



UNIVERSITY ROAD, DERALAKATTE, MANGALORE 575 018
Phone: 0824-2204676 Fax : 0824- 2204667
Email: ugconfirm@yenepoya.edu.in

ADMISSION TO MBBS/ BDS (2025-26)

Yenepoya (Deemed to be University) u/s 3 (A) of the UGC Act, 1956, offers MBBS/ BDS programs at its constituent colleges, Yenepoya Medical College & Yenepoya Dental College Mangaluru.

As per the orders of the Ministry of Health & Family Welfare, Government of India, in Deemed to be Universities, counselling for MBBS/ BDS seats shall be conducted by the Directorate General of Health Services (DGHS). Accordingly the Ministry has constituted a Medical Counselling Committee (MCC) for conducting centralised online counseling and allotment of seats.

Eligible candidates with NEET UG 2025 ranking, seeking admission to MBBS/ BDS courses during 2025-26 under Management, Muslim Minority or NRI categories are required to register on www.mcc.nic.in and follow the admission procedure mentioned therein.

- D) DOCUMENTS:** Candidates are required to be in possession of the following original documents along with attested copies.

Sl. No.	GENERAL CATEGORY / MUSLIM MINORITY CATEGORY
1	Admit card issued by National Testing agency
2	Score card issued by National Testing agency
3	Online allotment letter of MCC
4	10 th Standard Marks Card
5	12 th Standard Marks Card
6	Transfer Certificate
7	Conduct Certificate
8	Migration Certificate
9	Caste and Income Certificate (wherever applicable)
10	Domicile Certificate
11	4 Passport size and 4 stamp size photos
12	Copy of Aadhar Card
13	UNDERTAKING(as per format furnished) to be on a stamp paper of Rs.200/- and to be notarized
14	2 sets of self-attested copies of Sl.No.4 to 8 are to be produced with the originals

Sl. No	NRI DOCUMENTS AS PER MCC GUIDELINES
1	Admit card issued by National Testing agency
2	Score card issued by National Testing agency
3	Online allotment letter of MCC
4	10 th Standard Marks Card
5	12 th Standard Marks Card
6	Transfer Certificate
7	Conduct Certificate
8	Migration Certificate
9	Caste and Income Certificate (wherever applicable)
10	Domicile Certificate
11	4 Passport size and 4 stamp size photos
12	Copy of Aadhar Card
13	Copy of Passport & Visa of the parent and student
14	Self-Certified Affidavit stating that the candidate is NRI or a Child of NRI Parents (Stamp paper of Rs. 200/-)
15	Self-attested Declaration stating that the candidate is NRI/OCI/PIO or child of NRI Parents (As per MCC format furnished)
16	NRI Embassy Certificate/Citizenship Card of Parents /Candidates
17	OCI/PIO card of the candidate (if applicable)
18	Wards of NRIs – Evidence of bonafide guardianship (if applicable)
19	Sworn Affidavit endorsed by the concerned embassy as per MEA approved format showing that the Bonafide Guardian will bear the entire course fee of the candidate (Certificate from the Consulate issued within last 06 months)
20	Relationship & Family Tree (Notarized)
21	UNDERTAKING(as per format furnished) to be on a stamp paper of Rs.200/- and to be notarized
22	2 sets of self-Attested copies of Sl.No.4 to 8 are to be produced with the originals

UNDERTAKING: In the event of discontinuation of the course, the student's consent to pay the balance course fee needs to be submitted. **(Format attached)**

FEE: The candidates allotted seats at Yenepoya Medical College & Yenepoya Dental College are advised to make necessary payments (Tuition fee, Hostel fee etc.) through Net Banking or RTGS to the below mentioned bank account:

FOR MBBS: Account Name: YENEPOYA DEEMED TO BE UNIVERSITY Account Number: YMC624U<All India Rank> IFSC Code: HDFC0004012 Branch: DERALKATTE MANGALORE - MANGALORE, KARNATAKA Please note that the account number is a virtual account number that is generated by joining your All India Rank to the prefix YMC624U. For example, if your All India Rank is 1234567, then your account number will be YMC624U1234567.	FOR BDS: Account Name: YENEPOYA DEEMED TO BE UNIVERSITY Account Number: YDC724U<All India Rank> IFSC Code: HDFC0004012 Branch: DERALKATTE MANGALORE - MANGALORE, KARNATAKA Please note that the account number is a virtual account number that is generated by joining your All India Rank to the prefix YDC724U. For example, if your All India Rank is 1234567, then your account number will be YDC724U1234567.
NRI Account Name: YENEPOYA DEEMED TO BE UNIVERSITY Account Number: 50200090985117 (Type of Account: Current Account – EEFC – USD) IFSC Code: HDFC0001269 Branch: MG ROAD, MANGALORE BRANCH Code: 001269 MICR Code: 575240003 SWIFT Code: HDFCINBB Please Note: Only Amount in USD is accepted to this account	NRI Account Name: YENEPOYA DEEMED TO BE UNIVERSITY Account Number: 50200090985117 (Type of Account: Current Account – EEFC – USD) IFSC Code: HDFC0001269 Branch: MGROAD, MANGALORE BRANCH Code: 001269 MICR Code: 575240003 SWIFT Code: HDFCINBB Please Note: Only Amount in USD is accepted to this account

