



**Dr.YSR UNIVERSITY OF HEALTH SCIENCES: A.P: VIJAYAWADA – 520008**

**ANNEXURE - I**

1.	University Allotment Order (Please verify and confirm with the list in the University website), Printout of Online Application form and Provisional Verification form. <b>Please notice the remarks if any in the Verification form.</b>
2.	NEET MDS - 2023 – Admit Card & Score Card
3.	BDS Original Degree Certificate/Provisional Certificate
4.	BDS study certificate.
5.	Provisional or Original certificate of PG Diploma or Degree, if applicable.
6.	Compulsory Rotatory Internship certificate
7.	Dental Council Registration certificate from the respective State Dental Council.
8.	If the candidate has passed BDS from Government Dental College, Vijayawada, Government Dental College, Hyderabad (or) Army Dental College, Secunderabad, he/she has to submit study certificates from 6 <sup>th</sup> class to Intermediate /10+2.
9.	<b>10 years Residence proof/ Study certificates for Non-Local candidates who have completed BDS outside AP/TS.</b>
10.	Latest Social Status Certificate in case of BC/SC/ST candidates issued by Government of AP/TS <b>Note: Social Status Certificates issued by States other than AP/TS are not considered and should be informed to the University immediately.</b>
11.	Photo Identification proof.
12.	<b>Annexures-IVA and IVB in case of In-service candidates</b>
13.	Annexure-III (Non-Judicial Stamped paper for Rs. 100/-) } Annexure – V (DECLARATION) } of Prospectus
14.	Non Judicial Bond on Rs.100/- stamped paper from all the In-service candidates as per Annexure-A.

**ANNEXURE - II**  
**INSTRUCTIONS TO THE PRINCIPALS**

1. After the cutoff date for reporting no candidate should be admitted and their Provisional admission is deemed to be cancelled without any further intimation.
2. Principals have to upload the Reported/Not reported data in the URL [https://mdscq.ysruhs.com/mds\\_principal/](https://mdscq.ysruhs.com/mds_principal/) on or before **03.00 PM on 02-09-2023** without fail. After freezing the data the system generated print out is to be verified, signed by the Principal with Office seal and should be sent to the e-mail ID: [appgadmissions2021@gmail.com](mailto:appgadmissions2021@gmail.com)
3. If any discrepancy is found the same may be brought to the notice of University, through e-mail: [appgadmissions2021@gmail.com](mailto:appgadmissions2021@gmail.com).

The above instructions should be followed strictly.

**ANNEXURE - III**

**(Non-Judicial Stamped paper for Rs. 100/-)**

**(FOR ALL CANDIDATES)**

I, Dr..... selected for Post Graduate Dental 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 the Dr. YSR University of Health Sciences a sum of Rs.3,00,000/- + 18% GST and refund the amount received as stipend upto 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**

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  
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  
(Office date with seal)

## ANNEXURE-A

BOND TO BE EXECUTED BY ALL **IN-SERVICE CANDIDATES** AS PER  
G.O.Ms.No.252, HM&FW (C1) DEPT., DT.07-10-2022, G.O.Ms.No.206,  
HM&FW (C1) DEPT., DT.11-08-2022 AND G.O.Ms.No.150, HM&FW (C1)  
DEPT., DT.11-12-2021 OF GOVT. 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 into PG Medical/Dental \_\_\_Speciality under State Quota/Competent Authority Service Quota seats in Government Medical/Dental College/Private Medical/Dental College at **<Name of the Medical College/Dental College and Place>** for the academic year 2023-24.
2. I am here with submitting the bond after reading and fully understanding the contents of the G.O.Ms.No.252, HM&FW (C1) Dept., dt.07-10-2022, G.O.Ms.No.206, HM&FW (C1) Dept., dt.11-08-2022 and G.O.Ms.No.150, HM&FW (C1) Dept., dt.11-12-2021 of Govt. of Andhra Pradesh.
3. I understand that all the admitted In-service candidates of PG Medical/Dental Degree courses under In-service quota seats after completion of the Post Graduate Degree course shall serve in the same area (Tribal/Rural/Continuous Regular service) from where the reservation was sought, to a minimum of six years (6) as per G.O.Ms.No.252, HM&FW (C1) Dept., dt.07-10-2022, G.O.Ms.No.206, HM&FW (C1) Dept., dt.11-08-2022 and G.O.Ms.No.150, HM&FW (C1) Dept., dt.11-12-2021 of Govt. of Andhra Pradesh.
4. I am well aware of that the maximum duration to complete MD/MS/MDS is six (6) years from the date of admission including University examinations. The maximum duration to complete PG (Medical/Dental) Diploma is four (4) years from the date of admission including University Examinations, failing which my admission is deemed to be cancelled.
5. If I fail to abide by the bond by non rendering the services after completion of the course to a minimum of six (6) years a penalty of Rs.25,00,000/- (Rupees twenty five lakhs only) shall be levied against me and University shall cancel the PG Medical (or) Dental Degree/Diploma obtained by 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-mail ID:

**PERSONAL DETAILS**

**(To be submitted by the In-service Candidate along with the bond for the academic year 2023-24)**

1	Name	
2	Age & date of birth	
3	Father's Name	
4	Mother's Name	
5	Present Address	
6	Permanent Address	
7	HoD of Department with full address (VVP/DME/ESI/DH of A.P/TS)	
8	Mobile Number	
9	E-mail ID	
10	Aadhar No	
11	State Medical/Dental Council Registration Number	
12	NEET Rank	
13	NEET Roll Number	
14	Allotment number & Date issued by Dr.YSR UHS	
15	Name of the Medical/Dental College to which candidate is allotted	
16	PG Medical/Dental Degree Speciality to which candidate is allotted	

Date:

Signature of the candidate

Name:

Mobile No:

Aadhar No:

E-mailID: