



Dr.YSR 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 form and Provisional Verification form. Please notice the remarks if any in the Verification form.
2.	NEET PG-2022 – Admit Card & Score Card
3.	MBBS Original or Provisional Degree Certificate
4.	MBBS study certificate.
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.
8.	If the candidate has passed MBBS from Siddhartha Medical College, Vijayawada, he/she has to submit study certificates from 6 th to Intermediate/10+2.
9.	10 years Residence proof/ Study certificates for Non-Local candidates selected under Un-reserved seats and completed MBBS outside AP/TS.
10.	Latest Social Status Certificate in case of BC/SC/ST candidates issued by Government of AP/TS Note: Social Status Certificates issued by States other than AP/TS are not considered and should be informed to the University immediately.
11.	Differently abled Certificate issued by the Competent Authority in case of PwD (Person with disability) candidates
12.	Photo Identification proof.
13.	Minority certificate issued by Government of AP, if applicable
14.	Annexure-III (Non-Judicial Stamped paper for Rs. 100/-) Annexure – V (DECLARATION) Annexure – VI (UNDERTAKING) } enclosed
15.	Non Judicial Bond on Rs.100/- stamped paper from all the Non-service candidates (Annexure-B)

Yours faithfully,
Sd/-
(Dr. CH.SRINIVASA RAO)
REGISTRAR(FAC)

ANNEXURE - II
INSTRUCTIONS TO THE PRINCIPALS

1. To verify the AP PG Medical Admissions Online Application form, Provisional Verification form and Allotment Letter of the candidate.
2. After the cutoff date for reporting no candidate should be admitted and their Provisional admission is deemed to be cancelled without any further intimation.
3. Principals have to upload the Reported/Not reported data in the URL https://pgcq.ntruhsadmissions.com/pgcq_principal/ on or before **05.00 PM on 29-11-2022** without fail. After freezing the data the system generated print out is to be verified, signed by the Principal with Office seal and should be sent to the e-mail ID: appgadmissions2021@gmail.com
4. **Login IDs for Reporting/Not reporting data is herewith enclosed vide Annexure-IV.**
5. Please also verify whether the candidate has paid the following Equivalence fee during Registration, if not paid collect the same and send to the University:

I.	Equivalence fee for candidates completed MBBS outside AP/TS	Rs.3,540/- (i.e., Rs.3,000/- + 18% GST)
II.	Equivalence fee for candidates completed MBBS in Abroad/ Foreign Country.	Rs.8,260/- (i.e., Rs.7,000/- + 18% GST)

6. If any discrepancy is found the same may be brought to the notice of University, through e-mail: appgadmissions2021@gmail.com.

The above instructions should be followed strictly.

Yours faithfully,
Sd/-
(Dr. CH.SRINIVASA RAO)
REGISTRAR(FAC)

ANNEXURE - III

(Non-Judicial Stamped paper for Rs. 100/-)
(FOR ALL IN-SERVICE AND NON-SERVICE CANDIDATES)

I, Dr..... selected for Post Graduate Medical Degree/Diploma for the year 2022-23 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 the Dr. YSR University of Health Sciences a sum of Rs.3,00,000/- + 18% GST and refund the amount received as stipend up to that date to Government.

DATE :

Signature of the Candidate

Witness :

