KONASEEMA INSTITUTE OF MEDICAL SCIENCES & RESEARCH FOUNDATION

PG MEDICAL DEGREE COURSE – CONVENER QUOTA ADMISSIONS | ACADEMIC YEAR 2026–27

DOCUMENT CHECKLIST

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, 2026 – 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 30-09-2026 (As per Dr.NTR UHS 2026-27 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 2026–27 (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

- Custodian certificate from previous college (Original)
- Relieving letter of previous college

ADDITIONAL DOCUMENTS FOR IN-SERVICE CANDIDATES

- Annexure – IV A & Annexure – IV B & Declaration, SURETY FORM [Non-Judicial Stamped Paper Rs.10/-] as per N.T.R UHS Prospectus 2026-27.

NOTE: Students are required to submit THREE sets of photocopies (Xerox copies) of all the documents and certificates mentioned above, from Serial No. 4 to 17.

KONASEEMA INSTITUTE OF MEDICAL SCIENCES & RESEARCH FOUNDATION

PG MEDICAL DEGREE COURSE – CONVENER QUOTA ADMISSIONS | ACADEMIC YEAR 2026–27

FEE FOR PG (MD/MS) STUDENTS AT THE TIME OF ADMISSION

FOR THE ACADEMIC YEAR 2026–2027

SL. NO.	PARTICULARS	CLINICAL	PARA-CLINICAL	PRE-CLINICAL	REMARKS
1.	Tuition Fee **	5,71,320	1,78,538	80,937	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	**6,29,320/-**	**2,36,538/-**	**1,38,937/-**	

IMPORTANT FEE NOTE

**** The above interim tuition fee structure is as per the G.O.Rt.No.786, HM & FW (C1) Dept., dt.29-08-2026 and the above interim fee structure notified for the Academic Year 2026-27, with a 15% enhancement over the existing fee notified for the Academic Year 2025-26. The above Tuition fee is liable for revision as per the final orders of the A.P State Govt..**

TUITION FEE PAYMENT

DD In favour of **"DEAN/PRINCIPAL, KIMS & RF"**, payable at **Amalapuram**.

FOR FEE DETAILS AND COLLEGE DETAILS, CONTACT: 7331185477 | 7331185155 | 7331185229 | 7331185455 | 7331185466

AFFIDAVIT

(on non-judicial stamp paper for Rs. 100/-)

Tuition Fee Affidavit submitted by PG (MD/MS/MDS) Student admitted into PG (MD/MS/MDS) Courses under Convenor / Management Quota (S1,S2(NRI),S3(institutional quota) Seats into Private Un-Aided Non-Minority Medical / Dental Colleges of Andhra Pradesh for the academic year 2026-27.

I, Mr. / Ms._____,

S/o. / D/o_____,

NEET–PG–2026 Roll. No. _____ , NEET–PG–2026– Score _____, NEET-PG-2026 All India Rank _____ got admitted into PG (MD/MS/MDS) Course under Convenor Quota / Management Quota (S1,S2(NRI),S3(institutional quota) in,_____College,

for the academic year 2026-27.

I was informed by the College that, the Government of Andhra Pradesh issued G. O. Rt. No. 786, HM & FW (C1) Dept., Dt. 29/08/2026 fixing the Tuition Fee for the academic year 2026-27 only and issued further direction as:

> "Every institution / college shall, at the time of admission, communicate to the student in writing that the fee fixed for the Academic Year 2026 — 27 is interim and tentative and is liable to revision for that every year upon the final determination of the Committee, and that the resulting differential shall be adjusted, refunded or recovered accordingly".

Having understood the above, we undertake to abide by the Orders of the Government of Andhra Pradesh vide G. O. Rt. No. 786, HM & FW (C1) Dept., Dt. 29/08/2026 in respect of the Tuition Fee.

Date:_____ Father Signature (Father Name) Student Signature (Student Name)

(3)

ANNEXURE - III

(Non-Judicial Stamped paper for ₹. 100/-)

(FOR ALL CANDIDATES)

I, Dr..... selected for Post Graduate Medical Degree/Diploma for the year 2026-27 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 the 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 and I will be barred from applying for Post Graduate (Medical) Degree/Diploma course in Andhra Pradesh for three years of NEET PG Counselling from the date of this order

Date : Signature of the Candidate

Witness :

1. Signature :
   Name and address in full

2. Signature :
   Name and address in full

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 2026-27.
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:
Name and address in full Address:

2. Signature: Aadhar No:
Name and address in full Mobile No:
E-maid ID:

(5)

PERSONAL DETAILS
(To be submitted by the Non-Service Candidate along with the bond for the academic year 2026-27)

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 :

(6)

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.

(7)

-2-

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 SCOND 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

(8)

(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

(9)

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 **01-07-2026** 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:

(10)

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 GOVERNMNET 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 2026-27 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 **01-07-2026.**

SERVICE AS ON 01-07-2026:

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 Appointing Authority with Office Seal

(11)

(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.

(12)

THANK YOU

FOR CHOOSING KIMS

ALL THE BEST!

Wishing you success in your medical journey.