

TUITION FEE AFFIDAVIT SUBMITTED BY PG MEDICAL / PG DENTAL STUDENTS  
ADMITTED INTO PRIVATE UN-AIDED NON-MINORITY MEDICAL & DENTAL COLLEGES  
OF ANDHRA PRADESH FOR THE ACADEMIC YEAR 2025-26.

(On Non - Judicial Stamp Paper for Rs. 100/-)

I \_\_\_\_\_, (Aadhar No: \_\_\_\_\_) NEET-PG Roll No.  
\_\_\_\_\_, NEET PG Rank \_\_\_\_\_, S/o. \_\_\_\_\_, Presently Residing at  
\_\_\_\_\_

do here by solemnly affirm and state on oath as follows. That I have been allotted a  
\_\_\_\_\_ Seat in Viswabharathi Medical College, Kurnool, Kurnool District  
by Dr. NTR University of Health Sciences, Vijayawada in Counselling conducted on \_\_\_\_\_  
under the \_\_\_\_\_ Quota for the academic year 2025-26 for the duration of full  
course. G.O. RT.No. 777, HM&FW(C1) Dept., Government of Andhra Pradesh, Dt.09/11/2025  
has been issued for fixation of tentative fee structure (pending fixation of final fee) for the  
academic year 2025-26 in respect of PG courses in private un-aided professional Medical and  
Dental Colleges in the state of Andhra Pradesh and it is subject to outcome of the W. P. No's.  
32975, 33162 and 35090 of 2022. I am herewith paying the tuition fee as per the above orders of  
the Government of Andhra Pradesh (G. O. RT. No. 777, HM&FW (C1) Dept., Dt. 09/11/2025), I  
further undertake, without prejudice to my rights, I agree to pay the tuition fee payable  
pursuant to the decision of the Hon'ble High Court in above batch of Writ Petitions or by the  
Hon'ble Supreme Court of India or Order of the Government or any other authority concerned.  
I further declare that I am fully conversant with the rules and regulations of Viswabharathi  
Medical College, Kurnool, Kurnool District in the matter of recovery of pending tuition fee and  
other fee from its students and the management and administration of the institution may take  
any such legal action deemed fit to recover the dues from us. I further submit that in case of  
discontinuation from the course at any time, I shall pay the entire course fee prescribed for the  
total course and apply for discontinuation. This Affidavit cum Indemnity Bond is executed by  
me as a pre-condition to seek admission to \_\_\_\_\_ course in Viswabharathi  
Medical College, Kurnool, Kurnool District for the year 2025-26.

DEPONENT

Solemnly sworn and signed before me on this the \_\_\_\_ day \_\_\_\_ month \_\_\_\_ year.

// NOTARY //

**ANNEXURE - II**  
(Non-Judicial Stamped Paper for Rs. 100/-)  
(FOR ALL CANDIDATES)

I, Dr. \_\_\_\_\_ selected for Post Graduate Degree for the year 2025-26 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:

Suretias:

1. Signature:

Name & Address in full

1. Signature:

Name & Address in full

**ANNEXURE - III**  
**(Non-Judicial Stamped paper for ₹. 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 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 (For Re-admission)**

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 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 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 \_\_\_\_\_

\_\_\_\_\_ 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 2025-26.
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 2025-26)**

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.NTR 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 :