



UNIVERSITY ROAD, DERALAKATTE, MANGALORE 575 018  
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Email: [ugconfirm@yenepoya.edu.in](mailto:ugconfirm@yenepoya.edu.in)

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### **ADMISSION TO MBBS/ BDS (2024-25)**

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 2024 ranking, seeking admission to MBBS/ BDS courses during 2024-25 under Management, Muslim Minority or NRI categories are required to register on [www.mcc.nic.in](http://www.mcc.nic.in) and follow the admission procedure mentioned therein.

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

<b>Sl. No.</b>	<b>GENERAL CATEGORY / MUSLIM MINORITY CATEGORY</b>
1	Admit card issued by National Testing agency
2	Score card issued by National Testing agency
3	Online allotment letter of MCC
4	10 <sup>th</sup> Standard Marks Card
5	12 <sup>th</sup> Standard Marks Card
6	Transfer Certificate
7	Conduct Certificate
8	Migration Certificate
9	Caste and Income Certificate (wherever applicable)
10	Domicile Certificate
11	Physical fitness certificate
12	4 Passport size and 4 stamp size photos
13	Copy of Aadhar Card
14	UNDERTAKING( as per format furnished) to be on a stamp paper of Rs.200/- and to be notarized
15	3 sets of Attested copies of Sl.No.4 to 8 are to be produced with the originals

<b>Sl. No.</b>	<b>NRI CATEGORY</b>
1	Admit card issued by National Testing agency
2	Score card issued by National Testing agency
3	Online allotment letter of MCC
4	10 <sup>th</sup> Standard Marks Card
5	12 <sup>th</sup> Standard Marks Card
6	Transfer Certificate
7	Conduct Certificate
8	Migration Certificate
9	Caste and Income Certificate (wherever applicable)
10	Domicile Certificate
11	Physical fitness certificate
12	4 Passport size and 4 stamp size photos
13	Copy of Aadhar Card
14	Copy of Passport & Visa of the parent and student
15	Copy of the Passport & Visa of sponsor <b>(For NRI Sponsor candidate)</b>
16	Sponsorship Affidavit (stating that sponsor is ready to bear the expenses for the whole duration of study) - <b>For NRI Sponsor candidate</b>
17	Relationship certificate (Relation of candidate with the sponsor) - <b>For NRI Sponsor candidate</b>
18	Embassy certificate of the sponsor - <b>For NRI Sponsor candidate</b>
19	Family Tree notarized by Tehsildar
20	UNDERTAKING( as per format furnished) to be on a stamp paper of Rs.200/- and to be notarized
21	3 sets of 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:

Note: DD in favour of **YENEPOYA (DEEMED TO BE UNIVERSITY)**

<p><b>FOR MBBS:</b></p> <p><b>Account Name:</b> YENEPOYA DEEMED TO BE UNIVERSITY</p> <p><b>Account Number:</b> YMC624U&lt;All India Rank&gt;</p> <p><b>IFSC Code:</b> HDFC0004012</p> <p><b>Branch:</b> DERALKATTE, MANGALORE - MANGALORE, KARNATAKA</p> <p>Please note that the account number is a virtual account number that is generated by joining your <b>All India Rank</b> to the prefix YMC624U. For example, if your <b>All India Rank</b> is 1234567, then your account number will be YMC624U1234567.</p>	<p><b>FOR BDS:</b></p> <p><b>Account Name:</b> YENEPOYA DEEMED TO BE UNIVERSITY</p> <p><b>Account Number:</b> YDC724U&lt;All India Rank&gt;</p> <p><b>IFSC Code:</b> HDFC0004012</p> <p><b>Branch:</b> DERALKATTE MANGALORE - MANGALORE, KARNATAKA</p> <p>Please note that the account number is a virtual account number that is generated by joining your <b>All India Rank</b> to the prefix YDC724U. For example, if your <b>All India Rank</b> is 1234567, then your account number will be YDC724U1234567</p>
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<p><b>Contact Details:</b></p> <p>For further clarification –</p> <ul style="list-style-type: none"><li>• Document verifications contact #8494935203(MBBS)</li><li>• Document verifications contact #6364328464(BDS)</li><li>• Payment related queries contact #9746644238</li><li>• E-mail ID: ugconfirm@yenepoya.edu.in</li></ul>
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**MBBS FEE STRUCTURE 2024-25**

	I Installment	II Installment	III Installment	IV Installment	V Installment	<b>TOTAL IN RUPEES</b>
Date of payment	At the time of Admission	01.08.2025	01.08.2026	01.08.2027	01.08.2028	
Amount in Rupees						
<b>Course Fee</b>	2200000	2200000	2200000	2200000	1200000	<b>10000000</b>

**Note:**

- 1) The Duration of the course is 4.5 years, plus one year internship.
- 2) Food, accommodation and laundry is inclusive in the fee structure.
- 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.

