YENEPOYA
Deemed to be University

Recognized under Sec 3(A) of the UGC Act 1956 Accredited by NAAC with 'A+' Grade

UNIVERSITYROAD, DERALAKATTE, MANGALORE 575018
Phone:0824-2204668 Fax:0824-2204667
Email: pgconfirm@yenepoya.edu.in

ADMISSION TO PG DENTAL (2026-27)

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 2026 ranking, seeking admission to PG (DENTAL) courses during 2026-27 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 BDS 1st, 2nd, 3rd & 4th 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/HigherSecondaryCertificate/BirthCertificateasproofofdateofbirth.
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 to11 are to be produced with the originals
17.	Colour Photos(Passport + Stamp size)–8Nos.

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 1st, 2nd, 3rd & 4th 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**(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 to 11 are to be produced with the originals
23.	Colour Photos (Passport +Stamp size)-8Nos.

II. FEESTRUCTURE:

MDS 2026-2027 (NRI)				
	Fees in INR / Dollars			
SPECIALITY	**I Installment**	**II Installment**	**III Installment**	**Total Fee**
CONSERVATIVE DENTISTRY & ENDODONTICS	Rs.1800000	Rs.1800000	Rs.1800000	Rs.5400000
	$20000	$20000	$20000	$ 60000
ORTHODONTICS & DENTOFACIAL ORTHOPEDICS	Rs.1800000	Rs.1800000	Rs.1800000	Rs.5400000
	$20000	$20000	$20000	$ 60000
ORAL & MAXILLOFACIAL SURGERY	Rs.1500000	Rs.1500000	Rs.1500000	Rs.4500000
	$17000	$17000	$17000	$51000

Note:
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) Family accommodation will be provided on request.
4) Accommodation and food at extra charges.
5) NRI students shall pay the fee in equivalent US Dollars.

FEE STRUCTURE FOR MDS 2026-2027 (GENERAL MERIT)				
SPECIALITY	**FEE STRUCTURE IN INR**			
	I Installment	**II Installment**	**III Installment**	**Total Fee**
CONSERVATIVE DENTISTRY & ENDODONTICS	1500000	1500000	1500000	4500000
ORTHODONTICS & DENTOFACIAL ORTHOPEDICS	1500000	1500000	1500000	4500000
ORAL & MAXILLOFACIAL SURGERY	1200000	1200000	1200000	3600000
PEDODONTICS & PREVENTIVE DENTISTRY	1100000	1100000	1100000	3300000
PROSTHODONTICS, CROWN & BRIDGE	1100000	1100000	1100000	3300000
PERIODONTOLOGY	800000	800000	800000	2400000
ORAL MEDICINE AND RADIOLOGY	250000	250000	250000	750000
PUBLIC HEALTH DENTISTRY	250000	250000	250000	750000
ORAL & MAXILLOFACIAL PATHOLOGY AND ORAL MICROBILOGY	100000	100000	100000	300000
STIPEND	96000	96000	96000	288000

Note:
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) Family accommodation will be provided on request.
4) Accommodation and food with extra charges.
5) Implantology Course FeeRs1,75,000/- will be charged extra for Periodontics, Prosthodontics & Oral Surgery. Applicable for General & NRI quota.

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.			

	I YEAR	**II YEAR**	**III YEAR**
4 SHARING	90000	94500	99225
Food & Establishment charges	60000	63000	66175
TOTAL	**150000**	**157500**	**165400**
Air conditioning charges are extra Rs. 1000 per head per month.			

Contact Details:

For further clarification–

- Accounts related:# 8147170473 / 7736388238
- Document verifications contact# 6364328464
- E-mail ID: pgconfirm@yenepoya.edu.in

MODE OF PAYMENT:

The candidates are advised to make necessary payments through Net Banking / RTGS / Demand Draft in favour of YENEPOYA(Deemed to be University) payable at Mangalore.

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: 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.

