



**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. <b>Please notice the remarks if any in the Verification form.</b>
2.	NEET PG-2023 – 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 <sup>th</sup> to Intermediate/10+2.
9.	<b>10 years Residence proof/ Study certificates for APNL/NL candidates selected under APUR/UR seats.</b>
10.	Latest Social Status Certificate in case of BC/SC/ST candidates issued by Government of AP/TS <b>Note: Social Status Certificates issued by States other than AP/TS are not considered and should be informed to the University immediately.</b>
11.	Differently abled Certificate issued by the Competent Authority in case of PwBD (Person with disability) candidates
12.	Photo Identification proof.
13.	Minority certificate issued by Government of AP, if applicable
14.	<b>Annexures-IVA and IVB in case of In-service candidates</b>
15.	Annexure-III (Non-Judicial Stamped paper for Rs. 100/-) } Annexure – V (DECLARATION) } of Prospectus
16.	Non Judicial Bond on Rs.100/- stamped paper from all the In-service candidates (Annexures-A) and for all Non-service candidates (Annexure-B)

**ANNEXURE - III**

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

**(FOR ALL CANDIDATES)**

I, Dr..... selected for Post Graduate Degree/Diploma for the year 2023-24 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. YSR University of Health Sciences a sum of ₹ .3,00,000/- + 18% GST and refund the amount received as stipend up to that date to Government.

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 2023-  
24 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 ..... (course) including regulations for re-admission after the break of study.

Date :

Signature of candidate

/ Countersigned /

Dean / Principal / Director  
(Office date with seal)

**ANNEXURE-A**

BOND TO BE EXECUTED BY ALL **IN-SERVICE CANDIDATES** AS PER G.O.Ms.No.252, HM&FW (C1) DEPT., DT.07-10-2022, G.O.Ms.No.206, HM&FW (C1) DEPT., DT.11-08-2022 AND G.O.Ms.No.150, HM&FW (C1) DEPT., DT.11-12-2021 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 \_\_\_\_\_ Specialty 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 2023-24.
2. I am here with submitting the bond after reading and fully understanding the contents of the G.O.Ms.No.252, HM&FW (C1) Dept., dt.07-10-2022, G.O.Ms.No.206, HM&FW (C1) Dept., dt.11-08-2022 and G.O.Ms.No.150, HM&FW (C1) Dept., dt.11-12-2021 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, HM&FW (C1) Dept., dt.07-10-2022, G.O.Ms.No.206, HM&FW (C1) Dept., dt.11-08-2022 and G.O.Ms.No.150, HM&FW (C1) Dept., dt.11-12-2021 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, failing which my admission is deemed to be cancelled.
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-maid ID:

**PERSONAL DETAILS**

**(To be submitted by the In-service Candidate along with the bond for the academic year 2023-24)**

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.YSR 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:

**ANNEXURE-B**

BOND TO BE EXECUTED BY **ALL NON-SERVICE CANDIDATES** AS  
PER G.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 \_\_\_\_\_

\_\_\_\_\_ do  
and Present Resident of

\_\_\_\_\_ do  
herebyswear 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 2023-24.
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 2023-24)**

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 :