



UNIVERSITY ROAD, DERALAKATTE, MANGALORE 575 018 Phone: 0824-2204676 Fax: 0824-2204667

Email: ugconfirm@yenepoya.edu.in

#### ADMISSION TO MBBS/BDS (2025-26)

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 2025 ranking, seeking admission to MBBS/ BDS courses during 2025-26 under Management, Muslim Minority or NRI categories are required to register on <a href="https://www.mcc.nic.in">www.mcc.nic.in</a> and follow the admission procedure mentioned therein.

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

SI. 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 <sup>th</sup> Standard Marks Card
5	12 <sup>th</sup> 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	UNDERTAKING( as per format furnished) to be on a stamp paper of Rs.200/- and to be notarized
15	3 sets of Attested copies of Sl.No.4 to 8 are to be produced with the originals

SI. 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 <sup>th</sup> Standard Marks Card
5	12 <sup>th</sup> 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	Copy of Passport & Visa of the parent and student
15	Copy of the Passport & Visa of sponsor (For NRI Sponsor candidate)
16	Sponsorship Affidavit (stating that sponsor is ready to bear the expenses for the whole duration of study) - <b>For NRI Sponsor candidate</b>
17	Relationship certificate (Relation of candidate with the sponsor) - For NRI Sponsor candidate
18	Embassy certificate of the sponsor - For NRI Sponsor candidate
19	Family Tree notarized by Tehsildar
20	UNDERTAKING( as per format furnished) to be on a stamp paper of Rs.200/- and to be notarized
21	3 sets of Attested copies of SI.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)** 

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

#### **FOR MBBS:**

Account Name: YENEPOYA DEEMED TO BE

UNIVERSITY

Account Number: YMC625U<All India Rank>

IFSC Code: HDFC0004012

Branch: DERALKATTE MANGALORE -

MANGALORE, KARNATAKA

Please note that the account number is

a virtual account number that is generated by joining

your **All India Rank** to the prefix YMC625U.For example, if your **All India Rank** is 1234567, then your

account number will be YMC625U1234567.

NRI

Account Name: YENEPOYA DEEMED TO BE

UNIVERSITY

**Account Number**: 50200090985117

(Type of Account: Current Account - EEFC -

USD)

IFSC Code: HDFC0001269
Branch: MG ROAD, MANGALORE

BRANCH Code: 001269 MICR Code: 575240003 SWIFT Code: HDFCINBB

Please Note: Only Amount in USD is accepted to

this account

#### **FOR BDS:**

Account Name: YENEPOYA DEEMED TO BE

UNIVERSITY

Account Number: YDC725U<All India Rank>

IFSC Code: HDFC0004012

Branch: DERALKATTE MANGALORE -

MANGALORE, KARNATAKA

Please note that the account number is

a virtual account number that is generated by joiningyour **All India Rank** to the prefix YDC725U. For example, if your **All India Rank** is 1234567, then your account

number will be YDC725U1234567.

NRI

Account Name: YENEPOYA DEEMED TO BE

UNIVERSITY

**Account Number**: 50200090985117

(Type of Account: Current Account - EEFC -

USD)

IFSC Code: HDFC0001269 Branch: MGROAD, MANGALOREBRANCH

**Code:** 001269

MICR Code: 575240003 SWIFT Code: HDFCINBB

Please Note: Only Amount in USD is accepted to his

account

#### MBBS / BDS COURSE REFUND RULES

	MGT / Muslim Minority Category	NRI Category
	(In Rs.)	USD (\$)
The amount of Fee to be deducted on re-allocation of seat to the candidatesin 2 <sup>nd</sup> round of UG Counseling	10000	10000 (INR)
The Amount of Fees to be deducted in case Candidate resigns after 2 <sup>nd</sup> roundof Counseling period	10000 *	10000 (INR)*
Specify Penalty, if any, in case candidate resigns after final round ofCounseling	Entire Course fee	Entire Course fee
Time Period of reimbursement	30 day	'S **

<sup>\*</sup> In addition you are also liable to pay penalty (entire course fee) if DGHS does not permit us to fill the vacant seat (due to your withdrawal) in the subsequent rounds.

#### **Contact Details:**

For further clarification -

- Document verifications contact #8494935203(MBBS)
- Document verifications contact #6364328464(BDS)
- Payment related queries contact # 7736388238
- E-mail ID: ugconfirm@yenepoya.edu.in

<sup>\*\*</sup>From the date fund is transferred / received fully by the University & refund procedure is completed.