**YENEPOYA MEDICAL COLLEGE**

**MBBS FEE STRUCTURE 2024-25  
(NRI)**

	I Installment	II Installment	III Installment	IV Installment	V Installment	<b>Total</b>
Date of payment	At the time of Admission	01.08.2025	01.08.2026	01.08.2027	01.08.2028	
<b>Course Fee (INR)</b>	45,00,000	26,25,000	26,25,000	26,25,000	26,25,000	<b>1,50,00,000</b>

1) The Duration of the course is 4.5 years, plus one year internship.

2) Food, accommodation and laundry is inclusive in the fee structure.

3 sharing accommodation is available.

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.

6) The Fee should be paid on or before 1<sup>st</sup> of August every year.

**YENEPOYA DENTAL COLLEGE**

**BDS (General) - FEE STRUCTURE 2024-25**

	I Installment	II Installment	III Installment	IV Installment	Internship	<b>TOTAL IN RUPEES</b>
Date of payment	At the time of Admission	01.08.2025	01.08.2026	01.08.2027		
	<b>Amount in Rupees</b>					
Tuition Fee	5,76,000	4,90,000	4,80,000	4,80,000	0	<b>20,26,000</b>

**Note:**

- 1) Duration of the course is 4 years plus one year internship.
- 2) Food and accommodation is extra.
- 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**

**BDS (NRI) - FEE STRUCTURE 2024-25**

	I Installment	II Installment	III Installment	IV Installment	Internship	<b>TOTAL IN RUPEES</b>
Date of payment	At the time of Admission	01.08.2025	01.08.2026	01.08.2027		
	<b>Amount in Rupees</b>					
Tuition Fee	6,51,000	6,25,000	6,25,000	6,25,000	0	<b>25,26,000</b>

**Note:**

- 1) Duration of the course is 4 years plus one year internship.
- 2) Food and accommodation is extra.
- 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**

	<b>1 YEAR</b>	<b>II YEAR</b>	<b>III YEAR</b>	<b>IV YEAR</b>
<b>3 SHARING</b>	120000	120000	120000	120000
Food & Establishment charges	60000	60000	60000	60000
<b>TOTAL</b>	<b>180000</b>	<b>180000</b>	<b>180000</b>	<b>180000</b>
Air conditioning charges are extra Rs. 1400 per head per month.				

	<b>1 YEAR</b>	<b>II YEAR</b>	<b>III YEAR</b>	<b>IV YEAR</b>
<b>4 SHARING</b>	90000	90000	90000	90000
Food & Establishment charges	60000	60000	60000	60000
<b>TOTAL</b>	<b>150000</b>	<b>150000</b>	<b>150000</b>	<b>150000</b>
Air conditioning charges are extra Rs. 1000 per head per month.				

	<b>I YEAR</b>	<b>II YEAR</b>	<b>III YEAR</b>	<b>IV YEAR</b>
<b>6 SHARING</b>	60000	60000	60000	60000
Food & Establishment charges	60000	60000	60000	60000
<b>TOTAL</b>	<b>120000</b>	<b>120000</b>	<b>120000</b>	<b>120000</b>



**(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.

<b>I YEAR</b>	<b>II YEAR</b>	<b>III YEAR</b>
Date of payment: (at the time of admission)	(01.08.2025)	(01.08.2026)
Rs.2200000	Rs.2200000	Rs.2200000
<b>IV YEAR</b>	<b>V YEAR</b>	
(01.08.2027)	(01.08.2028)	
Rs.2200000	Rs.1200000	

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., 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.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 ..... 2024 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.

<b>I YEAR</b> Date of payment: (at the time of admission) INR 4500000	<b>II YEAR</b> (01.08.2025) INR 2625000	<b>III YEAR</b> (01.08.2026) INR 2625000
<b>IV YEAR</b> (01.08.2027) INR 2625000	<b>V YEAR</b> (01.08.2028) INR 2625000	

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 INR ..... 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 ..... 2024 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.

<b>I YEAR</b>	<b>II YEAR</b>	<b>III YEAR</b>	<b>IV YEAR</b>
Date of payment: (at the time of admission)	(01.08.2025)	(01.08.2026)	(01.08.2027)
Rs. 576000	Rs. 490000	Rs. 480000	Rs. 480000

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 ..... 2023 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.

<b>I YEAR</b>	<b>II YEAR</b>	<b>III YEAR</b>	<b>IV YEAR</b>
Date of payment: (at the time of admission)	(01.08.2025)	(01.08.2026)	(01.08.2027)
INR. 651000	INR. 625000	INR. 625000	INR. 625000

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 INR..... 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 ..... 2024 at Mangaluru, Karnataka.

**Signature of the Candidate**

**Signature of the Parent/Guardian**