



UNIVERSITY ROAD, DERALAKATTE, MANGALORE 575 018

Phone: 0824-2204668 Fax : 0824- 2204667

Email: pgconfirm@yenepoya.edu.in

ADMISSION TO PG MEDICAL (2025-26)

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

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

Eligible candidates with NEET PG 2025 ranking, seeking admission to PG (MEDICAL) courses during 2025-26 under Management or NRI categories are required to register the application on www.mcc.nic.in only and follow the admission procedure mentioned therein.

I. DOCUMENTS TO BE PRODUCED AT THE TIME OF REPORTING (ORIGINALS)

Sl.No.	MANAGEMENT/MUSLIM MINORITY CATEGORY
1.	Admit Card issued by NBE
2.	Result/Rank Letter issued by NBE
3.	DGHS Allotment Letter
4.	Mark Sheets of MBBS 1 st , 2 nd , 3 rd , 4 th & 5 th Professional Examinations
5.	MBBS Degree Certificate/Provisional Certificate
6.	Karnataka Medical Council Registration
7.	Internship Completion Certificate
8.	Attempt Certificate
9.	Migration Certificate
10.	Transfer and Conduct Certificate
11.	High School/Higher Secondary Certificate/Birth Certificate as proof of date of birth.
12.	Caste and Income Certificate (wherever applicable)
13.	Domicile Certificate
14.	Copy of Aadhar Card
15.	Copy of PAN Card
16.	3 sets of Attested copies of Sl.No.4 to 11 are to be produced with the originals
17.	Colour Photos(Passport + Stamp size)-8 Nos.

Sl.No.	NRI CATEGORY
1.	Admit Card issued by NBE
2.	Result/Rank Letter issued by NBE
3.	DGHS Allotment Letter
4.	Mark Sheets of MBBS 1 st , 2 nd , 3 rd , 4 th & 5 th Professional Examinations
5.	MBBS Degree Certificate/Provisional Certificate
6.	Karnataka Medical Council Registration
7.	Internship Completion Certificate
8.	Attempt Certificate
9.	Migration Certificate
10.	Transfer and Conduct Certificate
11.	High School/Higher Secondary Certificate/Birth Certificate as proof of date or birth.
12.	Caste and Income Certificate (wherever applicable)
13.	Domicile Certificate
14.	Copy of Aadhar Card
15.	Copy of PAN Card
16.	Passport copy of the parent and student
17.	Passport copy of sponsor(For NRI Sponsor candidate)
18.	Sponsorship Affidavit (stating that sponsor is ready to bear the expenses for the whole duration of study)- For NRI Sponsor candidate
19.	Relationship certificate of NRI with the candidate – For NRI Sponsor candidate
20.	Family Tree notarized by Tehsildar
21.	Embassy certificate of the sponsor- For NRI Sponsor candidate
22.	3 sets of Attested copies of Sl.No.4 to11 are to be produced with the originals
23.	Colour Photos(Passport + Stamp size)-8 Nos.

II. **FEE STRUCTURE:**

MD/MS 2025-2026 (NRI)				
SPECIALITY	Fees in USD			
	I Installment	II Installment	III Installment	Total Fee
MD- DERMATOLOGY	122000	122000	122000	366000
MD- RADIODIAGNOSIS	122000	122000	122000	366000
MD-PULMONARYMEDICINE	87000	87000	87000	261000
MD-GENERALMEDICINE	87000	87000	87000	261000
MS-ORTHOPAEDICS	87000	87000	87000	261000
MD- PAEDIATRICS	87000	87000	87000	261000
MS-OBG	87000	87000	87000	261000
MS-GENERAISURGERY	82000	82000	82000	246000
Note:				
1) Fee mentioned above is inclusive of hostel, food and Air conditioning Charges.				
2) NRI students shall pay the fee in equivalent US Dollars.				

FEE STRUCTURE FOR MD/MS2025-2026 (GENERAL MERIT)				
SPECIALITY	I Installment	II Installment	III Installment	Total Fee
MD- MICROBIOLOGY	10000	10000	10000	30000
MD- ANATOMY	10000	10000	10000	30000
MD- PHYSIOLOGY	10000	10000	10000	30000
MD- BIOCHEMISTRY	10000	10000	10000	30000
MD- PHARMACOLOGY	10000	10000	10000	30000
MD-FORENSICMEDICINE	10000	10000	10000	30000
MD-COMMUNITY MEDICINE	300000	300000	300000	900000

SPECIALITY	I Installment	II Installment	III Installment	Total Fee
MD-PATHOLOGY	1250000	1250000	1250000	3750000
MD- GERIATRICS	3000000	3000000	3000000	9000000
MD- ANAESTHESIOLOGY	3000000	3000000	3000000	9000000
MD-EMERGENCYMEDICINE	3500000	3500000	3500000	10500000
MD-RADIATIONONCOLOGY	3500000	3500000	3500000	10500000
MD- PSYCHIATRY	3500000	3500000	3500000	10500000
MS-ENT	3500000	3500000	3500000	10500000
MS-OPHTHALMOLOGY	3500000	3500000	3500000	10500000
MS-GENERALSURGERY	3500000	3500000	3500000	10500000
MD-GENERALMEDICINE	4000000	4000000	4000000	12000000
MS-ORTHOPAEDICS	4000000	4000000	4000000	12000000
MD- PAEDIATRICS	4000000	4000000	4000000	12000000
MS-OBG	4000000	4000000	4000000	12000000
MD-PULMONARYMEDICINE	4000000	4000000	4000000	12000000
MD- DERMATOLOGY	5000000	5000000	5000000	15000000
MD- RADIODIAGNOSIS	5000000	5000000	5000000	15000000

Note:

- 1) Duration of the course is 3 years.
- 2) Hostel is mandatory for the clinical courses.
- 3) Accommodation and food is additional.
- 4) Every candidate shall pay the remaining course fee in the event he/she leaves the course before its completion.

