



UNIVERSITY ROAD, DERALAKATTE, MANGALORE 575 018
Phone: 0824-2204676 Fax : 0824- 2204667
Email: ugconfirm@yenepoya.edu.in

ADMISSION TO MBBS/ BDS (2023-24)

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

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

Eligible candidates with NEET UG 2023 ranking, seeking admission to MBBS/ BDS courses during 2023-24 under Management, Muslim Minority or NRI categories are required to register on www.mcc.nic.in and follow the admission procedure mentioned therein.

1. DOCUMENTS: Candidates are required to be in possession of the following original documents along with attested copies.

DOCUMENTS TO BE PRODUCED AT THE TIME OF ADMISSION (ORIGINALS)

| Sl. No. | GENERAL CATEGORY / MUSLIM MINORITY CATEGORY |
|----------------|--|
| 1 | Admit card issued by National Testing agency |
| 2 | Score card issued by National Testing agency |
| 3 | Online allotment letter of MCC |
| 4 | 10 th Standard Marks Card |
| 5 | 12 th Standard Marks Card |
| 6 | Transfer Certificate |
| 7 | Conduct Certificate |
| 8 | Migration Certificate |
| 9 | Caste and Income Certificate (wherever applicable) |
| 10 | Domicile Certificate |
| 11 | Physical fitness certificate |
| 12 | 4 Passport size and 4 stamp size photos |
| 13 | Copy of Aadhar Card |
| 14 | MBBS - 4 post dated cheques for remaining years fee to be given in favor of Yenepoya (Deemed to be University) |
| 15 | BDS - 3 post dated cheques for remaining years fee to be given in favor of Yenepoya (Deemed to be University) |
| 16 | UNDERTAKING(as per format furnished) to be on a stamp paper of Rs.200/- and to be notarized |
| 17 | 3 sets of Attested copies of Sl.No.4 to 8 are to be produced with the originals |

| Sl. No. | NRI CATEGORY |
|----------------|---|
| 1 | Admit card issued by National Testing agency |
| 2 | Score card issued by National Testing agency |
| 3 | Online allotment letter of MCC |
| 4 | 10 th Standard Marks Card |
| 5 | 12 th Standard Marks Card |
| 6 | Transfer Certificate |
| 7 | Conduct Certificate |
| 8 | Migration Certificate |
| 9 | Caste and Income Certificate (wherever applicable) |
| 10 | Domicile Certificate |
| 11 | Physical fitness certificate |
| 12 | 4 Passport size and 4 stamp size photos |
| 13 | Copy of Aadhar Card |
| 14 | MBBS - 4 post dated cheques for remaining years fee to be given in favor of Yenepoya (Deemed to be University) |
| 15 | BDS - 3 post dated cheques for remaining years fee to be given in favor of Yenepoya (Deemed to be University) |
| 16 | Copy of Passport & Visa of the parent and student |
| 17 | Copy of the Passport & Visa of sponsor (For NRI Sponsor candidate) |
| 18 | Sponsorship Affidavit (stating that sponsor is ready to bear the expenses for the whole duration of study) - For NRI Sponsor candidate |
| 19 | Relationship certificate (Relation of candidate with the sponsor) - For NRI Sponsor candidate |
| 20 | Embassy certificate of the sponsor - For NRI Sponsor candidate |
| 21 | Family Tree notarized by Tehsildar |
| 22 | UNDERTAKING(as per format furnished) to be on a stamp paper of Rs.200/- and to be notarized |
| 23 | 3 sets of Attested copies of Sl.No.4 to 8 are 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)**

2. FEE: The candidates allotted seats at Yenepoya Medical College & Yenepoya Dental College are advised to make necessary payments (Tuition fee, Hostel fee etc.) through Demand Draft/ Net Banking or RTGS to the below mentioned bank account:

