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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. Please notice the remarks if any in the Online Application/Verification form.
2.	NEET PG-2025 – Admit Card & Score Card
3.	MBBS Original Degree Certificate
4.	MBBS study certificate: 1. Others: MBBS completed from outside A.P State 2. AP candidates: MBBS completed from Dr. NTR UHS 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. (Permanent Medical Council Registration mandatory for FMGs)
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



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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)



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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)



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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 and admitted to in 1st
..... Residing at 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.

Signature of candidate

Date :

/ Countersigned /

Dean / Principal / Director

(With Office seal)



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