

## **MDS ADMISSIONS FOR THE ACADEMIC YEAR 2025 – 2026**

### **CHECK LIST AND FEE PAYMENT DETAILS**

1. Dr NTR UHS Allotment order.
2. Online Application and Provisional Verification Form
3. NEET PG Admit card & Score Card
4. SSC Certificate.
5. Intermediate Mark List.
6. BDS / Equivalent Provisional or Original Degree Certificate
7. All Years / Consolidated Marks Statement or Original Degree Certificate
8. Internship Completion Certificate. (Candidates should have completed internship by **30-06-2025**.)
9. Permanent Registration from State Dental Council with Renewal
10. Study & Conduct Certificate of BDS.
11. BDS Transcript & Attempt Certificate
12. Transfer Certificate
13. Migration Certificate (if applicable).
14. Study Certificates from 6<sup>th</sup> class to Intermediate (Passed BDS from GDS & ARMY Dental College).
15. 10 years of Residence proof/ study certificates for Non local candidates and completed BDS outside AP/TS.
16. Latest Caste Certificate Income certificate in case of BC / SC / ST.
17. Minority certificate (if applicable).
18. Aadhar Card & Pan Card – Xerox.
19. Study Bond (Annexure – IV) with Notary (Non – Judicial Stamped Paper for Rs. 100 /-).
20. Tuition fee Bond with Notary (Non – Judicial Stamped Paper for Rs. 100 /-).
21. Declaration – Annexure – V
22. 12 Passport Size Photos.

#### **For Service Candidate(s) additionally:**

23. DMHO Relieving Order
24. Director of Public Health and Family Welfare & Office of the Medical Officer

**NOTE:** For all above documents please submit two sets of Xerox with Originals.

**FEE FOR MDS STUDENTS AT THE TIME OF ADMISSION**  
**FOR THE ACADEMIC YEAR 2025 – 2026**

<b>Sl.NO</b>	<b>PARTICULARS</b>	<b>A CATEGORY</b>	<b>REMARKS</b>
1.	Tuition Fee **	3,41,550	Yearly
2.	College Fee	15,000	Yearly
3.	Caution Deposit	25,000	One Time
4.	Simulation Fee	10,000	One Time
5.	BLS	3,000	One Time
<b>Total Fee</b>		<b>3,94,550</b>	

**NOTE :-** Tuition fee mentioned below is based on the previous academic year (2024–25), 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..

**Fee payment details:**

‡ DD in favor of “PRINCIPAL KIMS DENTAL COLLEGE” payable at Amalapuram.

For Fee details and College details contact Ph. No: 7331185466, 7331185477

**ANNEXURE - IV**

**(Non-Judicial Stamped paper for Rs. 100/-)  
(FOR ALL CANDIDATES)**

I, Dr..... selected for Post Graduate Dental 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 the Dr. NTR University of Health Sciences a sum of ₹.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

**ANNEXURE – V**  
**DECLARATION**

I ..... Son of/Daughter of ..... Residing  
at ..... and admitted to in I year of ..... (Name of the course  
UG/PG) at ..... (Name of the College) 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  
(Office date with seal)

(TUITION FEE BOND BY STUDENT FOR CONVENER QUOTA, MANAGEMENT QUOTA (ON Non  
judicial Stamp Paper for Rs100/-)

I, Dr. \_\_\_\_\_ (AADHAR NO: \_\_\_\_\_) S/o,/D/o, \_\_\_\_\_,  
R/o \_\_\_\_\_ do here by solemnly affirm and state on oath as follows:

That I have been allotted a Post Graduate Medical/Dental seat in \_\_\_\_\_ specialty in  
\_\_\_\_\_ College, by NTR University of Health Sciences, Vijayawada in counseling conducted on  
\_\_\_\_\_ under the competent authority quota/Management Quota for the Academic years 2025-26 for  
the duration of full course of three years.

That I am aware of the fact that your college and other Medical and Dental colleges have filed Writ  
Petitions bearing No's: 9973 of 2020, 9969 of 2020 and 9880 of 2020 and batch of Writ Petitions before the  
Hon'ble High Court of A.P. challenging the Fee structure fixed by the Government of Andhra Pradesh  
through G.O.Ms.No.56 dated: 29.05.2020 saying that the fee fixed through the said G.O is abysmally low.  
Further, batch of writ petitions filed by students vide W.P.No. 9812, 9814, 9879 of 2020 challenging the  
action of colleges not permitting the candidates to report and pay fee are also pending before Hon'ble High  
Court of Andhra Pradesh.

That I am herewith paying the fee fixed under G.O.Ms.No.56 dated: 29.05.2020 and I undertake to  
pay the remaining Fee 2nd year and 3rd year as well. I further undertake, without prejudice to my rights, 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 Government or any authority concerned.

I further declare that I am fully conversant with the rules and regulations of \_\_\_\_\_  
College on matter of recovery of tuition and other fee from its students and the principal of the institution  
may take any such legal action deemed fit to recover the dues from us.

This Affidavit cum Indemnity Bond as executed by me as a condition to seek admission to  
MD/MS in \_\_\_\_\_ College.

Solemnly sworn and  
signed before me on this the  
\_\_\_\_\_ day of \_\_\_\_\_ /2025

DEPONENT

//NOTARY//