Note: DD in favour of **YENEPOYA (DEEMED TO BE UNIVERSITY)**

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| <p><u>FOR MBBS:</u></p> <p>YENEPOYA (Deemed to be UNIVERSITY) Virtual A/C No : 9 9 9 1 0 0 6 0 0 0 0 0 6 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 0 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</p> | <p><u>FOR BDS:</u></p> <p>YENEPOYA (Deemed to be UNIVERSITY) Virtual A/C No : 9 9 9 1 0 0 7 0 0 0 0 0 6 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 0 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</p> |
| <p><u>FOR MBBS (NRI) payment in USD</u></p> <p>YENEPOYA (Deemed to be UNIVERSITY) ODA/C 73860400 000336 BANK OF BARODA , FOUNDERS BRANCH BRANCH CODE : V J F O U N SWIFT CODE : B A R B I N B B O U N IFSC CODE : B A R B 0 V J F O U N - (5 th Letter is " Zero") MICR CODE . 575012029 LIGHT HOUSE HILL ROAD MANGALURU -3, KARNATAKA Phone Number 0824-2429573</p> | <p><u>FOR BDS (NRI) payment in USD</u></p> <p>YENEPOYA (Deemed to be UNIVERSITY) ODA/C 73860400 000336 BANK OF BARODA , FOUNDERS BRANCH BRANCH CODE : V J F O U N SWIFT CODE : B A R B I N B B O U N IFSC CODE : B A R B 0 V J F O U N - (5 th Letter is " Zero") MICR CODE . 575012029 LIGHT HOUSE HILL ROAD MANGALURU -3, KARNATAKA Phone Number 0824-2429573</p> |

Contact Details:

For further clarification –

- Document verifications contact #8494935203(MBBS)
- Document verifications contact #6364328464(BDS)
- Payment related queries contact #9945449246
- E-mail ID: ugconfirm@yenepoya.edu.in

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| YENEPOYA MEDICAL COLLEGE | |
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| MBBS FEE STRUCTURE 2023-24 | |
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| | I Installment | II Installment | III Installment | IV Installment | V Installment | TOTAL IN RUPEES |
|------------------|-----------------------------|-------------------|--------------------|-------------------|------------------|--------------------|
| Date of payment | At the time of Admission | 01.08.2024 | 01.08.2025 | 01.08.2026 | 01.08.2027 | |
| Amount in Rupees | | | | | | |
| | | | | | | |
| Course Fee | 2200000 | 2200000 | 2200000 | 2200000 | 1200000 | 10000000 |
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Note:

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| 1) The Duration of the course is 4 and 1/2 years, plus one year internship. |
| 2) Food, Laundry and accommodation (sharing) shall be provided with the above fee. |
| 3) Hostel is compulsory for all students. Air conditioning Charges for the hostel are extra and will be based on actuals. |
| 4) Four post-dated cheques for the remaining years' fees should be given in favor of Yenepoya (Deemed to be University) |
| 5) Every candidate shall pay the remaining course fee in the event he/she leaving the course before its completion. |
| 6) The Fee should be paid on or before 1st of August every year by demand draft in favour of YENEPOYA(Deemed to be University) payable at Mangalore. |

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| YENENOYA MEDICAL COLLEGE |
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| MBBS FEE STRUCTURE 2023-24 (NRI) | |
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| | I Installment | II Installment | III Installment | IV Installment | V Installment | Total |
|-----------------|-----------------------------|-------------------|--------------------|-------------------|------------------|--------|
| Date of payment | At the time of Admission | 01.08.2024 | 01.08.2025 | 01.08.2026 | 01.08.2027 | |
| | Amount in US Dollars | | | | | |
| | | | | | | |
| Course Fee | 41000 | 41000 | 41000 | 41000 | 20500 | 184500 |
| (in USD) | | | | | | |
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1) The Duration of the course is 4 and 1/2 years, plus one year internship.

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| 2) Food, Laundry and accommodation (sharing) shall be provided with the above fee. |
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| 3) Hostel accommodation is compulsory for all students. Air conditioning Charges for the hostel are extra and will be based on actuals. |
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| 4) Four post dated cheques for remaining years fee to be given in favor of Yenepoya (Deemed to be University) |
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5) Every candidate shall pay the remaining course fee in the event he/she leaving the course before its completion.