The Hostel fee is as follows:

	I YEAR	II YEAR	III YEAR
2 SHARING	180000	189000	198400
Food & Establishment charges	60000	63000	66200
TOTAL	240000	252000	264600
Air conditioning charges are extra Rs.2000 per head per month.			

	I YEAR	II YEAR	III YEAR
3 SHARING	120000	126000	132300
Food & Establishment charges	60000	63000	66200
TOTAL	180000	189000	198500
Air conditioning charges are extra Rs.1400 per head per month.			

Contact Details:

For further clarification–

- Accounts related:8792518364/7736388238
- Document verifications contact#8494935203
- E-mail ID : pgconfirm@yenepoya.edu.in

MODE OF PAYMENT:

The candidates are advised to make necessary payments through Net Banking or RTGS. The amount can be transferred to the following bank (in advance) accounts and proof of remittance produced along with the documents.

Account Name: YENEPOYA DEEMED TO BE UNIVERSITY Account Number : YMC624P<All India Rank> IFSCCode: 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 YMC624P. For example, if your All India Rank is 1234567, then your account number will be YMC624P1234567
NRI Account Name: YENEPOYA DEEMED TO BE UNIVERSITY AccountNumber: 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

MD/MS COURSE REFUND RULES

	MGT/Muslim Minority/NRI Category
	(In Rs.)
The amount of Fee to be deducted on re-allocation of seat to the candidates in 2 nd round of PG Counseling	10000
The Amount of Fees to be deducted in case Candidate resigns after 2 nd round Counseling period	10000*
Specify Penalty ,if any, in case candidate resigns after final round of Counseling	Entire Course fee
Time Period of reimbursement	30days**
*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.	

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

FOR MANAGEMENT SEATS / MUSLIM MINORITY SEATS

I, Dr....., aged about..... years,
S/D/o..... (Name of the Parents) do here by swear an oath as follows:

I have been selected to the Post Graduate Course in the specialty of..... 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 along with my parents/ guardian took admission to the Post Graduate
Course at Yenepoya Medical College, Mangaluru as per the MCC/DGHS Allotment letter
dated.....

I say in consideration of admission to 1st year of the course, I shall complete the Post graduate Course and
accordingly undertake to pay all the tuition and other fees as per the fee structure given below.

I year At the time of counseling	II year Date :	III year Date:
Rs.	Rs.	Rs.

I further agree to pay the fee as per schedule above, failing which I will not be allowed to attend my
course.

In the event of my discontinuation of 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 the **Yenepoya**
Medical College, Mangaluru i.e., Rs..... without any demur.

I understand that the course is of three years. During the course, the College is paying a stipend at the
rate of Rs. 45,000/- during 1stYear, Rs.50,000/- during 2ndYear and Rs.55,000/- during 3rdYear.

I agree to the above stipend to be received during the time of course and I will not claim any additional
amount. If additional amount is to be paid, the same will be added to the fees payable to the college.

What is stated above is true and correct. I along with my parent/guardian do hereby undertake to act
accordingly. This, theday 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 NRI SEATS
UNDERTAKING

I, Dr.....,aged about years,
S/D/o.....resident of (permanent/present address of Parent)do here by swear
an oath as follows:

I, have been selected to the PostGraduate Course in the specialty ofat
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 along with my parents/guardian took admission to the Post Graduate Course
at Yenepoya Medical College, Mangaluru as per the MCC/DGHS Allotment letter dated
.....

I, say in consideration of admission to 1styear of the course, I shall complete the Post Graduate Course and
accordingly undertake to pay all the tuition and other fees as per the fee structure given below

I year	II year	III year
At the time of counseling	Date:	Date:
USD.....	USD.....	USD.....

I further agree to pay the fee as per schedule above, failing which I will not be allowed to attend my course.

In the event of my discontinuation of 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 the **Yenepoya
Medical College**, Mangaluru i.e.,USD without any demur.

I understand that the course is of three years. During the course, the College is paying a stipend at the
rate of Rs. 45,000/- during 1stYear, Rs.50,000/- during 2ndYear and Rs.55,000/- during 3rdYear.

I agree to the above stipend to be received during the time of course and I will not claim any additional
amount. If additional amount is to be paid the same, will be added to the fees payable to the college.

What is stated above is true and correct. I along with my parent/guardian do here by undertake to act
accordingly. This, the day of 2025 at Mangaluru, Karnataka.

Signature of the Candidate

Signature of the Parent/Guardian