NRI

Account Name: YENEPOYA DEEMED TO BE UNIVERSITY

Account Number: 50200090985117

(Type of Account: Current Account – EEFC – USD)

IFSC Code: HDFC0001269

Branch: MG ROAD, MANGALORE

BRANCH Code: 001269

MICR Code: 575240003

SWIFT Code: HDFCINBB

Please Note: Only Amount in USD is accepted to this account

MDS 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 2nd/ 3rd round of PG Counseling	10000
The Amount of Fees to be deducted in Case Candidate resigns after 2nd/ 3rd 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 1st 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.

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

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 the rate of Rs 14,000/- during 1stYear,Rs.15,000/- during 2ndYear and Rs.16,000/-during 3rdYear.

The student shall have no right to demand or claim any additional stipend or allowance beyond the fixed amount.

If any additional stipend is prescribed by the NMC/Government or claimed by the student, the same shall be borne by the Parent / Guardian as additional fees payable to the College

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 1stof 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…….. 2026 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 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.

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 1stYear, Rs.15000/- during 2ndYear and Rs.16000/-during 3rdYear.

The student shall have no right to demand or claim any additional stipend or allowance beyond the fixed amount.

If any additional stipend is prescribed by the NMC/Government or claimed by the student, the same shall be borne by the Parent / Guardian as additional fees payable to the College.

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 1stof 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 ..... 2026 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 MANAGEMENT SEATS/ MUSLIM MINORITY SEATS UNDERTAKING

FOR ORAL & MAXILLOFACIAL PATHOLOGY AND ORAL RAL MICROBIOLOGY

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 **ORAL & MAXILLOFACIAL PATHOLOGY AND ORAL MICROBIOLOGY** 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 1st 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.

I year **At the time of counseling**	**II year** **Date :**	**III year** **Date :**
Rs. 1,00,000	Rs. 1,00,000	Rs.1,00,000

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 the rate of Rs.8,000/- during 1stYear, Rs.8,000/- during 2ndYear and Rs.8,000/-during 3rdYear.

The student shall have no right to demand or claim any additional stipend or allowance beyond the fixed amount.

If any additional stipend is prescribed by the NMC/Government or claimed by the student, the same shall be borne by the Parent / Guardian as additional fees payable to the College.

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 1stof 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…….. 2026 at Mangaluru, Karnataka.

Signature of the Candidate **Signature of the Parent/Guardian**

General guidelines of the Medical / Dental College

Attendance Policy:

1) The Student shall maintain discipline, follow the Academic Calendar, and comply with all rules of the College and University.
2) The Student shall attend theory classes, clinical postings, and practicals regularly, and appear for all internal examinations (theory and practical).
3) The Parent/Guardian agrees that failure to secure the minimum prescribed attendance or internal assessment eligibility shall disqualify the Student from appearing in University Examinations, and no exemption shall be sought in this regard.
4) The Student shall not indulge in ragging, Substance abuse, misbehavior, misconduct, or any unlawful/anti-institutional activity.

Payment Policy :

1) All payments shall be made on or before the notified dates, only to the designated University account.
2) Delay in fee payment shall attract a penalty as prescribed by the College.
3) Non-payment shall lead to denial of permission to attend theory classes, practicals, postings, and examinations or continuation of the course.
4) The fee fixed at the time of admission shall remain unchanged for the entire program duration.
5) In the event of discontinuation/withdrawal from the course at any stage, for any reason whatsoever, the Student and Parent/Guardian shall be jointly and severally liable to pay the balance course fee for the remaining years of study without demur.
6) No claim for refund of fees or charges already paid shall be entertained under any circumstances.

Vehicle Policy :

1) Undergraduate students, including interns, are prohibited from bringing, parking, or using personal/borrowed vehicles inside the University campus.

Parental Responsibilities:

1) The Parent/Guardian shall ensure the Student’s regular attendance and academic compliance.
2) They shall attend all Parent-Teacher meetings convened by the College.
3) They undertake to abide by all College/University rules for the entire duration of the program.

Acknowledgment:

We, the Student and Parent/Guardian, hereby acknowledge that we have read and understood the terms and conditions of this Undertaking and agree to be legally bound by them.