6) The Fee should be paid on or before 1st of August every year.

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| 7) NRI Students shall pay the fee in USD only |
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| YENENOYA DENTAL COLLEGE | |
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| BDS (General & NRI) - FEE STRUCTURE 2023-24 | |
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| | I Installment | II Installment | III Installment | IV Installment | Internship | TOTAL IN RUPEES |
|-----------------|-----------------------------|-------------------|--------------------|-------------------|------------|--------------------|
| Date of payment | At the time of Admission | 01.08.2024 | 01.08.2025 | 01.08.2026 | | |
| | Amount in Rupees | | | | | |
| Tuition Fee | 500000 | 500000 | 500000 | 500000 | 0 | 2000000 |
| | | | | | | |
| Hostel Charges | 110000 | 116000 | 121000 | 128000 | 133000 | 608000 |
| | | | | | | |
| Total | 610000 | 616000 | 621000 | 628000 | 133000 | 2608000 |

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| Note: |
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| 1) Duration of the course is 4 years plus one year internship. |
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| 2) Hostel is Compulsory for all students. |
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| 3) Three post dated cheques for remaining years fee to be given in favor of Yenepoya (Deemed to be University) |
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| 4) Every candidate shall pay the remaining course fee in the event he/she leaving the course before its completion. |
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- 5) Fee should be paid on or before 1st of August every year by demand draft in favour of YENEPLOYA (Deemed to be University) payable at Mangalore.

- 6) NRI Students shall pay the fee in **USD only equivalent to Indian Rupees.**

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

FOR MBBS MANAGEMENT SEATS/MUSLIM MINORITY SEATS

UNDERTAKING

I, Mr/Ms (Name of the Candidate), aged about.....years,
S/D/o(Name of the Parent) resident
of.....(permanent/present address of Parent) do hereby swear an oath as follows:

I have been selected to the MBBS 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 Rank.....(All India Rank).

I say that on my own will and with the permission of my parents/guardian took admission to the MBBS course at Yenepoya Medical College, Mangaluru as per the MCC/DGHS Allotment Order dated

I hereby agree to complete the MBBS course and accordingly undertake to pay all the tuition and other fees as per the given fee structure.

| | | |
|---|----------------|-----------------|
| I YEAR | II YEAR | III YEAR |
| Date of payment: (at the time of admission) | (01.08.2024) | (01.08.2025) |
| Rs. | Rs. | Rs. |
| IV YEAR | V YEAR | |
| Date of payment: (01.08.2026) | (01.08.2027) | |
| Rs. | Rs. | |

I further agree that, if I fail to pay the above mentioned fee, I will not be allowed to attend my course. I agree to deposit 4 post dated cheques towards II, III, IV & V year fees as security.

In the event of my discontinuation from MBBS 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 shall have no claim for refund of fee or other charges already paid or whatsoever against the Yenepoya (Deemed to be University).

I understand that the College is paying a stipend at the rate of Rs.12,000/- during Internship period.

I agree to the above stipend to be received during the time of internship 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.

The content mentioned above is true and correct to my knowledge. I hereby, along with my parent/guardian undertake to act accordingly. This, the day of 2023 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 MBBS NRI SEATS
UNDERTAKING

I, Mr/Ms (Name of the Candidate), aged about years,
S/D/o(Name of the Parent) resident of
(permanent/present address of Parent) do hereby swear an oath as follows:

I have been selected to the MBBS 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 Rank.....(All India Rank).

I say that on my own will and with the permission of my parents/guardian took admission to the MBBS course at Yenepoya Medical College, Mangaluru as per the MCC/DGHS Allotment Order dated

I hereby agree to complete the MBBS course, and accordingly undertake to pay all the tuition and other fees as per the given fee structure.

| | | |
|---|----------------|-----------------|
| I YEAR | II YEAR | III YEAR |
| Date of payment: (at the time of admission) | (01.08.2024) | (01.08.2025) |
| USD | USD | USD |
| IV YEAR | V YEAR | |
| Date of payment: (01.08.2026) | (01.08.2027) | |
| USD | USD | |

I further agree that, if I fail to pay the above mentioned fee, I will not be allowed to attend my course. I agree to deposit 4 post dated cheques towards II, III, IV & V year fees as security.

