M.A (3)

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Annexure-I

DECLARATION OF BLOOD RELATIVE FOR NRI CATEGORY

(This declaration is to be given by a Student/ Parent/Blood Relative (family member) who is seeking admission under NRI category (Management quota of NRI) of Dr. NTR University of Health Sciences, A.P., Vijayawada.)

I, Mr/Ms. _____, NEET PG 2026 Roll No _____ NEET PG 2026 Rank _____, Son/daughter of Mr./Ms. _____ seeking admission into PG MD/MS course in NRI category seats for the academic year 2026-27 into Medical Colleges situated in Andhra Pradesh Private Non- Minority and Minority Medical Colleges do hereby declare and state as under:

I declare that I am **Son/ Daughter/ Niece/ Nephew/ Brother/ Sister** of Mr/Ms. _____, S/o. _____, R/o. _____ (here incorporate the complete address of NRI to whom the candidate is related).

I declare that the said family member NRI is paying my fee for my PG MD/MS course and I further declare that the above facts stated are true and correct and I am liable for any action in the event of concealment of facts.

Hence, this declaration.

(Signature of the Candidate)

I, _____, S/o. _____ here declare and confirm that the above candidate viz., Mr/Ms _____ is related to me as_____(mention relationship) (**Son/Daughter/Niece/Nephew/Brother/Sister**) and I hereby irrevocably agree and undertake to provide finance support to him/her by payment of entire fees and other expenses for pursuing PG MD/MS course under NRI Category in the Medical Colleges affiliated to Dr NTRUHS.

Date:

(Signature of the NRI)
(Blood Relative)

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Annexure-II
NOTARISED AFFIDAVIT

DR. N.T.R. UNIVERSITY OF HEALTH SCIENCES, A.P., VIJAYAWADA – 520 008

ADMISSIONS INTO PG MD/MS COURSES UNDER MANAGEMENT QUOTA, 2026-27

NOTARISED AFFIDAVIT OF PARENTAL/SPOUSE INCOME AND SOURCE OF FUNDS FOR ADMISSION UNDER N.R.I. LAPSED SEAT CATEGORY

I, **[Full Name of the Parent/Spouse]**, S/o /D/o /H/o /W/o [_____], aged **[Age]** years, residing at **[Full Residential Address]**, do hereby solemnly affirm and declare as under:

1. That I am a citizen of India and the parent/guardian/spouse of **[Student's Name]**, who has qualified NEET-PG **[2026]** with NEET Roll No. **[NEET Roll Number]** and is seeking admission to the PG (Medical) course under the NRI Lapsed Category for the academic year 2026-27 through online counselling conducted by Dr. NTR University of Health Sciences, A.P., Vijayawada.
2. Tham I am fully aware of the Prospectus / Regulations for admissions into PG MD/MS Course under Management Quota, 2026-27 and also Fee Structure notified in the Prospectus in respect of N.R.I. Lapsed Category of the respective Medical College notified by Dr. NTRUHS, Vijayawada.
3. That the total annual income of my family from all sources for the financial year **[2025–2026]** is Rs. **[Amount in Figures]** (Rupees **[In Words]** only**).**
4. That the specific sources of income/funds for our family and for financing the aforementioned Medical education are as follows:

    a. **Primary Occupation / Business / Profession:**
    [e.g., Proprietor of XYZ firm / Agriculture / Salaried Employee at ABC]

    b. **Annual Income from Business/Salary:** Rs. [Amount]

    c. **Annual Income from Agricultural / Other Sources (if any):** Rs. [Amount]

    d. **Details of Liquid Assets/Bank Support used for funding:**
    [e.g., Personal savings, family business revenue, or sanctioned educational loan details from Bank Name, if applicable]
5. That I possess the financial capacity to pay the prescribed annual tuition fee and other requisite fees for the entire duration of the PG MD/MS course (**3 years**) at the college concerned without any default.
6. That I certify that the information regarding income and sources provided above is true and correct to the best of my knowledge and belief. No material information has been concealed.
7. That if any information, statement, or document furnished by me is proved to be false, incorrect, or misleading at any stage, the admission of my ward is liable to be cancelled, and I shall be liable for legal and penal action as per the law.

Date:

Place:

(Signature of the Parent / Guardian/Spouse)

Name: (Full Name)_____

Aadhar Number:_____

Contact Number_____

Notarised by:

Annexure - IV

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

(For all candidates)

I, Dr..... selected for Post Graduate Medical Degree/Diploma for the year 2026-27 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 the Dr. NTR University of Health Sciences a sum of ₹.3,00,000/- and refund the amount received as stipend up to that date to Government and I will be barred from applying for Post Graduate (Medical) Degree/Diploma course in Andhra Pradesh for three years of NEET PG Counselling from the date of this order.

DATE: Signature of the Candidate:

Witness:

1. Signature:
   Name and address in full

2. Signature:
   Name and address in full

(N0n-Judicial paper for Rs.100/-)

(STUDY BOND For All Candidates - P.G. Degree , Para – Clinical Courses – C.Q/M.Q)

I, Dr. _____ Selected for MD /MS _____ Post Graduate Degree course for the year 2026-27 and admitted in Dr.PSIMS & RF, China Avutapalli under C.Q/ M.Q do hereby undertake to complete the said course as per the requirements of the University. In the event of my discontinuation the studies after joining the course or without completeing the stipulated period of the above said course, I undertake to pay to the Principal, Dr.PSIMS & RF, China Avutapalli a sum of Rs. _____ _____Per annum for the remaining period of the course from the date of discontinuation.

Date : Signature of the Candidate

Witness :

1.Signature :

Name& Address in full

2.Signature :

Name& Address in full

MQ.

Senior Resident Bond

This Deed of Bond is executed on _____day of Nov/Dec -2025 at _____ by Dr.----------S/o, D/o, W/o----------
Residing at (Permanent address)----------
Mobile No----------Email Id----------
Aadhar No----------.

To in favour of Dr. Pinnamaneni Siddhartha Institute of Medical Sciences & Research Foundation, Chinna Avutapalli.

WHEREAS the party of the FIRST PART has taken admission in to Post Graduate Medical Course in the Speciality of ---------- under Management quota i.e. S1, S2 and S3 category at Dr.Pinnamaneni SIMS & RF, Chinoutapalli Medical College in Andhra Pradesh.

WHEREAS as per GO.MS.No.57 HM & FW (C1) Dept, dated 28/04/2023 in **Para 17 of II**, and as per GO.MS.No.74 HM & FW (C1) Dept, dated 06/06/2023 of point No. 13 the party of first part shall serve as a Senior Resident in the above college, for a period of one year after successful completion of the P.G course.

AND WHEREAS to ensure the service of the first party as senior resident in the above college for a period of one year, the first party is hereby agreed to execute this notarised indemnity bond.

AND WHEREAS the first party hereby agreed to serve as senior resident in the above college for a period of one year after successfulcompletion of the Post Graduate course, otherwise first party is liable to pay damages to the college as quantified by them.

Signed and Dated at ----------

Signature of the Candidate ----------

//NOTARY//