MBBS / BDS COURSE REFUND RULES

	MGT / Muslim Minority Category	NRI Category
	(In Rs.)	USD (\$)
The amount of Fee to be deducted on re-allocation of seat to the candidatesin 2 nd round of UG Counseling	10000	10000 (INR)
The Amount of Fees to be deducted in case Candidate resigns after 2 nd roundof Counseling period	10000 *	10000 (INR)*
Specify Penalty, if any, in case candidate resigns after final round ofCounseling	Entire Course fee	Entire Course fee
Time Period of reimbursement	30 days **	
* In addition you are also liable to pay penalty (entire course fee) if DGHS does not permit us to fill the vacant seat (due to your withdrawal) in the subsequent rounds.		
**From the date fund is transferred / received fully by the University & refund procedure is completed.		

Contact Details:

For further clarification –

- Document verifications contact #8494935203 (MBBS)
- Document verifications contact #6364328464 (BDS)
- Payment related queries contact # 8792518364 / 7736388238 (MBBS)
- Payment related queries contact # 8147170473 (BDS)
- E-mail ID: ugconfirm@yenepoya.edu.in

MBBS FEE STRUCTURE 2025-26						
	I Installment	II Installment	III Installment	IV Installment	V Installment	TOTAL IN RUPEES
Date of payment	At the time of Admission	01.08.2026	01.08.2027	01.08.2028	01.08.2029	
Amount in Rupees						
Course Fee	2300000	2300000	2300000	2300000	1300000	10500000

Note:

- 1) The Duration of the course is 4.5 years, plus one year internship.
- 2) Accommodation and food is included.
- 3) Air Conditioning Charges are extra for Hostel Rooms.
- 4) Hostel is mandatory for all students.
- 5) Every candidate shall pay the remaining course fee in the event he/she discontinues the course before its completion.

YENEPOYA MEDICAL COLLEGE

**MBBS FEE STRUCTURE 2025-26
(NRI)**

	I Installment	II Installment	III Installment	IV Installment	V Installment	Total
Date of payment	At the time of Admission	01.08.2026	01.08.2027	01.08.2028	01.08.2029	
Course Fee (USD)	64000	32500	32500	32500	32500	194000

Note:

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| 1) The Duration of the course is 4.5 years, plus one year internship. |
| 2) Accommodation, food and Air-conditioning Charges is included.
3 sharing accommodation is available at an additional fee. |
| 3) Hostel is mandatory for all students. |
| 4) Every candidate shall pay the remaining course fee in the event he/she discontinues the Course before its completion. |
| 5) The Fee should be paid as per the schedule. |

YENENOYA DENTAL COLLEGE	
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BDS (General) – FEE STRUCTURE 2025-26	
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	I Installment	II Installment	III Installment	IV Installment	Internship	TOTAL IN RUPEES
Date of payment	At the time of Admission	01.08.2026	01.08.2027	01.08.2028		
	Amount in Rupees					
Tuition Fee	5,26,000	5,00,000	5,00,000	5,00,000	-	20,26,000

Note:

1) Duration of the course is 4 years plus one year internship.
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2) Hostel is as per annexure.

3) Hostel is compulsory for all students.

4) Every candidate shall pay the remaining course fee in the event he/she leaving the course before its completion.

YENEPOYA DENTAL COLLEGE	
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BDS (NRI) - FEE STRUCTURE 2025-26	
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	I Installment	II Installment	III Installment	IV Installment	Internship	TOTAL IN RUPEES
Date of payment	At the time of Admission	01.08.2026	01.08.2027	01.08.2028		
	Amount in Rupees					
Tuition Fee	6,26,000	6,00,000	6,00,000	6,00,000	-	24,26,000

Note:

1) Duration of the course is 4 years plus one year internship.
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2) Hostel is as per annexure.