Sureties

1. Signature :

1. Signature :

Name and address in full

Name and address in full

2. Signature :

2. Signature :

Name and address in full

Name and address in full

ANNEXURE-IV

S.No	Login ID	College Name
1	AMCV001	Andhra Medical College, Visakhapatnam
2	APLC001	Apollo Institute of Medical Sciences & Research, Chittoor
3	ASRA001	Alluri Seetharama Raju Academy of Medical Sciences, Eluru
4	FIMS001	Fathima Institute of Medical Sciences, Kadapa
5	GEMS001	Great Eastern Medical School & Hospital, Srikakulam.
6	GMCA001	Government Medical College, Anantapur
7	GMCG001	Guntur Medical College, Guntur
8	GMCK001	Government Medical College, Kadapa
9	GMCO 001	Government Medical College, Ongole
10	GMCS 001	Government Medical College, Srikakulam.
11	GSLR 001	GSL Medical College, Rajahmundry
12	GVPT 001	Gayatri Vidya Parishad Inst. of Health Care and Medical Technology, Visakhapatnam
13	KATR001	Katuri Medical College & Hospital, Guntur
14	KMCK 001	Kurnool Medical College, Kurnool
15	KONA001	Konaseema Institute of Medical Sciences & Research Foundation Amalapuram
16	MAHA001	Maharaja Institute of Medical Sciences, Vizianagaram
17	NARN 001	Narayana Medical College, Nellore
18	NRIM001	NRI Medical College, Chinakakani
19	NRVP001	NRI Institute of Medical Sciences, Visakhapatnam
20	PESK 001	P.E.S. Institute of Medical Sciences and Research, Kuppam
21	PSIM001	Dr. Pinnamaneni Siddhartha Institute of Medical Sciences, Gannavaram
22	RMCK 001	Rangaraya Medical College, Kakinada
23	SMCV 001	Siddhartha Medical College, Vijayawada
24	SRMC001	Santhiram Medical College, Nandyal
25	SVIM001	Sri Venkateswara Institute of Medical Sciences, Tirupati
26	SVMC 001	Sri Venkateswara Medical College, Tirupati
27	VMCK 001	Viswabharathi Medical College and General Hospital, Kurnool
28	ACSR001	ACSR Government Medical College, Nellore

ANNEXURE - V

DECLARATION

I Dr..... Son of/Daughter of
..... admitted into I year of
(Name of the PG Medical Degree/Diploma course) at
..... (Name of the College) do hereby solemnly affirm
and sincerely state as follows:

I declare that I shall abide by the rules and regulations prescribed by the Dr. YSR University of Health Sciences, Vijayawada for the PG Medical Degree/Diploma course including regulations for re-admission after the break of study.

Date:

Signature of candidate

ANNEXURE – VI

UNDERTAKING

(To be obtained from the admitted candidates for the academic year 2022-23)

I Dr..... Son of/Daughter of
..... admitted into I year of (Name of the PG Medical
Degree/Diploma course) at (Name of the College)
hereby declare that, I have read the Notice Ref.U-12021/01/2022-MEC, dt.22-09-2022 and
the instructions issued by Dr.YSR UHS, Vijayawada from time to time and do hereby declare
that I am ___(not/an) OCI Card holder/PIO/Foreign National. If it is found at a later stage
that I have concealed any information, legal action that deems fit as per Rules may be
initiated against me.

Date:

Signature of candidate

ANNEXURE-B

BOND TO BE EXECUTED BY **ALL NON-SERVICE CANDIDATES** AS PERG.O.Ms.No.251,
HM&FW (C1) DEPARTMENT DT.02-10-2022 OF GOVERNMENT OF ANDHRA
PRADESH

Bond - Duly Notarized on Non-Judicial Stamped paper for Rs. 100/- [One
hundred rupees only]

I, Dr. _____ aged _____ years

S/o, D/o, W/o _____ Permanent resident of _____

_____ and Present Resident of _____

_____ do hereby
swear an oath as follows:

1. I am admitted in to MD/MS _____ Speciality under State Quota/Competent Authority Quota seats in Government Medical College/Private Medical College at <Name of the Medical College and Place> for the academic year 2022-23.
2. I am here with submitting the bond after reading and fully understanding the contents of G.O.Ms.No.251, dt.02-10-2022 of HM&FW (C1) Department of Govt. of Andhra Pradesh regarding the Compulsory Rural/Government Service to the Post Graduate (Medical) Degree candidates admitted into State Quota/Competent Authority Quota seats in Government Medical Colleges/Private Medical Colleges after completion of their course.
3. I understand that all the Non-service candidates who are admitted into PG (Medical) Degree courses in State Quota/Competent Authority Quota seats in Government Medical Colleges/Private Medical Colleges and successfully completed the Post Graduate Degree course shall under go one-year compulsory Rural/Government service in APVVP/DME,A.P Hospitals as per the G.O.Ms.No.251, dt.02-10-2022 of Govt. of Andhra Pradesh.
4. If I fail to abide by the bond either by not joining (or) by not completing the stipulated one year Rural/Government service period of one year within a maximum period of 18 months after obtaining the PG (Medical) Degree, a penalty of Rs.40,00,000/- (Rupees forty lakhs only) shall be levied against me.

