



UNIVERSITY ROAD, DERALAKATTE, MANGALORE 575  
018 Phone: 0824-2204668 Fax : 0824- 2204667  
Email: pgconfirm@yenepoya.edu.in

### **ADMISSION TO PG MEDICAL (2024-25)**

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

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

<b>Sl. No.</b>	<b>MANAGEMENT / MUSLIM MINORITY CATEGORY</b>
1.	Admit Card issued by NBE
2.	Result/Rank Letter issued by NBE
3.	DGHS Allotment Letter
4.	Mark Sheets of MBBS 1 <sup>st</sup> , 2 <sup>nd</sup> , 3 <sup>rd</sup> , 4 <sup>th</sup> & 5 <sup>th</sup> 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 <sup>st</sup> , 2 <sup>nd</sup> , 3 <sup>rd</sup> 4 <sup>th</sup> & 5 <sup>th</sup> 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 ( <b>For NRI Sponsor candidate</b> )
18.	Sponsorship Affidavit (stating that sponsor is ready to bear the expenses for the whole duration of study) - <b>For NRI Sponsor candidate</b>
19.	Relationship certificate of NRI with the candidate - <b>For NRI Sponsor candidate</b>
20.	Family Tree notarized by Tehsildar
21.	Embassy certificate of the sponsor - <b>For NRI Sponsor candidate</b>
22.	3 sets of Attested copies of Sl.No. 4 to 11 are to be produced with the originals
23.	Colour Photos (Passport + Stamp size) - 8 Nos.

## II. FEE STRUCTURE:

MD/MS 2024-2025 (NRI)				
SPECIALITY	Fees in INR			Total Fee
	I Installment	II Installment	III Installment	
MD - PULMONARY MEDICINE	7000000	7000000	7000000	21000000
MD - GENERAL MEDICINE	7000000	7000000	7000000	21000000
MS - ORTHOPAEDICS	7000000	7000000	7000000	21000000
MD - PAEDIATRICS	7000000	7000000	7000000	21000000
MS - OBG	7000000	7000000	7000000	21000000
MS - GENERAL SURGERY	7000000	7000000	7000000	21000000
MD - DERMATOLOGY	9700000	9700000	9700000	29100000
MD - RADIO DIAGNOSIS	9700000	9700000	9700000	29100000

### Note:

- 1) Fee mentioned above is inclusive of hostel facility.
- 2) NRI students shall pay the fee in equivalent US Dollars.

**FEE STRUCTURE FOR MD/MS 2024-2025 (GENERAL MERIT)**

<b>SPECIALITY</b>	<b>I Installment</b>	<b>II Installment</b>	<b>III Installment</b>	<b>Total Fee</b>
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 - FORENSIC MEDICINE	10000	10000	10000	30000
MD - COMMUNITY MEDICINE	300000	300000	300000	900000

<b>SPECIALITY</b>	<b>I Installment</b>	<b>II Installment</b>	<b>III Installment</b>	<b>Total Fee</b>
MD - PATHOLOGY	1250000	1250000	1250000	3750000
MD - GERIATRICS	3000000	3000000	3000000	9000000
MD - ANAESTHESIOLOGY	3000000	3000000	3000000	9000000
MD - PSYCHIATRY	3500000	3500000	3500000	10500000
MS - ENT	3500000	3500000	3500000	10500000
MS - OPHTHALMOLOGY	3500000	3500000	3500000	10500000
MS - GENERAL SURGERY	3500000	3500000	3500000	10500000
MD - EMERGENCY MEDICINE	3500000	3500000	3500000	10500000
MD - RADIATION ONCOLOGY	3500000	3500000	3500000	10500000
MD - GENERAL MEDICINE	4000000	4000000	4000000	12000000
MS - ORTHOPAEDICS	4000000	4000000	4000000	12000000
MD - PAEDIATRICS	4000000	4000000	4000000	12000000
MS - OBG	4000000	4000000	4000000	12000000
MD - PULMONARY MEDICINE	4000000	4000000	4000000	12000000
MD - DERMATOLOGY	5000000	5000000	5000000	15000000
MD - RADIO DIAGNOSIS	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.
- 5) Fee should be paid on/before **1<sup>st</sup> July of every year** for II & III year of the course.