3) Hostel is compulsory for all students.

4) Every candidate shall pay the remaining course fee in the event he/she leaving the course before its completion.

BDS Hostel Fees

	I YEAR	II YEAR	III YEAR	IV YEAR
3 SHARING	120000	126000	132300	138900
Food & Establishment charges	60000	63000	66150	69450
TOTAL	180000	189000	198450	208350
Air conditioning charges are extra Rs. 1400 per head per month.				

	I YEAR	II YEAR	III YEAR	IV YEAR
4 SHARING	90000	94500	99225	104100
Food & Establishment charges	60000	63000	66150	69450
TOTAL	150000	157500	165375	173550
Air conditioning charges are extra Rs. 1000 per head per month.				

	I YEAR	II YEAR	III YEAR	IV YEAR
6 SHARING (without AC)	60000	63000	66150	69450
Food & Establishment charges	60000	63000	66150	69450
TOTAL	120000	126000	132300	138900

(TO BE SUBMITTED ON Rs.200/- STAMP PAPER DULY SIGNED BY NOTARY)

FOR MBBS MANAGEMENT SEATS/MUSLIM MINORITY SEATS

UNDERTAKING

I, Mr/Ms (Name of the Candidate), aged about years,
S/D/o (Name of the Parent) resident
of (permanent/present address of Parent) do hereby swear an oath as follows:

I have been selected to the MBBS course at Yenepoya Medical College, Mangaluru, constituent college of Yenepoya (Deemed-to-be-University) [under Section 3 of the UGC Act 1956] through the Common Counselling conducted by the Directorate General of Health Services (DGHS), Government of India, New Delhi through NEET Rank (All India Rank).

I say that on my own will and with the permission of my parents/guardian took admission to the MBBS course at Yenepoya Medical College, Mangaluru as per the MCC/DGHS Allotment Order dated

I hereby agree to complete the MBBS course and accordingly undertake to pay all the tuition and other fees as per the given fee structure.

I YEAR	II YEAR	III YEAR
Date of payment: (at the time of admission)	Date:	Date:
Rs.2300000	Rs.2300000	Rs.2300000
IV YEAR	V YEAR	
Date:	Date:	
Rs.2300000	Rs.1300000	

I further agree that, if I fail to pay the above mentioned fee, I will not be allowed to attend my course.

In the event of my discontinuation from MBBS course due to any reason; I along with my parent/guardian hereby undertake to pay balance tuition and other fees for the remaining years of study to Yenepoya Medical College, Mangaluru i.e., Rswithout any demur.

I shall have no claim for refund of fee or other charges already paid or whatsoever against the Yenepoya (Deemed to be University).

I understand that the College is paying a stipend at the rate of Rs.12,000/- during Internship period.

I agree to the above stipend to be received during the time of internship and I will not claim any additional amount.

The content mentioned above is true and correct to my knowledge. I hereby, along with my parent/guardian undertake to act accordingly. This, the day of 2025 at Mangaluru, Karnataka.

Signature of the Candidate

Signature of the Parent/Guardian

(TO BE SUBMITTED ON Rs.200/- STAMP PAPER DULY SIGNED BY NOTARY)

FOR MBBS NRI SEATS
UNDERTAKING

I, Mr/Ms (Name of the Candidate), aged about years,
S/D/o(Name of the Parent) resident of
(permanent/present address of Parent) do hereby swear an oath as follows:

I have been selected to the MBBS course at Yenepoya Medical College, Mangaluru, constituent college of Yenepoya (Deemed-to-be-University) [under Section 3 of the UGC Act 1956] through the Common Counselling conducted by the Directorate General of Health Services (DGHS), Government of India, New Delhi through NEET Rank(All India Rank).

I say that on my own will and with the permission of my parents/guardian took admission to the MBBS course at Yenepoya Medical College, Mangaluru as per the MCC/DGHS Allotment Order dated

I hereby agree to complete the MBBS course, and accordingly undertake to pay all the tuition and other fees as per the given fee structure.

I YEAR	II YEAR	III YEAR
Date of payment: (at the time of admission)	Date:	Date :
USD 64000	USD 32500	USD 32500
IV YEAR	V YEAR	
Date:	Date:	
USD 32500	USD 32500	

I further agree that, if I fail to pay the above mentioned fee, I will not be allowed to attend my course.

In the event of my discontinuation from MBBS course due to any reason; I along with my parent/guardian hereby undertake to pay balance tuition and other fees for the remaining years of study to Yenepoya Medical College, Mangaluru i.e., a sum of USD..... without any demur.

