



UNIVERSITY ROAD, DERALAKATTE, MANGALORE 575 018

Phone: 0824-2204668 Fax : 0824- 2204667

Email: [pgconfirm@yenepoya.edu.in](mailto:pgconfirm@yenepoya.edu.in)

## **ADMISSION TO SUPER SPECIALITY COURSE (2023-24)**

Yenepoya (Deemed to be University) u/s 3 (A) of the UGC Act, 1956, offers Super Speciality (MEDICAL) programs at its constituent colleges, Yenepoya Medical College, Mangaluru.

As per the orders of the Ministry of Health & Family Welfare, Government of India, the counselling for Super Speciality (MEDICAL) seats in Deemed to be Universities shall be conducted by the Directorate General of Health Services (DGHS). Accordingly the Ministry has constituted a Medical Counselling Committee (MCC) for conducting centralized online counseling and allotment of seats.

Eligible candidates with NEET SS 2023 ranking, seeking admission to Super Speciality (MEDICAL) courses during 2023-24 under Management is required to register the application on [www.mcc.nic.in](http://www.mcc.nic.in) only and follow the admission procedure mentioned therein.

### **I. DOCUMENTS TO BE PRODUCED AT THE TIME OF REPORTING (ORIGINALS)**

<b>Sl.No</b>	<b>DOCUMENTS</b>
1.	MARKS CARD OF THE QUALIFYING EXAMINATION
2.	DEGREE/PROVISIONAL PASS CERTIFICATE (MD/MS/DNB)
3.	COUNCIL REGISTRATION CERTIFICATE
4.	MIGRATION CERTIFICATE
5.	TRANSFER/ CONDUCT CERTIFICATE
6.	PROOF OF DATE OF BIRTH (S.S.L.C. MARKS CARD)
7.	MCC Allotment letter / NEET Score Card / Admit Card issued by NTA
8.	CASTE & INCOME CERTIFICATE & DOMICILE CERTIFICATE
9.	ELIGIBILITY CERTIFICATE (from Yenepoya Deemed to be University)
10.	COLOUR PHOTOS (PASSPORT + STAMP SIZE) - 8 NOS.
11.	MEDICAL FITNESS CERTIFICATE
12.	COPY OF PAN CARD & AADHAR CARD
13.	TWO SETS OF COPIES OF ALL THE ABOVE CERTIFICATES
14.	Affidavit Undertaking(Rs.200/- stamp paper)

(Two sets of copies of Sl.No.1 to 06 to be produced with the originals)

**UNDERTAKING:** In the event of discontinuation of the course, the student's consent to pay the balance course fee needs to be submitted. (Format attached)

## I. **FEE STRUCTURE:**

<b>YENEPOYA MEDICAL COLLEGE</b>				
<b>Fee structure for Super Speciality D.M/M.Ch - 2023-24</b>				
	I Year	II Year	III Year	<b>TOTAL FEE</b>
<b>SPECIALITY</b>				
MCh Urology	4200000	4200000	4200000	<b>12600000</b>
MCh Surgical Oncology	2900000	2900000	2900000	<b>8700000</b>
D.M Onco Pathology	1500000	1500000	1500000	<b>4500000</b>

### **Note:**

- 1) Hostel is compulsory for all students.
- 2) Food, Laundry and accommodation (sharing) shall be provided with the above fee.
- 3) Every candidate shall pay the remaining period course fee to the college in the event he/she leaving the course before its completion.
- 4) Two post dated cheques for II and III installment of fee is to be deposited.
- 5) Stipend: I year Rs.55,000/- II year Rs.60,000/- and III year Rs.65,000/-
- 6) Fee shall be paid to the following Bank Account.

### **MODE OF PAYMENT:**

The candidates are advised to make necessary payments through Demand Draft in favour of **"YENEPOYA (Deemed to be University)"** Payable at MANGALORE or Net Banking / RTGS. The amount can be transferred to the following bank accounts and proof of remittance produced along with the documents.

#### **YENEPOYA (Deemed to be UNIVERSITY)**

**Virtual A/C No : 9 9 9 1 0 0 6 0 0 0 0 0 2 3**

**H Fee Hive - Virtual Account**

**BANK OF BARODA, FOUNDERS BRANCH**

**BRANCH CODE : V J F O U N**

**IFSC CODE : B A R B O C M S C O H - ( 5 th Letter is " Zero")**

**MICR CODE . 575012029**

**LIGHT HOUSE HILL ROAD**

**MANGALURU -3, KARNATAKA Phone Number 0824-2429573**

### **Contact Details:**

For further clarification –

- Document verifications contact #8494935203
- For payment clarification contact #9945449246
- E-mail ID: [pgconfirm@yenepoya.edu.in](mailto:pgconfirm@yenepoya.edu.in)

**(To be submitted on a Stamp paper of Rs.200/- duly signed by Notary)**

**UNDERTAKING**

I, Dr..... (Name of the Candidate), 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 Super Speciality D.M/M.Ch..... Course at Yenepoya Medical College, Mangaluru, 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-SS Rank ..... (All India Rank).

I say that on my own will and along with my parents/guardian took admission to the Super Speciality Course D.M/M.Ch ..... at Yenepoya Medical College, Mangaluru as per the MCC/DGHS Allotment letter dated .....

I say in consideration of admission to Super Speciality Course D.M/M.Ch ....., I shall complete the course and accordingly undertake to pay all the tuition and other fees as per the fee structure given below.

**I Installment**  
**(at the time of admission)**  
Rs.

**II Installment**  
**(01.10.2024)**  
Rs.

**III Installment**  
**(01.10.2025)**  
Rs.

I further agree to pay the fee as per schedule above failing which I will not be allowed to attend my course. Second and third year fees shall be paid on or before 1<sup>st</sup> of October every year. I agree to deposit 2 post dated cheques towards II & III year fees as security.

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 Yenepoya Medical College Mangaluru i.e. Rs. .... without any demur.

I understand that the course is of three years. During the course, the College is paying a stipend at the rate of Rs.55,000/- during 1<sup>st</sup> Year, Rs.60,000/- during 2<sup>nd</sup> Year and Rs.65,000/- during 3<sup>rd</sup> Year.

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

What is stated above is true and correct. I along with my parent/guardian do hereby undertake to act accordingly. This, the ..... day of ..... 2023 at Mangaluru, Karnataka.

**Signature of the Candidate**

**Signature of the Parent/Guardian**