## KONASEEMA INSTITUTE OF MEDICAL SCIENCES & RESEARCH FOUNDATION

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

### CHECK LIST – MANAGEMENT QUOTA

| | |
|---|---|
| **1.** | Allotment order (Issued by Dr. NTR UHS, Vijayawada) |
| **2.** | Final application form issued by Dr. NTR 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 Prospect CQ/MQ) |
| **10.** | Provisional / Permanent Medical Registration from respective State Medical Council / Medical Council of India |
| **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.** | Latest Social Status certificate in case of BC/SC/ST candidates issued by Govt. of AP/TS (if applicable) |
| **16.** | Minority certificate issued by Govt. of AP if applicable |
| **17.** | PAN CARD & AADHAR CARD (Xerox copy) |
| **18.** | Passport size photographs – 12 |
| **19.** | Blood relative of NRI (For 'C' Category):<br>a) Declaration of the Blood Relative (Refer Annexure-I).<br>b) Family Tree Certificate showing the relationship between candidate and NRI, issued by the Competent Authority of Revenue Department.<br>c) Copy of NRE Bank Account. |
| **20.** | For NRI Lapsed Category - Notarized Affidavit of Parental Financial Status duly signed by the Parent and Candidate (Refer Annexure-II) |
| **21.** | SPONSORSHIP CERTIFICATE (Annexure – III in PG- MQ Prospectus) for “S3 Category” students |
| **22.** | Bond paper vide Annexure – IV of DR. N.T.R UHS PG MQ (Management Quota) PROSPECTUS 2026–27 on non-judicial stamp paper for Rs. 100/- |
| **23.** | Senior Resident Bond on Judicial stamp paper for Rs. 100/- in the name of student (S1, S2, S3) |
| **24.** | Tuition fee affidavit on Non-Judicial Stamp Paper for Rs. 100/- in the name of Student |
| **25.** | Annexure - V Declaration (Management Qouta) PROSPECTUS 2026-27. |
| **26.** | For Sliding candidates:<br>1. Custodian certificate from previous college (Original)<br>2. Relieving letter of previous college. |

**NOTE: Students need to submit Two sets of Photo copies (Xerox copies) from serial 4 to 17 of above mentioned documents and certificates.**

- **Adequate cheques are also required for the management quota.**

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PG MEDICAL DEGREE COURSE – MANAGEMENT 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 | MQ (S1 CATEGORY) CLINICAL | PARA-CLINICAL | NON-CLINICAL | REMARKS |
|---|---|---|---|---|---|
| 1. | Tuition Fee ** | 11,42,640 | 3,57,075 | 1,61,874 | 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** | **12,00,640** | **4,15,075** | **2,19,874** | |

## IMPORTANT FEE NOTE

**** ** The above tuition fee structure is as per the G.O.RT.No. 785, HM&FW; (C1) Department, dt. 29-08-2026 and the 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 fee will be revised as per the final orders of the A.P State Govt..**

## TUITION & COLLEGE FEE PAYMENT

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

**NOTE: For Fee details and college details contact Ph. No: 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)

**(For all S1, S2, S3)**

**(On non judicial stamped paper for Rs.100/-)**

# BOND

This Deed of Bond is executed on _____day of ..... 2025/2026

at _____by

Sri. _____S/0..D/0..W/ _____

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 _____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.

AND WHERE AS 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.

AND WHERE AS 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.

Signed and dated at _____

Signature of the Candidate _____

**//NOTARY//**

**Annexure - IV**

**(Non-Judicial Stamped paper for Rs. 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 – V**

**DECLARATION**

I ..... Son of/Daughter of .....
Residing at ..... and admitted to in 1st year of ..... (Name of the PG course) at ..... (Name of the College) for the academic year 2026-27 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
(With Office seal)

**Annexure-I**

DECLARATION OF BLOOD RELATIVE FOR NRI CATEGORY

(This declaration is to be given by a Student/ Parent/Blood Relative (family member) who is seeking admission under NRI category (Management quota of NRI) of Dr. NTR University of Health Sciences, A.P., Vijayawada.)

I, Mr/Ms. _____, NEET PG 2026 Roll No _____NEET PG 2026 Rank _____, Son/daughter of Mr./Ms. _____seeking admission into PG MD/MS course in NRI category seats for the academic year 2026-27 into Medical Colleges situated in Andhra Pradesh Private Non- Minority and Minority Medical Colleges do hereby declare and state as under:

I declare that I am **Son/ Daughter/ Niece/ Nephew/ Brother/ Sister** of Mr/Ms. _____, S/o. _____, R/o. _____ (here incorporate the complete address of NRI to whom the candidate is related).

I declare that the said family member NRI is paying my fee for my PG MD/MS course and I further declare that the above facts stated are true and correct and I am liable for any action in the event of concealment of facts.

