 ₹.3,00,000/- 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/PG Dental Students admitted into private Un-Aided Non-Minority
Medical & Dental Colleges of Andhra Pradesh for the Academic year 2025-26
(On Non-Judicial Stamp Paper for Rs.100/-)**

I D r . _____ (Aadhar N o : _____),
N E E T P G R o l l No. _____ N E E T P G R a n k : _____ S /o(or)/D/o. _____
_____ R/o. _____

do hereby by solemnly affirm and state on oath as follows.

That I have been allotted a _____ Seat in _____
_____ (College Name) by Dr. NTR University of Health Sciences, Vijayawada in
Counselling conducted on _____ under the Competent Authority Quota / Management Quota for the academic
year 2025-26 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% from the academic 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 counselling Notification in respect of MBBS PG Courses medical admissions.

The Respondents are further directed to notify the enhanced fee from the 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 on wards 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 orders of the Government of Andhra Pradesh (G. O. RT. No. 777, HM&FW (C1) Dept., Dt.09/11/2025), 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 _____
_____ (College Name) 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 _____
_____ in _____ (College Name) for the Academic Year 2025-26.

Solemnly sworn and
Signed before me on this the _____
_____ day of _____ 2025/2026

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 2025-26.
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 2025-26)

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- IV A

SELF DECLARATION BY INSERVICE CANDIDATES

I, Dr. _____ Son/Daughter of _____
is in service and working as _____ under the administrative control of
_____. I have put up the following service as on
_____.

- | | | | |
|-------------------------------|-----------|--------|------|
| 1) Tribal Service | - Years : | Months | Days |
| 2) Rural Service | - Years : | Months | Days |
| 3) Continuous Regular Service | - Years : | Months | Days |

I do hereby declare that I do not have any Post Graduate (Medical) Degree or Diploma / I have a post graduate (Medical) degree/Diploma in..... (Specify the subject). I satisfy the definition of "In service candidate" as per sub-rule (2) of Rule 3 of **G.O.Ms.No.85 HM&FW(C1) Dept., dt.20-07-2024, G.O.Ms.No.127, dt.01-10-2024 & G.O.Ms.No.99, dt.18-08-2025**. My Date of Birth is _____ and I will be having a leftover service of _____ as on **16-04-2025** to be eligible for deputation as In-service candidate. If this declaration is found to be incorrect and false, I am liable for action for submitting false declaration in addition to cancellation of admission into the Post Graduate course. I certify that the above information is true and correct.

Date:

Signature of the candidate

Name (in capitals):

Mobile Number:

Address:

ANNEXURE - IV B

(FOR INSERVICE CANDIDATES)

ELIGIBILITY SERVICE CERTIFICATE TO BE CONSIDERED FOR P.G. MEDICAL SELECTION UNDER SERVICE QUOTA AS PER G.O.Ms.No.85, dt.20-07-2024, G.O.Ms.No.127, dt.01-10-2024 & G.O.Ms.No.99, dt.18-08-2025 OF GOVERNMENT OF ANDHRA PRADESH

SERVICE ELIGIBILITY CERTIFICATE

This is to certify that Dr. _____ Son/Daughter of _____ is an In-service candidate and working as _____ under the administrative control of _____. He/She is already having _____ P.G. (Medical) Degree/Diploma (Specify the specialty/If no information write Nil). He/She is eligible for selection into any P.G. (Medical) Degree or Diploma (Strike off the one not applicable) under service quota for admission into P.G. (Medical) Courses for the year 2025-26 as per orders of Govt. of AP vide **G.O.Ms.No.85, HM & FW (C1) Dept., dt. 20-07-2024 and subsequent amendments mentioned above.** His/Her date of birth is _____ and he/she is having the leftover service of _____ as on **16-04-2025**.

SERVICE AS ON 16-04-2025:

Type of Service	Place of Service	Service		Total Period of Service (DD/MM/YY)
		From (DD/MM/YY)	To (DD/MM/YY)	
1) Tribal Service				
2) Rural Service				
3) Continuous Regular Service				

Date:

Signature of concerned Department HOD with Office Seal

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.

P.T.O.

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

(FOR ALL IN-SERVICE CANDIDATES)

DECLARATION

1. Name of the Candidate:
2. Name of the Institution and Place where he has worked last:
3. Designation:
4. Name of the PG Course/Super Specialty Course:
5. Duration of the course:
6. Date of Joining course:
7. Whether Service/Non Service Candidate:
8. If service candidate, date of joining in-service:
9. Total service prior to joining the course:
10. Permanent Address:

I hereby declare that the above particular are true to the best of my knowledge and I have executed the prescribed bond. If the particulars furnished above are incorrect and in the event of failure of fulfilling the bond conditions, I will abide to pay an amount of Rs.50,00,000/- (Rupees Fifty Lakhs only) in addition to pay &allowances received during the study period along with the applicable interest.

Date:

Station:

SIGNATURE OF THE CANDIDATE

(FOR ALL IN-SERVICE CANDIDATES)

Dated:

SURETY FORM

[Non-Judicial Stamped Paper Rs.10/-]

I _____ S/O _____ executing this surety bond in favour of DME/DPH&FW/DSH with an undertaking to pay the amount of Rs.50,00,000/- (Rupees Fifty Lakhs only) and other amounts prescribed in the bond conditions by Dr -----in the event of his/her failure to comply the bond conditions dt.----- --.

The Authority is at liberty to recover the said amount by initiating provisions of RR Act.

SIGNATURE OF THE SURETY

Witnesses:

1. Signature:

Name and Address in full.

2. Signature:

Name and Address in full.