MBBS FEE STRUCTURE 2025-26							
	I	II	III	IV	V		
	Installment	Installment	Installment	Installment	Installment	<b></b>	
Date of payment	At the time of Admission	01.08.2026	01.08.2027	01.08.2028	01.08.2029	TOTAL IN RUPEES	
Amount in Rupees							
Course Fee	2300000	2300000	2300000	2300000	1300000	10500000	

#### Note:

- 1) The Duration of the course is 4.5 years, plus one year internship.
- 2) Accommodation is included.
- 3) AC Charges are extra for Hostel Rooms.
- 3) Hostel is mandatory for all students.
- 4) Every candidate shall pay the remaining course fee in the event he/she discontinues the course before its completion.

#### YENEPOYA MEDICAL COLLEGE

### MBBS FEE STRUCTURE 2025-26 (NRI)

	I	II	III	IV	V	
	Installment	Installment	Installment	Installment	Installment	
	At the time of					Total
Date of	Admission	01.08.2026	01.08.2027	01.08.2028	01.08.2029	
payment						
Course Fee (USD)	64000	32500	32500	32500	32500	194000

- 1) The Duration of the course is 4.5 years, plus one year internship.
- 2) Accommodation is included.
  - 3 sharing accommodation is available at an additional fee.
- 3) Hostel is mandatory for all students.
- 4) Every candidate shall pay the remaining course fee in the event he/she discontinues the Course before its completion.
- 5) The Fee should be paid as per the schedule.

II Installment 01.08.2026	III Installment 01.08.2027	IV Installment	Internship	TOTAL IN			
Installment	Installment	Installment	Internship				
			Internship				
01.08.2026	01 09 2027	01 00 2020	Internship				
0110012020	01.00.2027	01.08.2028	Internship	RUPEES			
Amount in Rupees							
5,00,000	5,00,000	5,00,000	-	20,26,000			

#### Note:

- 1) Duration of the course is 4 years plus one year internship.
- 2) Hostel is as per annexure.
- 3) Hostel is compulsory for all students.
- 4) Every candidate shall pay the remaining course fee in the event he/she leaving the course before its completion.

YENEPOYA DENTAL COLLEGE						
BDS (NRI) - FEE STRUCTURE 2025-26						
	I Installment	II Installment	III Installment	IV Installment		TOTAL IN
Date of payment	At the time of Admission	01.08.2026	01.08.2027	01.08.2028	Internship	RUPEES
Amount in Rupees						
Tuition Fee	6,26,000	6,00,000	6,00,000	6,00,000	-	24,26,000

#### Note:

- 1) Duration of the course is 4 years plus one year internship.
- 2) Hostel is as per annexure.
- 3) Hostel is compulsory for all students.
- 4) Every candidate shall pay the remaining course fee in the event he/she leaving the course before its completion.

BDS Hostel Fees						
I YEAR II YEAR III YEAR IV YEAR						
3 SHARING	120000	126000	132300	138900		
Food & Establishment charges	60000	63000	66150	69450		
TOTAL 180000 189000 198450 208350						
Air conditioning charges are extra Rs. 1400 per head per month.						

	I YEAR	II YEAR	III YEAR	IV YEAR	
4 SHARING	90000	94500	99225	104100	
Food & Establishment charges	60000	63000	66150	69450	
TOTAL 150000 157500 165375 173550					
Air conditioning charges are extra Rs. 1000 per head per month.					

	I YEAR	II YEAR	III YEAR	IV YEAR
6 SHARING (without AC)	60000	63000	66150	69450
Food & Establishment charges	60000	63000	66150	69450
TOTAL	120000	126000	132300	138900

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

#### FOR MBBS MANAGEMENT SEATS/MUSLIM MINORITY SEATS

#### **UNDERTAKING**

S	, Mr/Ms(Name 5/D/o(permanent/present address	(Name of	the	Parent)	resident	
C	have been selected to the MBBS course at Yen ollege of Yenepoya (Deemed-to-be-University) [un Common Counselling conducted by the Directorate of India, New Delhi through NEET Rank	der Section 3 General of He	of the UGC alth Service	Act 1956]	through the	
	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					
fe	ees as per the given fee structure.					
	I YEAR	II YEAR		III	YEAR	
	Date of payment: (at the time of admission)	Date:		Date:		
Ī	Dc 220000	Rs.230000	0	Dc 22	00000	
	Rs.2300000	1131200000	•	N3.43	00000	
	IV YEAR	V YEAR		K5.23	00000	
	IV YEAR			K5.23	00000	

I further agree that, if I fail to pay the above mentioned fee, I will not be allowed to attend my course.

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.

