COMPETENT AUTHORITY QUOTA (In service)

PG CHECK LIST-2026-27

List of documents submitted at the time of admission

S.No	Name of the Documets
1	BONDS 1) Tution fee Bond Rs.100/- On Non Judicial Stamp paper with notary (Purchased on student name) 2) Course Discontinuation Bond- Annexure-II for the College 3) Course Discontinuation Bond Annexure-III (Non-Judicial Stamped paper for Rs. 100/- for the Dr. NTRUHS of Prospectus 4) Annexure-V (Declaration) of Prospectus 5) Non Judicial Bond on Rs.100/- stamped paper from all the In-service candidates (Annexure-B and other forms)
2	Dr. NTRUHS Online Application Form & Final Verification Form
3	Dr. NTRUHS University Allotment Order
4	NEET PG-2026-Admit Card& Score Card
5	SSC/CBSE Marks Memo
6	MBBS Original Degree Certificate
7	MBBS Study Certificate
8	MBBS Transfer Certificate
9	Original or Provisional certificate of PG Diploma or Degree, if applicable
10	Compulsory Rotatory Internship certificate (Cut-off date completion of Internship: **30.0.2026**)
11	Medical Council Registration certificate from the AP State Medical Council. **(Permanent Medical Council Registration mandatory for FMGs)**
12	If the candidate has passed MBBS form Siddartha Medical College, Vijayawada, he/she has to submit study certificates from 6th class to Intermediate/ 10+2
13	For Non-Local candidates: Minimum 10 years Study Certificates of Student / either of parents of AP State, if MBBS is from out side AP State. or Minimum 10 years Residence Certificate of Andhra Pradesh State of either of parents or Current employment Certificate of either of parents, if working in Andhra Pradesh only.
14	Latest Social Status Certificate in case of BC/SC/ST candidates issued ONLINE by Government of AP (Manual caste certificates are not valid). For SC Candidates recent caste certificate with sub-classification is mandatory. **Note: Social Status Certificates issued by States other than AP are not considered and should be informed to the University immediately.**
15	Digitally signed Local status Certificate issued online by MRO of AP on or before 01-06-2024 for candidates who migrated from Telangana to Andhra Pradesh (If Applicable) As per G.O.Nos.133/132/171/129/161 of General Administration Dept, Govt of Andhra Pradesh (if applicable)
16	Differently abled Certificate issued by the Competent Authority in case of PwD (Person with disability) candidate
17	Annexures-IVA and IVB for all In-service candidates
18	Minority certificate issued by Government of Ap if applicable
19	Photocopy of Aadhar Cards (Student & Parents)
20	Photo copy of PAN CARD
21	Passport Size Photos – 10
22	2 Sets Xerox copies of all above documents
23	**Yearly Tution Fee-** DD in favour of VISWABHARATHI MEDICAL COLLEGE payable at Kurnool
24	**Admission Fee** -Rs. 60,000/- DD in favour of VISWABHARATHI MEDICAL COLLEGE payable at Kurnool
25	Post dated Cheques TWO (2) for tution fee for the remaining period of the course

AFFIDAVIT

(on non-judicial stamp paper for Rs. 100/-)

Tuition Fee Affidavit submitted by Post Graduation Student admitted into MD/MS Courses under Convenor / Management /S1 /S2- NRI&NRI Lapsed Category /S3-Institutional Quota Seats into Private Un-Aided Non-Minority Medical Colleges of Andhra Pradesh for the academic year 2026-27.

I, Mr. / Ms.

_____,

S/o. / D/o.

_____,

NEET–PG–2026 Roll. No. _____, NEET–PG–2026– Score _____, NEET-PG-2026 All India Rank _____ got admitted into Post Graduation MD/MS _____ _____Course under Convenor Quota / Management Quota S1/S2- NRI Quota & NRI Lapsed Category, /S3-Institutional Quota on_____ College, for the academic year 2026-27.