**The Hostel fee is as follows:**

	<b>I YEAR</b>	<b>II YEAR</b>	<b>III YEAR</b>
<b>2 SHARING</b>	180000	189000	198400
Food & Establishment charges	60000	63000	66200
<b>TOTAL</b>	<b>240000</b>	<b>252000</b>	<b>264600</b>

Air conditioning charges are extra Rs. 2000 per head per month.

	<b>I YEAR</b>	<b>II YEAR</b>	<b>III YEAR</b>
<b>3 SHARING</b>	120000	126000	132300
Food & Establishment charges	60000	63000	66200
<b>TOTAL</b>	<b>180000</b>	<b>189000</b>	<b>198500</b>

Air conditioning charges are extra Rs. 1400 per head per month.

**Contact Details:**

For further clarification –

- Accounts related: #9945449246 / 7736388238
- Document verifications contact #8494935203
- E-mail ID: [pgconfirm@yenepoya.edu.in](mailto: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.

<b>Account Name:</b> YENEPOYA DEEMED TO BE UNIVERSITY <b>Account Number:</b> YMC624P<All India Rank> <b>IFSC Code:</b> HDFC0004012 <b>Branch:</b> DERALKATTE MANGALORE -MANGALORE, KARNATAKA  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 YMC624P. For example, if your <b>All India Rank</b> is 1234567, then your account number will be YMC624P1234567
<b>NRI</b> <b>Account Name:</b> YENEPOYA DEEMED TO BE UNIVERSITY <b>Account Number:</b> 50200090985117 <b>(Type of Account: Current Account – EEFC – USD)</b> <b>IFSC Code:</b> HDFC0001269 <b>Branch:</b> MG ROAD, MANGALORE <b>BRANCH Code:</b> 001269 <b>MICR Code:</b> 575240003 <b>SWIFT Code:</b> HDFCINBB  <b>Please Note: Only Amount in USD is accepted to this account</b>

**MD/ MS COURSE REFUND RULES**

	<b>MGT / Muslim Minority/ NRI Category</b>
	<b>(In Rs.)</b>
The amount of Fee to be deducted on re-allocation of seat to the candidates in 2 <sup>nd</sup> round of PG Counseling	10000
The Amount of Fees to be deducted in case Candidate resigns after 2 <sup>nd</sup> round Counseling period	10000 *
Specify Penalty, if any, in case candidate resigns after final round of Counseling	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.	

**(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 hereby 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 1<sup>st</sup> 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**  
**on or before 01.07.2025**

**III year**  
**on or before 01.07.2026**

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. Second and third year fees shall be paid on or before 1<sup>st</sup> of July every year.

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 1<sup>st</sup> Year, Rs.50,000/- during 2<sup>nd</sup> Year and Rs.55,000/- during 3<sup>rd</sup> Year.

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.

I further agree to pay the fee as per schedule above, failing which I will not be allowed to attend my  
course. First and Second installment of fee shall be paid on or before 1<sup>st</sup> of July every year.

What is stated above is true and correct. I along with my parent/guardian do hereby 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 NRI SEATS**  
**UNDERTAKING**

I, Dr....., aged about..... years,  
S/D/o .....resident of (permanent/present address of Parent) do hereby  
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 1<sup>st</sup> 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

<b>I year</b>	<b>II year</b>	<b>III year</b>
<b>At the time of counseling</b>	<b>on or before 01.07.2025</b>	<b>on or before 01.07.2026</b>
INR.....	INR.....	INR.....

I further agree to pay the fee as per schedule above, failing which I will not be allowed to attend  
my course. Second and third year fees shall be paid on or before 1<sup>st</sup> of July every year.

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 1<sup>st</sup> Year, Rs.50,000/- during 2<sup>nd</sup> Year and Rs.55,000/- during 3<sup>rd</sup> Year.

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.

I further agree to pay the fee as per schedule above, failing which I will not be allowed to attend my  
course. First and Second installment of fee shall be paid on or before 1<sup>st</sup> of July every year.

What is stated above is true and correct. I along with my parent/guardian do hereby undertake to act  
accordingly. This, the ..... day of..... 2024 at Mangaluru, Karnataka.

**Signature of the Candidate**

**Signature of the Parent/Guardian**