Hence, this declaration.

(Signature of the Candidate)

I, _____, S/o. _____ here declare and confirm that the above candidate viz., Mr/Ms _____is related to me as_____(mention relationship) (**Son/Daughter/Niece/Nephew/Brother/Sister**) and I hereby irrevocably agree and undertake to provide finance support to him/her by payment of entire fees and other expenses for pursuing PG MD/MS course under NRI Category in the Medical Colleges affiliated to Dr NTRUHS.

Date:

(Signature of the NRI)
(Blood Relative)

**Annexure-II**

**NOTARISED AFFIDAVIT**

## DR. N.T.R. UNIVERSITY OF HEALTH SCIENCES, A.P., VIJAYAWADA – 520 008

**ADMISSIONS INTO PG MD/MS COURSES UNDER MANAGEMENT QUOTA, 2026-27**

**NOTARISED AFFIDAVIT OF PARENTAL/SPOUSE INCOME AND SOURCE OF FUNDS FOR ADMISSION UNDER N.R.I. LAPSED SEAT CATEGORY**

I, **[Full Name of the Parent/Spouse]**, S/o /D/o /H/o /W/o **[_____]**, aged **[Age]** years, residing at **[Full Residential Address]**, do hereby solemnly affirm and declare as under:

1. That I am a citizen of India and the parent/guardian/spouse of **[Student's Name]**, who has qualified NEET-PG **[2026]** with NEET Roll No. **[NEET Roll Number]** and is seeking admission to the PG (Medical) course under the NRI Lapsed Category for the academic year 2026-27 through online counselling conducted by Dr. NTR University of Health Sciences, A.P., Vijayawada.

2. Tham I am fully aware of the Prospectus / Regulations for admissions into PG MD/MS Course under Management Quota, 2026-27 and also Fee Structure notified in the Prospectus in respect of N.R.I. Lapsed Category of the respective Medical College notified by Dr. NTRUHS, Vijayawada.

3. That the total annual income of my family from all sources for the financial year **[2025–2026]** is Rs. **[Amount in Figures]** (Rupees **[In Words]** only**).**

4. That the specific sources of income/funds for our family and for financing the aforementioned Medical education are as follows:

   a. **Primary Occupation / Business / Profession:**
   [e.g., Proprietor of XYZ firm / Agriculture / Salaried Employee at ABC]

   b. **Annual Income from Business/Salary:** Rs. [Amount]

   c. **Annual Income from Agricultural / Other Sources (if any):** Rs. [Amount]

   d. **Details of Liquid Assets/Bank Support used for funding:**
   [e.g., Personal savings, family business revenue, or sanctioned educational loan details from Bank Name, if applicable]

5. That I possess the financial capacity to pay the prescribed annual tuition fee and other requisite fees for the entire duration of the PG MD/MS course (**3 years**) at the college concerned without any default.

6. That I certify that the information regarding income and sources provided above is true and correct to the best of my knowledge and belief. No material information has been concealed.

7. That if any information, statement, or document furnished by me is proved to be false, incorrect, or misleading at any stage, the admission of my ward is liable to be cancelled, and I shall be liable for legal and penal action as per the law.

Date:

Place:

(Signature of the Parent / Guardian/Spouse)

Name: (Full Name)_____

Aadhar Number:_____

Contact Number_____

**Notarised by:**

# ANNEXURE - III

Sponsorship Certificate to be uploaded by the College

(Institutional Quota Candidate for Category-C – S3)

This is to certify that Dr. _____S/o or D/o Sri _____NEET-2026 (PG) Roll Number_____ NEET Rank_____was a bona fide student of MBBS course of _____Medical College,_____ affiliated to Dr NTR University of Health Sciences, Vijayawada, AP.

I, on behalf of the management of the college pleased to recommend his/her candidature for admission to Postgraduate course under the Category-C-S3 (Institutional Quota)

Signature of Dean/Principal `
with Office Seal

(Or)

Sponsorship Certificate to be uploaded by the candidate
(Institutional Quota Candidate for Category-C-S3)
Employee of the Institution

This is to certify that Dr. _____ NEET-2026 (PG) Roll Number_____ NEET Rank_____ is an employee (or) his/her Parent Sri/Smt _____ who is a an employee of our Institution and working as _____from _____ to _____ period in _____ College affiliated to Dr NTR University of Health Sciences, Vijayawada.

I, on behalf of the Management of the college, pleased to recommend the name of Dr----------candidature for admission into Postgraduate (Medical) course under the Category-C (Institutional Quota-S3)

Date:

Signature of Dean/Principal
(with Office seal)

# THANK YOU

## FOR CHOOSING KIMS

KONASEEMA HOSPITAL

## ALL THE BEST!

Wishing you success in your medical journey.