I was informed by the College that, the Government of Andhra Pradesh issued G. O. Rt. No. 786, HM & FW (C1) Dept., Dt. 29/08/2026 fixing the Tuition Fee for the academic year 2026-27 only and issued further direction as:

"Every institution / college shall, at the time of admission, communicate to the student in writing that the fee fixed for the Academic Year 2026- 27 is interim and tentative and is liable to revision for that every year upon the final determination of the Committee, and that the resulting differential shall be adjusted, refunded or recovered accordingly".

Having understood the above, we undertake to abide by the Orders of the Government of Andhra Pradesh vide G. O. Rt. No. 786, HM & FW (C1) Dept., Dt. 29/08/2026 in respect of the Tuition Fee.

Date:_____ Father Signature Student Signature

(Father Name) (Student Name)

ANNEXURE - II

(Non-Judicial Stamped Paper for Rs. 100/-)

(FOR ALL CANDIDATES)

I, Dr. _____ selected for Post Graduate Degree for the year 2026-27 do hereby undertake to complete the said course. In the event of me leaving / dropping from continuation of the studies during the course after cutoff date for admission, I hereby undertake to pay to Viswabharathi Medical College, Kurnool. A.P. Tution fee & other fee for the remaining period of study and refund the amount received as stipend upto that date to Viswabharathi Medical College, Kurnool. A.P.

Date:

Signature of the Candidate

Witness:

1. Signature:
   Name & Address in full

2. Signature:
   Name & Address in full

Sureties:

1. Signature:
   Name & Address in full

2. Signature:
   Name & Address in full

ANNEXURE - III

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

(FOR ALL CANDIDATES)

I, Dr..... selected for Post Graduate Dental Degree/Diploma for the year 2026-27 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. NTR University of Health Sciences a sum of ₹.3,00,000/- and refund the amount received as stipend up to that date to Government and I will be barred from applying for Post Graduate (Dental) Degree/Diploma course in Andhra Pradesh for three years of NEET PG Counselling from the date of this order

Date :

Signature of the Candidate

Witness :

1. Signature :
   Name and address in full

2. Signature :
   Name and address in full'

ANNEXURE – V

DECLARATION (For Re-admission)

I ..... Son of/Daughter of ..... Residing at ..... and admitted to in 1st year of ..... (Name of the PG course) at ..... (Name of the College) for the academic year 2026-27 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 for re-admission after the break of study.

Date :

Signature of candidate

/ Countersigned /

Dean / Principal / Director
(Office date with seal)

ANNEXURE-B

BOND TO BE EXECUTED BY **ALL IN-SERVICE CANDIDATES** AS PER G.O.Ms.No.85, HM&FW (C1) DEPARTMENT DT.20-07-2024 OF GOVERNMENT OF ANDHRA PRADESH

ANNEXURE TO G.O.Ms.No.85, HM&FW (C) DEPT., DT. 20.07.2024.

AGREEMENT BOND FOR THE CANDIDATES ADMITTED TO PG DEGREE/SUPER SPECIALTY MEDICAL COURSES FOR THE ACADEMIC YEAR _____ UNDER IN SERVICE QUOTA.

[Non-Judicial Stamped Paper Rs.100/-]

THIS DEED OF BOND IS EXECUTED AT _____ ON THIS DAY OF _____ By Name: S/O, D/O, W/O

Residing At (Permanent Address):

Mobile No:

Mail id:

Aadhar No:

PAN No:

IN FAVOUR OF DME/DPH&FW/DSH (Government of Andhra Pradesh)

WHEREAS the party of the FIRST PART has applied for admission to PG Degree course/ Super Specialty (Medical) course as in-service candidate and the party of the FIRST PART has been selected to the said course.

Whereas the party of the FIRST PART has agreed to serve the Government of Andhra Pradesh at any of the Government Institutions as ordered by the competent authority for a period of Ten (10) years after successful completion of the PG Degree/Super Specialty Course.

Whereas I am executing this bond with free will and consent without any coercion.

P.T.O.

