

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

### 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)

## **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)

**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  
..... 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

(With Office seal)

ANNEXURE - VI  
(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:

Sureties:

1. Signature:

Name & Address in full

1. Signature:

Name & Address in full

2. Signature:

Name & Address in full

2. Signature:

Name & Address in full

## BOND

This Deed of Bond is executed on \_\_\_\_ day of December, 2025 at \_\_\_\_ by  
Sri.-----S/O..D/O..W/o-----Residing  
at(Permanent address)-----Mobile  
No-----Email      Id-----  
Aadhar No-----  
To in favour of -----College,-----

WHEREAS the party of the FIRST PART has taken admission to Post Graduate -----Medical Course at-----Medical College in Andhra Pradesh.

WHEREAS as per GO.MS.No.57 HM & FW(C1) Dept, dated 28/04/2023 in para 17 of II, the party of first part shall serve as a Senior Resident in the above college, for a period of one year after successful completion of the PG course.

ANDWHEREAS to ensure the service of the first party as senior resident in the above college for a period of one year, the first party is hereby agreed to execute this notarised indemnity bond.

ANDWHEREAS the first party hereby agreed to serve as senior resident in the above college for a period of one year after successful completion of the Post Graduate course, otherwise first party is liable to pay damages to the college as quantified by them.

Signed and Dated at-----

Signature of the Candidate-----

//NOTARY//