



UNIVERSITY ROAD, DERALAKATTE, MANGALORE 575018  
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Email: [pgconfirm@yenepoya.edu.in](mailto:pgconfirm@yenepoya.edu.in)

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

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

As per the orders of the Ministry of Health & Family Welfare, Government of India, the counseling for PG (DENTAL) 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 (DENTAL) 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 BDS 1 <sup>st</sup> , 2 <sup>nd</sup> , 3 <sup>rd</sup> & 4 <sup>th</sup> Professional Examinations
5.	BDS Degree Certificate/Provisional Certificate
6.	State Dental 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.	D.D. in favour of Yenepoya (Deemed to be University), payable at Mangalore
17.	3 sets of Attested copies of Sl.No.4 to 11 are to be produced with the originals
18.	Colour Photos (Passport + Stamp size) – 8 Nos.

Sl. No.	NRICATEGORY
1.	Admit Card issued by NBE
2.	Result/ Rank Letter issued by NBE
3.	DGHS Allotment Letter
4.	Mark Sheets of BDS 1 <sup>st</sup> , 2 <sup>nd</sup> , 3 <sup>rd</sup> & 4 <sup>th</sup> Professional Examinations
5.	BDS Degree Certificate/ Provisional Certificate
6.	State Dental 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)-8Nos.

## **II. FEESTRUCTURE:**

<b>MDS 2024-2025 (NRI)</b>				
<b>SPECIALITY</b>	<b>Fees in INR</b>			<b>Total Fee</b>
	<b>I Installment</b>	<b>II Installment</b>	<b>III Installment</b>	
CONSERVATIVE DENTISTRY & ENDODONTICS	1600000	1600000	1600000	4800000
ORTHODONTICS & DENTOFACIAL ORTHOPEDICS	1600000	1600000	1600000	4800000
ORAL & MAXILLOFACIAL SURGERY	1300000	1300000	1300000	3900000

<b>Note:</b>
1) Duration of the course is 3 years.
2) Every candidate shall pay the remaining course fee in the event he/she leaves the course before its completion.
3) Fee should be paid on/before 1 <sup>st</sup> July of every year for II & III year of the course.
4) Family accommodation will be provided on request.
5) Accommodation and food with extra charges.

<b>FEE STRUCTURE FOR MDS 2024-2025 (GENERAL MERIT)</b>				
<b>SPECIALITY</b>	<b>FEE STRUCTURE IN INR</b>			
	<b>I Installment</b>	<b>II Installment</b>	<b>III Installment</b>	<b>Total Fee</b>
CONSERVATIVE DENTISTRY & ENDODONTICS	1300000	1300000	1300000	3900000
ORTHODONTICS & DENTOFACIAL ORTHOPEDICS	1300000	1300000	1300000	3900000
PEDODONTICS & PREVENTIVE DENTISTRY	1000000	1000000	1000000	3000000
PROSTHODONTICS, CROWN & BRIDGE	1000000	1000000	1000000	3000000
ORAL & MAXILLOFACIAL SURGERY	1000000	1000000	1000000	3000000
PERIODONTOLOGY	800000	800000	800000	2400000
ORAL MEDICINE AND RADIOLOGY	250000	250000	250000	750000
PUBLIC HEALTH DENTISTRY	250000	250000	250000	750000
ORAL PATHOLOGY & ORAL MICROBIOLOGY	250000	250000	250000	750000

<b>Note:</b>
2) Duration of the course is 3 years.
2) Every candidate shall pay the remaining course fee in the event he/she leaves the course before its completion.
3) Fee should be paid on/before 1 <sup>st</sup> July of every year for II & III year of the course.
4) Family accommodation will be provided on request.
5) Accommodation and food with extra charges.
<b>6) Implantology Course Fee Rs1,75,000/- will be charged extra for Periodontics, Prosthodontics &amp; Oral Surgery. Applicable for General &amp; NRI quota.</b>

**The Hostel fee is as follows:**

	<b>I YEAR</b>	<b>II YEAR</b>	<b>III YEAR</b>
<b>2 SHARING</b>	180000	180000	180000
Food & Establishment charges	60000	60000	60000
<b>TOTAL</b>	<b>240000</b>	<b>240000</b>	<b>240000</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	120000	120000
Food & Establishment charges	60000	60000	60000
<b>TOTAL</b>	<b>180000</b>	<b>180000</b>	<b>180000</b>

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

	<b>I YEAR</b>	<b>II YEAR</b>	<b>III YEAR</b>
<b>4 SHARING</b>	90000	90000	90000
Food & Establishment charges	60000	60000	60000
<b>TOTAL</b>	<b>150000</b>	<b>150000</b>	<b>150000</b>

Air conditioning charges are extra Rs. 1000 per head per month.

**Contact Details:**

For further clarification–

- Accounts related: #9746644238
- Document verificationscontact# 9901155826
- E-mail ID: [pgconfirm@yenepoya.edu.in](mailto:pgconfirm@yenepoya.edu.in)

**MODE OF PAYMENT:**

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

**Account Name:** YENEPOYA DEEMED TO BE UNIVERSITY

**Account Number:** YDC724P<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 YDC724P. For example, if your **All India Rank** is 1234567, then your account number will be YDC724P1234567

**MDS 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 of 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 UNDERTAKING**

I,Dr.....,aged about ..... years,  
S/D/o.....(Name of the Parents) 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 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 along with my parents/guardian took admission to the Post Graduate  
Course at Yenepoya Dental 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 under take 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>
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 Dental 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  
therate of Rs 14,000/- during 1<sup>st</sup>Year,Rs.15,000/- during 2<sup>nd</sup>Year and Rs.16,000/-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.

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.....(Name of the Parents)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 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 along with my parents/guardian took admission to the Post  
Graduate Course at Yenepoya Dental 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>
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 Dental College, Mangaluru** i.e., INR..... 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.14000/- during 1<sup>st</sup>Year, Rs.15000/- during 2<sup>nd</sup>Year and Rs.16000/-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.

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**