In the event of my discontinuation from MBBS 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., a sum of USD without any demur.

I shall have no claim for refund of fee or other charges already paid or whatsoever against the Yenepoya (Deemed to be University).

I understand that the College is paying a stipend at the rate of Rs.12,000/- during Internship period.

I agree to the above stipend to be received during the time of internship 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.

The content mentioned above is true and correct to my knowledge. I hereby, along with my parent/guardian undertake to act accordingly. This, the day of 2023 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 BDS MANAGEMENT SEATS/MUSLIM MINORITY SEATS

UNDERTAKING

I, Mr/Ms (Name of the Candidate), aged about.....years,
S/D/o(Name of the Parent) resident of.....
(permanent/present address of Parent) do hereby swear an oath as follows :

I have been selected to the BDS course at Yenepoya Dental 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 Rank(All India Rank).

I say that on my own will and with the permission of my parents/guardian took admission to the BDS course at Yenepoya Dental College, Mangaluru as per the MCC/DGHS Allotment Order dated

I hereby agree to complete the BDS course and accordingly undertake to pay all the tuition and other fees as per the given fee structure.

| I YEAR | II YEAR | III YEAR | IV YEAR |
|---|----------------|-----------------|----------------|
| Date of payment: (at the time of admission) | (01.08.2024) | (01.08.2025) | (01.08.2026) |
| Rs. | Rs. | Rs. | Rs. |

I further agree that, if I fail to pay the above mentioned fee, I will not be allowed to attend my course. I agree to deposit 3 post dated cheques towards II, III, & IV year fees as security.

In the event of my discontinuation from BDS 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 Dental College, Mangaluru i.e., Rs without any demur.

I shall have no claim for refund of fee or other charges already paid or whatsoever against the Yenepoya (Deemed to be University).

I understand that the College is paying a stipend at the rate of Rs.5,500/- during Internship period.

I agree to the above stipend to be received during the time of internship 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.

The content mentioned above is true and correct to my knowledge. I hereby, along with my parent/guardian undertake to act accordingly. This, the day of 2023 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 BDS NRI SEATS

UNDERTAKING

I, Mr/Ms (Name of the Candidate), aged about.....years,
S/D/o.....(Name of the Parent) resident
of.....(permanent/present address of Parent) do hereby swear an oath as follows :

I have been selected to the BDS course at Yenepoya Dental 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 Rank.....(All India Rank).

I say that on my own will and with the permission of my parents/guardian took admission to the BDS course at Yenepoya Dental College, Mangaluru as per the MCC/DGHS Allotment Order dated

I hereby agree to complete the BDS course and accordingly undertake to pay all the tuition and other fees as per the given fee structure.

| I YEAR | II YEAR | III YEAR | IV YEAR |
|---|----------------|-----------------|----------------|
| Date of payment: (at the time of admission) | (01.08.2024) | (01.08.2025) | (01.08.2026) |
| USD. | USD. | USD. | USD. |

I further agree that, if I fail to pay the above mentioned fee, I will not be allowed to attend my course. I agree to deposit 3 post dated cheques towards II, III, & IV year fees as security.

In the event of my discontinuation from BDS 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 Dental College, Mangaluru i.e., a sum of USD without any demur.

I shall have no claim for refund of fee or other charges already paid or whatsoever against the Yenepoya (Deemed to be University).

I understand that the College is paying a stipend at the rate of Rs.5,500/- during Internship period.

I agree to the above stipend to be received during the time of internship 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.

The content mentioned above is true and correct to my knowledge. I hereby, along with my parent/guardian undertake to act accordingly. This, the day of 2023 at Mangaluru, Karnataka.

Signature of the Candidate

Signature of the Parent/Guardian