

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 offor 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 1st 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

PROFORMA FOR RE-ADMISSION

1. Name of the student :
2. Name of the course and period of study :
3. Name of the College :
4. Date of joining the course :
5. Duration of break of study : From : To:
6. Details of examinations appeared & Subjects passed :
7. Reasons for the period of break of study :
of the course (Evidence should be produced)
8. The details of previous break of study :
(Enclose Xerox copy of the permission
Order of the University, if any)
9. Whether any disciplinary case is pending :
10. Whether the candidate has registered with :
this University, if so furnish the Regn. No.
11. Details of Fee paid : DD.No:
: Date
: Bank

₹. 7,000/- (**Processing fee : ₹. 2000/-** Amount Paid ₹.
+ Re-admission/break of study fee: ₹. 5000/-,

(The DD should in favour of the Registrar, Dr. NTR UHS payable at Vijayawada)

12. Previous Correspondence if any made :
(Furnish copies of relevant records)
Signature of the candidate

13. Remarks of the Dean / Principal / Director concerned:

Certified that the details furnished above in respect of the candidate are verified and found to be correct.

Date:

Place:

Signature of the Dean/Principal/Director
With Office Seal