



(Deemed to be University)
Recognised under Sec 3(A) of the UGC Act 1956
Accredited by NAAC with 'A' Grade

Admission to Medical and Dental Post Graduation courses for the year 2020/21 (MD/ MS/ MDS) - Mopup round

Candidates who have been allotted PG seats through mopup round of counselling held by MCC shall report to the University and confirm the seats between 10:00 AM to 4:00 PM from the 21st of July 2020 to 2PM of 27th of July 2020.

- All candidates must fill and [submit this online form](#) at least one day before the actual day of arrival at the campus.
- Call the number 9448714411 at least one day prior to arrival and required quarantine arrangements will be made on arrival.
- The candidate shall undergo an RT-PCR test and shall be on quarantine until the results received.
- If the test results are negative the candidate shall join the department after the successful document verification and other joining formalities. (If the test results are positive for COVID, the candidates shall be treated as per the protocol of Government of Karnataka and join the course subsequently.
- The candidate shall submit original documents for verification by the university authorities. Please make sure to submit documents as per the checklist (Annexure A)
- The candidate shall get the fee payment details verified by the accounts section. Candidates are requested to pay the fees online and bring the UTR of payment or DD for the fees (Annex B).
- The candidate shall get an allotment of the hostel/room.
- Because of the prevailing COVID – 19 situation, we encourage the students to avoid coming to the campus along with parents/ guardians. However, if that cannot be avoided, the University will facilitate their accommodation outside the campus.
- The candidate may call +91 849 493 5210 (9 AM to 5 PM) on any working day (Monday through Saturday) to seek information on admission procedures.
- If you are reaching Mangalore after hours, you may go directly to [Mayur Residency](#) for night stay. (Mayur Residency, next to Hotel Swagath, Balmatta, Mangalore 575001)
- All students should install and activate Aarogya Setu mobile app compulsorily.

FEE PAYMENT

1. Course-wise fee structure is listed in Annex B.

Annexure A

1. UTR of payment made to the college based on course-wise fee structure (Annexure B).
2. MCC issued allotment letter.
3. Admit Card issued by NBE.
4. Result/ Rank Letter issued by NBE.
5. Mark Sheets of MBBS/ BDS (all year examinations.)
6. MBBS/ BDS Degree Certificate/ Provisional Certificate.
7. Internship Completion Certificate/ Certificate from the Head of Institution or College that the candidate shall complete the Internship by the 31st of March, of the year of admission.
8. Permanent/ Provisional Registration Certificate issued by KMC or DCI/State Dental Council. Provisional Registration Certificate is acceptable only in cases where the candidate is undergoing Internship and likely to complete the same on or before the 31st of March of the year of admission.
9. High School/ Higher Secondary Certificate/ Birth Certificate as proof of date of birth.
10. ID Proof: Any one of PAN Card, Driving License, Voter ID, Passport or Aadhar Card.
11. OBC certificate issued by the competent authority (If applicable). All online admissions are Provisional and are confirmed on verification of documents at the time of joining the course.
12. Passport size photo.
13. Passport copy of parent and student (For NRI Seats only)
14. Passport copy of sponsor (For Sponsored NRI Seats only)
15. Sponsorship Affidavit (stating that sponsor is ready to bear the expenses for the whole duration of the study) - (For Sponsored NRI Seats only)
16. Relationship certificate of NRI with the candidate - (For Sponsored NRI Seats only)
17. Embassy certificate of the sponsor - (For Sponsored NRI Seats only)
18. Attempt certificate.
19. Migration certificate.
20. Transfer/Conduct certificate.
21. Undertaking on fee payment for Management/Muslim Minority/NRI seats on a Rs 200/- stamp paper duly signed by Notary

(Two sets of photocopies of all above documents)

Annexure B**Fee Structure**

| DENTAL | FEE | |
|---|---|---|
| | Management/ Muslim Minority Category (Per year) (INR) | NRI (INR/ per year) Fees to be paid in equivalent USD |
| ORAL PATHOLOGY | Rs 1,50,000 | |
| CONSERVATIVE DENTISTRY | Rs 11,00,000 | Rs 12,00,000 |
| ORTHODONTICS | Rs 11,00,000 | Rs 12,00,000 |
| PERIODONTICS | Rs 8,00,000 | Rs 8,00,000 |
| PROSTHODONTICS | Rs 8,00,000 | Rs 8,00,000 |
| ORAL SURGERY | Rs 8,00,000 | Rs 8,00,000 |
| PAEDODONTICS | Rs 8,00,000 | Rs 8,00,000 |
| ORAL MEDICINE & RADIOLOGY | Rs 3,00,000 | |
| PUBLIC HEALTH DENTISTRY | Rs 2,00,000 | |
| Hostel Fees Rs.2,01,000/- for the 1st year may be paid at the time of joining. | | |
| NRI Fee to be paid in US Dollars only | | |
| STIPEND is Rs 8,000/- per month (1st year), Rs 8,500/- per month (2nd year) & Rs 9,000/- per month (3rd year) | | |

