



Dr.YSR UNIVERSITY OF HEALTH SCIENCES: A.P: VIJAYAWADA – 520008

ANNEXURE -I

1. University Allotment Order (Please verify and confirm with the list in the University website), Application form and Verification Report. Please notice the remarks if any given in the Verification Report.
2. NEET MDS-2022 – Admit Card & Score Card
3. BDS Original or Provisional Degree Certificate
4. BDS study certificate.
5. Provisional or Original certificate of PG Diploma or Degree, if applicable.
6. Compulsory Rotatory Internship certificate
7. Dental Council Registration certificate from the respective State Dental Council.
8. Latest Social Status Certificate in case of BC/SC/ST/OBC candidates issued by concerned Authorities if applicable.
9. Photo Identification proof.
10. Annexure-II, Declaration form and documents for S-2 seats
Annexure – III, Sponsorship certificate for S-3 seats
Annexure-IV (Non-Judicial Stamped paper for Rs. 100/-)
Annexure-V – Declaration
Annexure-VI - UNDERTAKING

} of Prospectus

Yours faithfully,
Sd/-
(Dr. CH.SRINIVASA RAO)
REGISTRAR (FAC)

ANNEXURE -II

INSTRUCTIONS TO THE PRINCIPALS

1. Before admitting the candidates allotted to their respective college, the Principals should verify all the Original certificates as per Annexure-I from the candidates, required bond(s) in the prescribed format and requisite tuition fee as per G.O Ms. No.56, dt.29-05-2020.
2. After the cutoff date for reporting, no candidate should be admitted and their Provisional admission is deemed to be cancelled without any further intimation.
3. Principals have to upload the Reported/Not reported data in the URL https://mdsmq.ntruhsadmissions.com/mdsmq_principal/ on or before **05.00 PM on 29-11-2022** without fail. After freezing the data the system generated print out is to be verified, signed by the Principal with Office seal and should be sent to the e-mail ID: appgadmissions2021@gmail.com
4. To verify whether the candidate has paid the following Equivalence fee during Registration, if not paid collect the same and send to the University:

I.	Equivalence fee for PG Dental Courses for candidates who have completed BDS outside of AP/TS	Rs.3,540/- (i.e., Rs.3,000/- + 18% GST)
II.	Equivalence fee for PG Dental Courses for candidates who have completed BDS in Abroad/Foreign Country.	Rs.8,260/- (i.e., Rs.7,000/- + 18% GST)

5. If any discrepancy found with regard to the above, the same may be brought to the notice of University, through e-mail: appgadmissions2021@gmail.com

The above instructions should be followed strictly.

Yours faithfully,
Sd/-
(Dr. CH.SRINIVASA RAO)
REGISTRAR (FAC)

ANNEXURE - II

DECLARATION

(This declaration is to be given by a student / ward as well as his /her
Guardian for admission under NRI Category -C (S2)

I, Dr. NEET
Roll Number----- and Rank NEET-2022 (PG/MDS) -----
-ward/S/o or D/o offor admission into Post
Graduate course in Category-C- S2 (NRI Quota) for the academic year 2022-23
in a Unaided Private Medical & Dental Colleges affiliated to Dr.YSR UHS in the
State of Andhra Pradesh do hereby declare and state as under:

I declare that I am a ward S/o or D/o of /under Guardianship of
Mr/Ms.....S/o.....
.....R/o.....
..... (here
incorporate the complete address of NRI of whom the candidate/declarant is a
ward).

I declare that the said NRI is paying my fee for my Postgraduate 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.

(Signature of the Candidate)

I, S/o
(or)
D/ohere declare and confirm that the
above declarant viz., Dr.....is my
ward and is under my Guardianship and I hereby irrevocably agree and
undertake to provide financial support to him/her for payment of entire fees
and other expenses for pursuing Post Graduate course for the academic year
2022-23 in any Unaided Private Medical/Dental Colleges affiliated to Dr. YSR
UHS in the State of Andhra Pradesh.

Date: (Name and Signature of the Guardian)

ANNEXURE - III

Sponsorship Certificate

(Institutional Quota Candidate for Category-C – S3)

This is to certify that Dr. _____ S/o or D/o Sri _____ NEET-2022 (PG/MDS) Roll Number _____ NEET Rank _____ was a bonafide student of MBBS /BDS course of _____ Medical/Dental College, _____, affiliated to Dr YSR 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)

Dean/Principal

Or

Sponsorship Certificate

(Institutional Quota Candidate for Category-C-S3)

Employee of the Institution

This is to certify that Dr. _____ NEET-2022(PG)/(MDS) Roll Number _____ NEET Rank _____ is an employee (or) S/o or D/o Sri/Smt _____ who is a an employee of our Institution and working as _____ from _____ to _____ period in _____ College affiliated to Dr YSR University of Health Sciences, Vijayawada.

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

Date:

Signature of the Head
of the Institution /College

Annexure - IV

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

(For all candidates)

I, Dr..... selected for Post Graduate Degree/Diploma for the year **2022-23** 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. YSR UHS a sum of Rs.3,00,000 + 18% GST (Rs.3,54,000/-) and refund the amount received as stipend up to that date to the respective College.

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
2022-23 do hereby solemnly affirm and sincerely state as follows:

I declare that I shall abide by the rules and regulations prescribed by the Dr. YSR 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)

ANNEXURE – VI

UNDERTAKING

(To be obtained from the admitted candidates for the academic year 2022-23)

I Dr..... Son of/Daughter of admitted into I year of (Name of the PG Dental Degree/Diploma course) at (Name of the College) hereby declare that, I have read the Notice Ref.U-12021/01/2022-MEC, dt.22-09-2022 and the instructions issued by Dr.YSR UHS, Vijayawada from time to time and do hereby declare that I am ___(not/an) OCI Card holder/PIO/Foreign National. If it is found at a later stage that I have concealed any information, legal action that deems fit as per Rules may be initiated against me.

Date:

Signature of candidate