I shall have no claim for refund of fee or other charges already paid or whatsoever against the Yenepoya (Deemed to be University).

I understand that the College is paying a stipend at the rate of Rs.12,000/- during Internship period.

I agree to the above stipend to be received during the time of internship and I will not claim any additional amount.

The content mentioned above is true and correct to my knowledge. I hereby, along with my parent/guardian undertake to act accordingly. This, the day of 2025 at Mangaluru, Karnataka.

Signature of the Candidate

Signature of the Parent/Guardian

(TO BE SUBMITTED ON Rs.200/- STAMP PAPER DULY SIGNED BY NOTARY)

FOR BDS MANAGEMENT SEATS/MUSLIM MINORITY SEATS

UNDERTAKING

I, Mr/Ms (Name of the Candidate), aged about years,
S/D/o(Name of the Parent) resident of.....
(permanent/present address of Parent) do hereby swear an oath as follows :

I have been selected to the BDS course at Yenepoya Dental College, Mangaluru, constituent college of Yenepoya (Deemed-to-be-University) [under Section 3 of the UGC Act 1956] through the Common Counselling conducted by the Directorate General of Health Services (DGHS), Government of India, New Delhi through NEET Rank..... (All India Rank).

I say that on my own will and with the permission of my parents/guardian took admission to the BDS course at Yenepoya Dental College, Mangaluru as per the MCC/DGHS Allotment Order dated

I hereby agree to complete the BDS course and accordingly undertake to pay all the tuition and other fees as per the given fee structure.

I YEAR	II YEAR	III YEAR	IV YEAR
Date of payment:(at the time of admission)	Date:	Date :	Date :
Rs. 526000	Rs. 500000	Rs. 500000	Rs. 500000

I further agree that, if I fail to pay the above mentioned fee, I will not be allowed to attend my course.

In the event of my discontinuation from BDS course due to any reason; I along with my parent/guardian hereby undertake to pay balance tuition and other fees for the remaining years of study to Yenepoya Dental College, Mangaluru i.e., Rs.....without any demur.

I shall have no claim for refund of fee or other charges already paid or whatsoever against the Yenepoya(Deemed to be University).

I understand that the College is paying a stipend at the rate of Rs.5,500/- during Internship period.

I agree to the above stipend to be received during the time of internship and I will not claim any additional amount.

The content mentioned above is true and correct to my knowledge. I hereby, along with my parent/guardian undertake to act accordingly. This, the day of 2025 at Mangaluru, Karnataka.

Signature of the Candidate

Signature of the Parent/Guardian

(TO BE SUBMITTED ON Rs.200/- STAMP PAPER DULY SIGNED BY NOTARY)

FOR BDS NRI SEATS

UNDERTAKING

I, Mr/Ms (Name of the Candidate), aged about..... years,
S/D/o.....(Name of the Parent) resident
of (permanent/present address of Parent) do hereby swear an oath as follows :

I have been selected to the BDS course at Yenepoya Dental College, Mangaluru, constituent college of Yenepoya (Deemed-to-be-University) [under Section 3 of the UGC Act 1956] through the Common Counselling conducted by the Directorate General of Health Services (DGHS), Government of India, New Delhi through NEET Rank (All India Rank).

I say that on my own will and with the permission of my parents/guardian took admission to the BDS course at Yenepoya Dental College, Mangaluru as per the MCC/DGHS Allotment Order dated

I hereby agree to complete the BDS course and accordingly undertake to pay all the tuition and other fees as per the given fee structure.

I YEAR	II YEAR	III YEAR	IV YEAR
Date of payment: (at the time of admission)	Date:	Date :	Date :
Rs. 626000	Rs. 600000	Rs. 600000	Rs. 600000

I further agree that, if I fail to pay the above mentioned fee, I will not be allowed to attend my course.

In the event of my discontinuation from BDS course due to any reason; I along with my parent/guardian hereby undertake to pay balance tuition and other fees for the remaining years of study to Yenepoya Dental College, Mangaluru i.e., a sum of Rs without any demur.

I shall have no claim for refund of fee or other charges already paid or whatsoever against the Yenepoya (Deemed to be University).

I understand that the College is paying a stipend at the rate of Rs.5,500/- during Internship period.

I agree to the above stipend to be received during the time of internship and I will not claim any additional amount.

The content mentioned above is true and correct to my knowledge. I hereby, along with my parent/guardian undertake to act accordingly. This, the day of 2025 at Mangaluru, Karnataka.

Signature of the Candidate

Signature of the Parent/Guardian