

GOVERNMENT MEDICAL COLLEGE, NANDYAL

[NRI QUOTA \(C- Category\)](#)

FEE PAYMENT DETAILS FOR ADMISSIONS IN TO MBBS

Tuition Fee	Rs. 20,00,000	DD IN FAVOUR OF: <u>MD APMERCL NANDYAL CATEGORY 'C'</u> Payable at Vijayawada <u>HDFC BANK</u> <u>ACCOUNT NO: 50100651947318</u> <u>IFSC CODE: HDFC0004259</u> <u>Branch: Currency Nagar, Vijayawada.</u>	YEARLY
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NOTE: Only DD mode of payment is accepted



NRI QUOTA (C- category)

CHECK LIST OF DOCUMENTS REQUIRED FOR MBBS ADMISSION

S.No.	Name of the Document
1.	NEET Admit card
2.	NEET Score Card
3.	Allotment order
4.	SSC certificate original
5.	Intermediate Certificate original
6.	Transfer Certificate (Intermediate)
7.	Study certificates (6 th class to Intermediate)
8.	Caste certificate (If qualified under category)
9.	Aadhar Xerox
10.	Final Application & Verification letter of Dr. NTRUHS
11.	Challan No: Dt.
12.	All Certificates 5 Sets Xerox Copies
13.	Passport Size Photos - 7 Nos.
14.	Actual NRI Candidate/ Foreign Student: a) Passport of the candidate issued by the Country concerned. b) NRI status certificate of the financial supporter issued by Embassy of respective Country under their seal. c) Equivalence certificate issued by Association of Indian Universities (AIU) in respect of Foreign Student who studied qualifying examination in other Countries
15.	OCI/ PIO Card of the respective candidate. (registered after 4-3-2021)
16.	Children / Blood relative of NRI: a) Declaration (Annexure-I) of the Blood Relative signed by both the candidate and NRI b) Family Tree Certificate showing the relationship between candidate and NRI, issued by the Competent Authority of Revenue Department. c) Copy of NRE Bank Account Pass Book of the Financial Supporter

17.	Notary bond (Undertaking)
18.	Annexure - III (proforma for joint undertaking in the form of affidavit)
19.	Annexure -II (Notarised Affidavit) for NRI lapsed seat category



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Annexure-II
NOTARISED AFFIDAVIT

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

ADMISSIONS INTO MBBS / BDS COURSES UNDER MANAGEMENT QUOTA, 2026-27

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

I, **[Parent's Full Name]**, S/o or D/o **[Grandparent's Name]**, 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 of **[Student's Name]**, who has qualified NEET-UG **[2026]** with NEET Roll No. **[NEET Roll Number]** and is seeking admission to the MBBS / BDS 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. That I am fully aware of the Prospectus / Regulations for admissions into MBBS and BDS Courses 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 / Dental 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 / dental 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 MBBS course (**4.5 years**) / the BDS Course (**4 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:

(Signature of the Parent / Guardian)

Place:

Name: (Full Name) _____

Aadhar Number: _____

Contact Number: _____

Notarised by:



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ANNEXURE III

PROFORMA FOR JOINT UNDERTAKING IN THE FORM OF AFFIDAVIT
(ON NON-JUDICIAL STAMP PAPERS WITH NOTARY)
(Common for all candidates to be submitted at the time to joining)

I, _____ (candidate name), S/o / D/o
_____, bearing UG NEET 2026 Roll No _____, UG NEET
2026 Rank _____

And

I, _____ (parent/guardian name), F/o
_____, bearing UG NEET 2026 Roll No _____, UG NEET
2026 Rank _____

Hereby give an undertaking as below, in connection with our claim with regard to certificates/documents
(including NRI documents) submitted for admission into MBBS/BDS courses for the Academic Year 2026-27 in
_____ (college name), affiliated to Dr. NTR University
of Health Sciences, A.P., Vijayawada. We, hereby declare that all our certificates are genuine.

I am aware that if the submitted relevant certificate (s) is /are found to be not genuine at a later date, my
admission is liable to be cancelled and I am liable for criminal prosecution, as may be legally deemed fit. Further,
I agree that I abide by the Rules and Regulations of Dr. NTR University of Health Sciences, A.P., Vijayawada.
I also hereby undertake that I shall not enter into legal litigation, if the seat allotted to me is cancelled, for the
above reasons.

Signature of the Parent/Guardian

Signature of the Candidate

Aadhaar No.
Address:

Aadhar No:

Date:
Place:

