

ANNEXURE - II

DECLARATION

(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-2023 Rank (PG/MDS) -----
ward/S/o or D/o offor admission into Post
Graduate course in Category-C- S2 (NRI Quota) for the academic year 2023-24 in a
Unaided Private Medical & Dental Colleges affiliated to Dr. YSR 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/MDS 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/MDS course for the academic year 2023-24 in any
Unaided Private Medical/Dental Colleges affiliated to Dr. YSR 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-2023 (PG/MDS) Roll Number_____ NEET Rank_____was a bonafide student of MBBS/BDS course of _____Medical/Dental College,_____ affiliated to Dr YSR 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-2023(PG)/(MDS) 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 YSR 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/Dental) 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 **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 UHS a sum of Rs.3,00,000 + 18% GST (Rs.3,54,000/-) 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
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

(With Office seal)