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

### FOR MBBS NRISEATS UNDERTAKING

Ι, Ι	Mr/Ms(Nam	e of the Candidate), aged a	bout years,
S/I	D/o(Name of the Paren	t) resident of	
	ermanent/present address of Parent) do hereby	•	
ΙI	have been selected to the MBBS course at `	Yenepoya Medical Colleg	e, Mangaluru, constituent
со	llege of Yenepoya (Deemed-to-be-University)	[under Section 3 of the U	IGC Act 1956] through the
Со	mmon Counselling conducted by the Directora	te General of Health Serv	rices (DGHS), Government
	India, New Delhi through NEET Rank		
•		(	,
Ιs	ay that on my own will and with the permission	of my parents/guardian to	ok admission to the MBBS
СО	urse at Yenepoya Medical College, Mangaluru as	per the MCC/DGHS Allotm	ent Order dated
••••			
Ιh	nereby agree to complete the MBBS course, and	accordingly undertake to p	pay all the tuition and other
fee	es as per the given fee structure.		
	, -		
	I YEAR	II YEAR	III YEAR
	Date of payment: (at the time of admission)	Date:	Date :
	USD 64000	USD 32500	USD 32500
	IV YEAR	V YEAR	
	Date:	Date:	
	USD 32500	USD 32500	

I further agree that, if I fail to pay the above mentioned fee, I will not be allowed to attend my course.

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.

# (TO BE SUBMITTED ONRs.200/- STAMP PAPER DULY SIGNED BY NOTARY) FOR BDS MANAGEMENT SEATS/MUSLIM MINORITY SEATS

#### **UNDERTAKING**

I, Mr/Ms	years,					
S/D/o	o(Name of the Parent) resident of					
(permanent/present address	s of Parent) do hereby sv	vear an oath as follows:				
I have been selected to the	e BDS course at Yenepo	ya Dental College, Man	galuru, constituent college			
of Yenepoya (Deemed-to-b	e-University) [under Sec	ction 3 of the UGC Act 1	956] through the Common			
Counselling conducted by t	he Directorate General	of Health Services (DGF	HS), Government of India,			
New Delhi through NEET Ra	nk(All	India Rank).				
I say that on my own will a course at Yenepoya Dental	•	, , , , ,				
I hereby agree to complete fees as per the given fee str		cordingly undertake to pa	ay all the tuition and other			
I YEAR	II YEAR	III YEAR	IV YEAR			
Date of payment:(at the time of admission)	Date:	Date :	Date :			
Rs. 526000	Rs. 500000	Rs. 500000	Rs. 500000			
I further agree that, if I fail	to pay the above mentio	ned fee, I will not be allow	wed to attend my course.			
In the event of my disc parent/guardian hereby un- study to Yenepoya Dental C	dertake to pay balance	tuition and other fees f	or the remaining years of			
I shall have no claim for Yenepoya(Deemed to be Un		charges already paid c	or whatsoever against the			
I understand that the College	e is paying a stipend at th	ne rate of Rs.5,500/- during	g Internship period.			
I agree to the above stipe additional amount.	end to be received duri	ng the time of internship	p and I will not claim any			
The content mentioned a parent/guardian undertake Mangaluru, Karnataka.		,				

## (TO BE SUBMITTED ONRs.200/-STAMP PAPER DULY SIGNED BY NOTARY) FOR BDS NRI SEATS

#### UNDERTAKING

I, Mr/Ms	(Name	of the Candidate), a	ged about	years,
S/D/o	(Na	nme of	the Parent)	resident
of(	permanent/present addre	ss of Parent) do here	by swear an oath a	s follows :
I have been selected to th of Yenepoya (Deemed-to-l Counselling conducted by New Delhi through NEET Ra	pe-University) [under Sec the Directorate General	ction 3 of the UGC of Health Services	Act 1956] through	h the Commor
I say that on my own will a	and with the permission o	f my parents/guardia	n took admission	to the BDScour
at Yenepoya Dental College	·			
I hereby agree to complete as per the given fee structu		rdingly undertake to	pay all the tuition	and other fees
I YEAR	II YEAR	III YEAR	IV	YEAR
Date of payment: (at the time of admission)	Date:	Date :	Date :	
Rs. 626000	Rs. 600000	Rs. 600000	Rs.	600000
I further agree that, if I fa In the event of my disconti hereby undertake to pay b Dental College, Mangaluru i	nuation from BDS course balance tuition and other	due to any reason; fees for the remain	I along with my p	parent/guardian ly to Yenepoya
I shall have no claim for re (Deemed to be University).	fund of fee or other charg	ges already paid or v	vhatsoever against	the Yenepoya
I understand that the Colleg	e is paying a stipend at the	e rate of Rs.5,500/- du	uring Internship pe	eriod.
I agree to the above stipen amount.	d to be received during th	ne time of internship a	and I will not clain	n any additiona
The content mentioned a parent/guardian undertake		•	,,	•