Date:

Witnesses:

Signature of the candidate

1. Signature:
Name and address in full

Name:
Address:

2. Signature:
Name and address in full

Aadhar No:
Mobile No:

E-maid ID:

PERSONAL DETAILS

(To be submitted by the Non-Service Candidate along with the bond for the academic year 2022-23)

1	Name	
2	Age & date of birth	
3	Father's Name	
4	Mother's Name	
5	Present Address	
6	Permanent Address	
7	Mobile Number	
8	E-mail ID	
9	Aadhar No	
10	State Medical Council Registration Number	
11	NEET Rank	
12	NEET Roll Number	
13	Allotment number issued by Dr.YSR UHS	
14	Name of the College to which candidate is admitted	
15	PG (Medical) Degree Speciality	

Date:

Signature of the candidate

Name: Mobile

No:Aadhar No:E-

mail ID:Address :

ANNEXURE-A

BOND TO BE EXECUTED BY ALL **IN-SERVICE CANDIDATES** AS PER G.O.Ms.No.252, DT.07-10-2022 of HM&FW (C1) DEPARTMENT, GOVERNMENT OF ANDHRA PRADESH AND G.O.Ms.No.206, HM&FW (C1) DEPT., DT.11-08-2022 OF GOVT. OF ANDHRA PRADESH.

Bond - Duly Notarized on Non-Judicial Stamped paper for Rs. 100/- [One hundred rupees only]

I, Dr. _____ aged _____ years
S/o, D/o, W/o _____ Permanent
resident of _____
_____ and Present Resident of do hereby swear an oath as follows:

1. I am admitted into PG Medical/Dental _____ Speciality under State Quota/Competent Authority Service Quota seats in Government Medical/Dental College/Private Medical/Dental College at <Name of the Medical College/Dental College and Place> for the academic year 2022-23.
2. I am here with submitting the bond after reading and fully understanding the contents of the G.O.Ms.No.252, dt.07-10-2022 of HM&FW (C1) Department of Govt. of Andhra Pradesh and G.O.Ms.No.206, HM&FW (C1) Dept., dt.11-08-2022 of Govt. of Andhra Pradesh.
3. I understand that all the admitted In-service candidates of PG Medical/Dental Degree courses under In-service quota seats after completion of the Post Graduate Degree course shall serve in the same area (Tribal/Rural/Continuous Regular service) from where the reservation was sought, to a minimum of six years (6) as per G.O.Ms.No.252, dt.07-10-2022 of HM&FW (C1) Department of Govt. of Andhra Pradesh and G.O.Ms.No.206, HM&FW (C1) Dept., dt.11-08-2022 of Govt. of Andhra Pradesh.
4. I am well aware of that the maximum duration to complete MD/MS/MDS is six (6) years from the date of admission including University examinations. The maximum duration to complete PG (Medical/Dental) Diploma is four (4) years from the date of admission including University Examinations."
5. If I fail to abide by the bond by non rendering the services after completion of the course to a minimum of six (6) years a penalty of Rs.25,00,000/- (Rupees twenty five lakhs only) shall be levied against me and University shall cancel the PG Medical (or) Dental Degree/Diploma obtained by me.

Date:

Witnesses:

Signature of the candidate

1. Signature:

Name and address in full

Name:

Address:

2. Signature:

Name and address in full

Aadhar No:

Mobile No:

E-mail ID:

PERSONAL DETAILS

(To be submitted by the In-service Candidate along with the bond for the academic year 2022-23)

1	Name	
2	Age & date of birth	
3	Father's Name	
4	Mother's Name	
5	Present Address	
6	Permanent Address	
7	HoD of Department with full address (VVP/DME/ESI/DH of A.P/TS)	
8	Mobile Number	
9	E-mail ID	
10	Aadhar No	
11	State Medical Council Registration Number	
12	NEET Rank	
13	NEET Roll Number	
14	Allotment number & Date issued by Dr.NTR UHS	
15	Name of the Medical/Dental College to which candidate is allotted	
16	PG Medical/Dental Degree Speciality to which candidate is allotted	

Date:

Signature of the candidate

Name:

Mobile

No:

Aadhar

No:E-mail

ID:

Address :