THE DEED OF INDEMNITY BOND WITNESSES AS FOLLOWS:

1. The Party of the FIRST PART is agreed to pay a sum of Rs. 50,00,000 (Rupees Fifty Lakhs Only) in addition to pay & allowances received during the study period with interest as applicable as on the date to the Government. The same shall be recovered from the Party of the FIRST PART by initiating the provisions under RR Act, in the event of failure of bond conditions.

2. The Party of the FIRST PART is agreed to absorb into (or) utilized his/her services in DME/DSH or in any Government Health Institution, after completion of the course.

3. The Party of the SCOND PART shall monitor the performance in the P.G. Course. If the authority found that, the Party of the FIRST PART intentionally delayed in completing the course, the Party of the SECOND PART will initiate appropriate disciplinary proceedings against the Party of the FIRST PART.

4. The University is at liberty to cancel the PG Medical Degree/Super Specialty degree of the party of the FIRST PART in violation of bond conditions.

5. The DME/DPH & FW/DSH is at liberty to initiate the criminal prosecution in the event of his/her failure to comply the bond conditions.

6. The party of the FIRST PART shall complete the P.G. Degree Medical within a period of six (6) years from the date of admissions.

7. The Party of the FIRST PART is agreed to furnish two sureties who are income tax assesses and one of them shall be a regular Government employee to recover the bond amount from the sureties, in the event of his/her failure in bond conditions.

8. The Party of the FIRST PART shall keep the certificates in the custody of the sponsoring authority (DME/DPH&FW/DSH) till completion of Ten (10) years service

Signed on this _____ Day_____ Month _____ Year

THE PARTY OF THE FIRST PART

Witnesses:

1. Signature:

Name and Address in full.

2. Signature:

Name and Address in full.

THE PARTY OF THE SECOND PART

(FOR ALL IN-SERVICE CANDIDATES)

DECLARATION

1. Name of the Candidate:
2. Name of the Institution and Place where he has worked last:
3. Designation:
4. Name of the PG Course/Super Specialty Course:
5. Duration of the course:
6. Date of Joining course:
7. Whether Service/Non Service Candidate:
8. If service candidate, date of joining in-service:
9. Total service prior to joining the course:
10. Permanent Address:

I hereby declare that the above particular are true to the best of my knowledge and I have executed the prescribed bond. If the particulars furnished above are incorrect and in the event of failure of fulfilling the bond conditions, I will abide to pay an amount of Rs.50,00,000/- (Rupees Fifty Lakhs only) in addition to pay &allowances received during the study period along with the applicable interest.

Date:

Station:

SIGNATURE OF THE CANDIDATE

(FOR ALL IN-SERVICE CANDIDATES)

Dated:

SURETY FORM

[Non-Judicial Stamped Paper Rs.10/-]

I _____ S/O _____ executing this surety bond in favour of DME/DPH&FW/DSH with an undertaking to pay the amount of Rs.50,00,000/- (Rupees Fifty Lakhs only) and other amounts prescribed in the bond conditions by Dr.----------in the event of his/her failure to comply the bond conditions dt.----------.

The Authority is at liberty to recover the said amount by initiating provisions of RR Act.

SIGNATURE OF THE SURETY

Witnesses:

1. Signature:

Name and Address in full.

2. Signature:

Name and Address in full.

(FOR ALL IN-SERVICE CANDIDATES)

Dated:

SURETY FORM

[Non-Judicial Stamped Paper Rs.10/-]

I _____ S/O _____ executing this surety bond in favour of DME/DPH&FW/DSH with an undertaking to pay the amount of Rs.50,00,000/- (Rupees Fifty Lakhs only) and other amounts prescribed in the bond conditions by Dr.----------in the event of his/her failure to comply the bond conditions dt.----------.

The Authority is at liberty to recover the said amount by initiating provisions of RR Act.

SIGNATURE OF THE SURETY

Witnesses:

1. Signature:

Name and Address in full.

2. Signature:

Name and Address in full.