

ANNEXURE - III

(Non-Judicial Stamped paper for ₹ . 100/-)

(FOR ALL CANDIDATES)

I, Dr..... selected for Post Graduate 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 Dr. YSR University of Health Sciences a sum of ₹ .3,00,000/- + 18% GST and refund the amount received as stipend up to 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-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. _____ admitted _____ into _____ PG _____ I am _____ Medical/Dental _____ Speciali-ty 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-maid 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 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-mail

ID:

Address:

ANNEXURE- IV A

SELF DECLARATION BY INSERVICE CANDIDATES

I, Dr. _____ Son/Daughter of _____
is in service and working as _____ under the administrative control of
_____. I have put up the following service as on
_____.

- 1) Tribal Service - Years : Months Days
- 2) Rural Service - Years : Months Days
- 3) Continuous Regular Service - Years : Months Days

I do hereby declare that I do not have any Post Graduate (Medical) Degree or Diploma / I have a post graduate (Medical) degree/Diploma in (Specify the subject). I satisfy the definition of "In service candidate" as per sub-rule (2) of Rule 3 of **G.O.Ms.No.206 HM&FW(C1) Dept., dt.11-08-2022**. My Date of Birth is _____ and I will be having a leftover service of _____ as on 30-06-2023 to be eligible for deputation as In-service candidate. If this declaration is found to be incorrect and false, I am liable for action for submitting false declaration in addition to cancellation of admission into the Post Graduate course. I certify that the above information is true and correct.

Date:

Signature of the candidate

Name (in capitals):

Mobile Number:

Address:

ANNEXURE - IV B

ELIGIBILITY SERVICE CERTIFICATE TO BE CONSIDERED FOR P.G. MEDICAL SELECTION UNDER SERVICE QUOTA AS PER G.O.Ms.No.206, dt.11-08-2022 OF GOVERNMENT OF ANDHRA PRADESH

SERVICE ELIGIBILITY CERTIFICATE

This is to certify that Dr. _____ Son/Daughter of _____ is an In-service candidate and working as _____ under the administrative control of _____. He/She is already having _____ P.G. (Medical) Degree/Diploma (Specify the specialty/If no information write Nil). He/She is eligible for selection into any P.G. (Medical) Degree or Diploma (Strike off the one not applicable) under service quota for admission into P.G. (Medical) Courses for the year 2023-24 as per orders of Govt. of AP vide G.O.Ms.No.206, HM & FW (C1) Dept., dt. 11-08-2022. His/Her date of birth is _____ and he/she is having the leftover service of _____ as on 30-06-2023.

SERVICE AS ON 30-06-2023:

Type of Service	Place of Service	Service		Total Period of Service (DD/MM/YY)
		From (DD/MM/YY)	To (DD/MM/YY)	
1) Tribal Service				
2) Rural Service				
3) Continuous Regular Service				

Date:

Signature of concerned Department HOD with Office Seal

ANNEXURE-B

BOND TO BE EXECUTED BY **ALL NON-SERVICE CANDIDATES** AS
PER G.O.Ms.No.251, HM&FW (C1) DEPARTMENT DT.02-10-2022 OF
GOVERNMENT 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 _____

_____ do
and Present Resident of _____

_____ do
herebyswear an oath as follows:

1. I am admitted in to _____
MD/MS _____ Speciality _____ under
State Quota/Competent Authority Quota seats in Government
Medical College/Private Medical College at <Name of the Medical 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 G.O.Ms.No.251, dt.02-10-2022 of
HM&FW (C1) Department of Govt. of Andhra Pradesh regarding the
Compulsory Rural/Government Service to the Post Graduate (Medical)
Degree candidates admitted into State Quota/Competent Authority
Quota seats in Government Medical Colleges/Private Medical Colleges
after completion of their course.
3. I understand that all the Non-service candidates who are admitted into PG
(Medical) Degree courses in State Quota/Competent Authority Quota
seats in Government Medical Colleges/Private Medical Colleges and
successfully completed the Post Graduate Degree course shall under go one-
year compulsory Rural/Government service in APVVP/DME,A.P Hospitals
as per the G.O.Ms.No.251, dt.02-10-2022 of Govt. of Andhra Pradesh.
4. If I fail to abide by the bond either by not joining (or) by not completing
the stipulated one year Rural/Government service period of one year
within a maximum period of 18 months after obtaining the PG (Medical)
Degree, a penalty of Rs.40,00,000/- (Rupees forty lakhs only) shall be
levied against 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 Non-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	Mobile Number	
8	E-mail ID	
9	Aadhar No	
10	State Medical Council Registration Number	
11	NEET Rank	
12	NEET Roll Number	
13	Allotment number issued by Dr.YSR UHS	
14	Name of the College to which candidate is admitted	
15	PG (Medical) Degree Speciality	