| MEDICAL | FEE | |
|---|---|---|
| | Management/Muslim Minority Category (Per year in INR) | NRI (INR/ per year) Fees to be paid in equivalent USD |
| MD-ANATOMY | Rs 10,000 | |
| MD-PHYSIOLOGY | Rs 10,000 | |
| MD-BIOCHEMISTRY | Rs 10,000 | |
| MD-MICROBIOLOGY | Rs 10,000 | |
| MD- PHARMACOLOGY | Rs 10,000 | |
| MD-FORENSIC MEDICINE | Rs 10,000 | |
| MD-COMMUNITY MEDICINE | Rs 3,00,000 | |
| HOSTEL FEE FOR NON CLINICAL COURSES | Rs 2,01,000 (1 st Year) 5% annual increase | |
| MD-PATHOLOGY | Rs 12,10,000 | |
| MD- ANAESTHESIOLOGY | Rs 27,10,000 | |
| MD-PSYCHIATRY | Rs 27,10,000 | |
| MD-PAEDIATRICS | Rs 28,60,000 | Rs 62,10,000 |
| MD-GENERAL MEDICINE | Rs 28,60,000 | Rs 62,10,000 |
| MS-ENT | Rs 28,60,000 | |
| MS- OPHTHALMOLOGY | Rs 28,60,000 | |

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|--|--------------|--------------|
| MS-GENERAL SURGERY | Rs 28,60,000 | Rs 52,10,000 |
| MS-OBG | Rs 28,60,000 | Rs 62,10,000 |
| MS-ORTHOPAEDICS | Rs 28,60,000 | Rs 62,10,000 |
| MD-PULMONARY MEDICINE (TB) | | Rs 62,10,000 |
| MD-DERMATOLOGY | Rs 32,10,000 | Rs 69,10,000 |
| MD-RADIO DIAGNOSIS | Rs 32,10,000 | Rs 69,10,000 |
| NRI Fee should be paid in US Dollars only | | |
| STIPEND is Rs 30,000/- per month (1st year), Rs 35,000/- per month (2nd year) & Rs 40,000/- per month (3rd year) | | |

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Bank Details for NEFT Transfer

| SI No. | Name of the College | NEFT Details |
|--------|--------------------------|---|
| 01. | Yenepoya Medical College | <p>VIJAYA BANK (NOW BANK OF BARODA) Current A/c No. 113200541000001 IFSC Code: VIJB0001132 Branch Code: 1132 MICR Code: 575029012 SWIFT Code: VIJBINBBMLR</p> <p>Bank Address: Vijaya Bank (Now Bank of Baroda), Founders Branch, Light House Hill Road, Mangalore - 3</p> <p>Correspondent Bank (For NRI Transfers only) Bank Name: Wells Fargo Bank Bank Address: 375, Park Avenue, NY 4080 New York Account No: 2000191075450 Swift Code: PNBPUS3NNYC</p> |
| | Yenepoya Dental College | <p>VIJAYA BANK (NOW BANK OF BARODA) Current A/c No. 113200541000002 IFSC Code: VIJB0001132 Branch Code: 1132 MICR Code: 575029012 SWIFT Code: VIJBINBBMLR</p> <p>Bank Address: Vijaya Bank (Now Bank of Baroda), Founders Branch, Light House Hill Road, Mangalore - 3</p> <p>Correspondent Bank (For NRI Transfers only) Bank Name: Wells Fargo Bank Bank Address: 375, Park Avenue, NY 4080 New York Account No: 2000191075450 Swift Code: PNBPUS3NNY</p> |

Helpline numbers (10 AM - 5 PM on working days)

Nodal Officer: 8618321976
 Fees: 9972867255
 Admission: 8494935210
 Document Verification: 8494935203
 Accommodation and after-hours support:9448714411
 Email: pgconfirm@yenepoya.edu.in
 Web: www.yenepoya.edu.in

