



YENEPOYA
Deemed to be University

Yenepoya (Deemed to be University)

Admission Notification

Applications are invited in the prescribed formats from eligible candidates for the following fellowship programs under Yenepoya (Deemed to be University), Mangaluru-575018 and Certificate Course by Yenepoya Medical College, a constituent Unit of Yenepoya (Deemed to be University) for the academic Year 2026-27.

Sl. No	Name of the Fellowship Programs/Certificate Course	Duration in Months	Eligibility	No. of seats	Program-wise Fees (INR)
1.	Fellowship in Spine Surgery	23	Post MS/DNB Orthopedics OR M.Ch./DNB Neurosurgery	1	2,30,000/-

*Conducted and awarded by Yenepoya Medical College, a constituent Unit of Yenepoya (Deemed to be University).

Fees, Stipend and calendar of Events:

Application issue date	09.03.2026
Last date for receipt of filled application	20.03.2026
Last date for admission	15.04.2026
Commencement of Program/Course	02.05.2026
Date of Evaluation for Fellowship	February / March 2028
Stipend	75,000 INR Per Month

Refer to the University website for details and any changes: <https://yenepoya.edu.in/>
Application in the prescribed format available at <https://yenepoya.edu.in/> should be submitted to the dedicated mail id: ymc.fellowship@yenepoya.edu.in.

REGISTRAR
Yenepoya (Deemed to be University)



YENEPOYA
Deemed to be University

YENEPOYA (DEEMED TO BE UNIVERSITY)
(Recognised under Sec 3(A) of the UGC Act, 1956)
Accredited by NAAC with 'A+' Grade
University Road, Mangaluru 575 018
Tel. : +91 824 2206000
www.yenepoya.edu.in

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Photograph to
be affix here

(To be filled by the applicant in **BLOCK** letters. Incomplete applications will be rejected)

APPLICATION FOR ADMISSION TO FELLOWSHIP PROGRAM FOR THE ACADEMIC
YEAR.....

Name of the Fellowship: _____

APPLICANT DETAILS

Full Name: _____

Gender : _____ Blood Group: _____

Date of Birth: _____ Place of Birth: _____
(DD/ MM/ YY)

Father's Name :

Mother's Name:-

Address for Correspondence: -

Phone. No/Mobile. No: -

E-Mail Id: -

ACADEMIC DETAILS (Please include UG/PG details (All years Aggregate))

Examination Passed	Name of College	Name of Board / University	Reg. No.	Percentage (Aggregate)	Month & Year of Passing

(Please bring the copies of the certificates & statement of marks in support of the above details at the time of the Interview.)

Why you would like to do this fellowship/Certificate Course? (Write in Brief); Not more than 100 words.:

DECLARATION BY APPLICANT

The statements made above are true, to the best of our knowledge and belief.

Candidates Signature

Place:

Date:

Email the scan copy of filled form to ymc.fellowship@yenepoya.edu.in