Date:

Signature of the candidate

Name:

Mobile No:

Aadhar No:

E-mail ID:

Address :

ANNEXURE – V

DECLARATION

I Son of/Daughter of
..... Residing at and admitted to in 1st
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)

TUITION FEE AFFIDAVIT SUBMITTED BY PG MEDICAL / PG DENTAL STUDENTS
ADMITTED INTO PRIVATE UN-AIDED NON-MINORITY MEDICAL & DENTAL COLLEGES
OF ANDHRA PRADESH FOR THE ACADEMIC YEAR 2023-24.
(ON Non - Judicial Stamp Paper for Rs. 100/-)

I, Dr. _____,
(Aadhar No: _____), NEET PG / NEET MDS Roll No.
_____, NEET PG / NEET MDS Rank. _____, S/o/D/o.
_____, R/o. _____ do here by
solemnly affirm and state on oath as follows.

That I have been allotted a _____ Seat in
_____ College by Dr. YSR
University of Health Sciences, Vijayawada in Counselling conducted on _____
under the Competent Authority Quota / Management Quota for the academic year
2023-24 for the duration of full course.

That I am aware of the fact that W. P. No. 32975 of 2022 were filed and the
Hon'ble High Court of A.P., gave the following direction in I. A. No. 2 of 2023 in W. P. No.
32975 of 2022, "Upon hearing both the counsel, this Court deems it appropriate to
enhance the existing fee for the academic year 2022-2023 at the rate of 15% for the
present year 2023-2024 for MBBS-PG and Super Speciality Courses, in the interest of
justice, keeping in view of the inflation and other factors.

Therefore, the State Government is directed to go ahead with the Counselling
notification in respect of MBBS PG and Super Speciality Courses medical admissions.

The Respondents are further directed to notify the enhanced fee for the present
academic year 2023-2024 at the rate of 15% as a tentative fee till the fixation of final fee
as per the procedure under the provisions Act 20 of 2019 and Rules made there under,
which is pending before the APHERMC".

As per the above Orders, the Government of Andhra Pradesh issued G. O. Ms.
No. 123, HM&FW (C1) Dept., Dt. 10/08/2023 notified the fee structure for the academic
year 2023-2024 by enhancing the rate of 15% on the existing fee of the academic year
2022-2023 which was notified in the G. O. Ms. No. 56, HM&FW C1) Dept., Dt.
29/05/2020 to the PG Medical and Dental Courses pending fixation of the final fee. The
G.O. further stated that the fee structure notified is subject to outcome of the W. P.
No's. 32975-33162 and 35090 of 2022.

I am herewith paying the tuition fee as per the above orders of the Government
of Andhra Pradesh (G. O. Ms. No. 123, HM&FW (C1) Dept., Dt. 10/08/2023), I further
undertake, without prejudice to my rights, I agree to pay the tuition fee payable
pursuant to the decision of the Hon'ble High Court in above batch of Writ Petitions or
by the Hon'ble Supreme Court of India or Order of the Government or any other
authority concerned.

I further declare that: I am fully conversant with the rules and regulations of

_____ in the matter of recovery of pending tuition fee and other fee from its students and the Management and Administration of the Institution may take any such legal action deemed fit to recover the dues from us.

This Affidavit cum Indemnity Bond is executed by me as a pre-condition to seek admission to _____ Course in _____ College for the year 2023-24.

Solemnly sworn and
Signed before me on this the
_____ day of _____ 2023

DEPONENT

//NOTARY//