Annexure C

(TO BE SUBMITTED ON Rs.200/- STAMP PAPER DULY SIGNED BY NOTARY)

FOR MANAGEMENT SEATS/MUSLIM MINORITY SEATS

UNDERTAKING

I, Dr....., aged about years,
S/D/o(Name of the Parents) resident of
..... (permanent/present address of Parent) do
hereby swear on oath as follows :

I have been selected to the Post Graduate Course in the speciality ofat
Yenepoya Dental College, Mangaluru, a constituent college of Yenepoya (Deemed-to-be-
University) [under Section 3 of the UGC Act 1956] through the Common Counselling conducted by the
Directorate General of Health Services (DGHS), Government of India, New Delhi through NEET Rank
..... (All India Rank).

I say that on my own will and along with my parents/guardian took admission to the Post Graduate
Course at Yenepoya Dental College, Mangaluru as per the MCC/DGHS Allotment letter dated
.....

I say in consideration of admission to 1st year of the course, I shall complete the Post Graduate Course
and accordingly undertake to pay all the tuition and other fees as per the fee structure given below.

I Installment

II Installment

III Installment

Rs.

Rs.

Rs.

I further agree to pay the fee as per schedule above, failing which I will not be allowed to attend my
course. First and Second instalment of the fee shall be paid on or before the 1st of April every year.

In the event of my discontinuation of course due to any reason; I along with my parent/guardian hereby
undertake to pay balance tuition and other fees for the remaining years of study to the Yenepoya Dental
College, Mangaluru, i.e., Rs..... without any demur.

I understand that the course is for three years. During the course, the college is paying a stipend at
the rate of Rs.8,000/- during 1st Year, Rs.8,500/- during 2nd Year and Rs.9,000/- during 3rd year.

I agree to the above stipend to be received during the time of course, and I will not claim any additional
amount. If an additional amount is to be paid the same will be added to the Fees.

What is stated above is true and correct. I, along with my parent/guardian, do hereby undertake to
act accordingly. This, the day of 2020 at Mangaluru, Karnataka.

Signature of the Candidate

Signature of the Parent/Guardian

(TO BE SUBMITTED ON Rs.200/- STAMP PAPER DULY SIGNED BY NOTARY)

FOR NRI SEATS

UNDERTAKING

I, Dr....., aged about years,

S/D/o resident of

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I have been selected to the Post Graduate Course in the speciality ofat Yenepoya Dental College, Mangaluru, a constituent college of Yenepoya (Deemed-to-be-University) [under Section 3 of the UGC Act 1956] through the Common Counselling conducted by the Directorate General of Health Services (DGHS), Government of India, New Delhi through NEET Rank (All India Rank).

I say that on my own will and along with my parents/guardian took admission to the Post Graduate Course at Yenepoya Dental College, Mangaluru as per the MCC/DGHS Allotment letter dated

I say in consideration of admission to 1st year of the course, I shall complete the Post Graduate Course and accordingly undertake to pay all the tuition and other fees as per the fee structure given below **(to be paid equivalent to USD on the prevailing rate of exchange).**

I Installment

II Installment

III Installment

Rs.

Rs.

Rs.

I further agree to pay the fee as per schedule above, failing which I will not be allowed to attend my course. First and Second instalment of the fee shall be paid on or before the 1st of April every year.

In the event of my discontinuation of course due to any reason; I along with my parent/guardian hereby undertake to pay balance tuition and other fees for the remaining years of study to the **Yenepoya Dental College**, Mangaluru, i.e., Rs..... (Equivalent to USD on the prevailing rate of exchange) without any demur.

I understand that the course is for three years. During the course, the college is paying a stipend at the rate of Rs.8,000/- during 1st Year, Rs.8,500/- during 2nd Year and Rs.9,000/- during 3rd year.

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Signature of the Candidate

Signature of the Parent/Guardian

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FOR MANAGEMENT SEATS/MUSLIM MINORITY SEATS

UNDERTAKING

I, Dr..... aged about years,

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I say that on my own will and along with my parents/guardian took admission to the Post Graduate Course at Yenepoya Medical College, Mangaluru as per the MCC/DGHS Allotment letter dated

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I understand that the course is for three years. During the course, the college is paying a stipend at the rate of Rs.30,000/- during 1st Year, Rs.35,000/- during 2nd Year and Rs.40,000/- during 3rd year.

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Signature of the Candidate

Signature of the Parent/Guardian

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S/D/o(Name of the Parents) resident of

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