



**Dr. NTR UNIVERSITY OF HEALTH SCIENCES: A.P: VIJAYAWADA – 520008**

**ANNEXURE -I**

1.	University Allotment Order (Please verify and confirm with the list in the University website), Printout of Online Application/Verification form. <b>Please notice the remarks if any in the Online Application/Verification form.</b>
2.	NEET PG-2025 – Admit Card & Score Card
3.	MBBS Original Degree Certificate
4.	MBBS study certificate: 1. Others: <b>MBBS completed from outside A.P State</b> 2. AP candidates: <b>MBBS completed from Dr. NTR UHS</b> 3. SMC Vijayawada MBBS Candidates: Please decide the area as per 6th to Intermediate study certificates as AU/SVU/APNL
5.	Original or Provisional certificate of PG Diploma or Degree, if applicable.
6.	Compulsory Rotatory Internship certificate
7.	Medical Council Registration certificate from the respective State Medical Council. <b>(Permanent Medical Council Registration mandatory for FMGs)</b>
8.	Latest Social Status Certificate in case of BC/SC/ST/OBC candidates issued by concerned Authorities if applicable, as per their Cut-off Scores in NEET PG - 2025
9.	Photo Identification proof.
10.	Annexure-II, Affidavit and documents for S-2 seat Annexure – III, Sponsorship certificate for S-3 seat Annexure-IV (Non-Judicial Stamped paper for Rs. 100/-) Annexure-V – Declaration

} of Prospectus





## **ANNEXURE - II**

### **AFFIDAVIT**

(This declaration is to be given by a student / ward as well as his/her NRI Guardian for admission under NRI Category -C (S2)

I, Dr. .... NEET Roll Number----- and NEET-2025 Rank (PG) -----ward/S/o or D/o of .....for admission into Post Graduate course in Category-C- S2 (NRI Quota) for the academic year 2025-26 in a Unaided Private Medical Colleges affiliated to Dr. NTR UHS in the State of Andhra Pradesh do hereby declare and state as under:

I declare that I am a ward S/o or D/o of /under Guardianship of Mr/Ms.....S/o.....  
.....R/o.....  
..... (here incorporate the complete address of NRI of whom the candidate/declarant is a ward).

I declare that the said NRI shall pay my entire fee and other expenses for pursuing MD/MS course and I further declare that the above facts stated are true and correct and I am liable for any action in the event of concealment of facts.

(Signature of the Candidate)

### **Declaration of NRI:**

I, ..... S/o (or) D/o ..... here by declare and confirm that the above declarant i.e., Dr.....is my ward and is under my Guardianship and I hereby irrevocably agree and undertake to provide financial support to him/her for payment of entire fee and other expenses for pursuing MD/MS course for the academic year 2025-26 in any Unaided Private Medical Colleges affiliated to Dr. NTR UHS in the State of Andhra Pradesh.

Date:

(Name and Signature of the Guardian)





## **ANNEXURE - III**

### **Sponsorship Certificate**

(Institutional Quota Candidate for Category-C - S3)

This is to certify that Dr. \_\_\_\_\_ S/o or D/o Sri  
\_\_\_\_\_ NEET-2025 (PG) Roll Number \_\_\_\_\_ NEET  
Rank \_\_\_\_\_ was a bonafide student of MBBS course of \_\_\_\_\_ Medical  
College, \_\_\_\_\_ affiliated to Dr NTR University of Health Sciences, Vijayawada,  
AP.

I, on behalf of the management of the college pleased to recommend his/her  
candidature for admission to Postgraduate course under the Category-C-S3  
(Institutional Quota)

Signature of Dean/Principal  
with Office Seal

(Or)

### **Sponsorship Certificate**

(Institutional Quota Candidate for Category-C-S3)

Employee of the Institution

This is to certify that Dr. \_\_\_\_\_ NEET-2025 (PG) Roll  
Number \_\_\_\_\_ NEET Rank \_\_\_\_\_ is an employee (or) his/her Parent  
Sri/Smt \_\_\_\_\_ who is a an employee of our Institution and working as  
\_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_ period in \_\_\_\_\_  
College affiliated to Dr NTR University of Health Sciences, Vijayawada.

I, on behalf of the Management of the college, pleased to recommend the  
name of Dr.----- candidature for admission into Postgraduate  
(Medical) course under the Category-C (Institutional Quota-S3)

Date:

Signature of Dean/Principal  
(with Office seal)





**Annexure - IV**

**(Non-Judicial Stamped paper for Rs. 100/-)**

**(For all candidates)**

I, Dr..... selected for Post Graduate Degree/Diploma for the year **2025-26** do hereby undertake to complete the said course as per the requirements of the University. In the event of my leaving the studies after joining the course, I undertake to pay to Dr. NTR UHS a sum of Rs.3,00,000/- and refund the amount received as stipend up to that date to the respective College.

**DATE:**

**Signature of the Candidate:**

**Witness:**

**1. Signature:**

**Name and address in full**

**2. Signature:**

**Name and address in full**



**ANNEXURE - V**

**DECLARATION**

I ..... Son of/Daughter of  
..... Residing at ..... and admitted to in 1<sup>st</sup>  
year of ..... (Name of the PG course) at  
..... (Name of the College) for the academic year  
2025-26 do hereby solemnly affirm and sincerely state as follows:

I declare that I shall abide by the rules and regulations prescribed by the Dr. NTR  
University of Health Sciences, Vijayawada for the ..... (course) including  
regulations  
re-admission after the break of study.

Date :

Signature of candidate

/ Countersigned /

Dean / Principal / Director

(With Office seal)

