



**Dr.NTR UNIVERSITY OF HEALTH SCIENCES: A.P: VIJAYAWADA – 520008**

**ANNEXURE - I**

1.	University Allotment Order (Please verify and confirm with the list in the University website), Printout of Online Application form. <b>Please notice the remarks if any in the Online Application form.</b>
2.	NEET PG-2024 – Admit Card & Score Card
3.	MBBS Original or Provisional Degree Certificate
4.	MBBS study certificate.
5.	Original or Provisional certificate of PG Diploma or Degree, if applicable.
6.	Compulsory Rotatory Internship certificate
7.	Medical Council Registration certificate from the respective State Medical Council.
8.	If the candidate has passed MBBS from Siddhartha Medical College, Vijayawada, he/she has to submit study certificates from 6 <sup>th</sup> to Intermediate/10+2.
9.	<b>10 years Residence proof/ Study certificates for APNL/NL candidates selected under APUR/UR seats.</b> <b>1) For APNL candidates: 10 years residence proof of Candidate/Mother/Father in the State of Andhra Pradesh excluding the study period</b> <b>2) For NL candidates: 10 years residence proof of Candidate/Mother/Father in the State of Andhra Pradesh/Telangana excluding the study period</b>
10.	Latest Social Status Certificate in case of BC/SC/ST candidates issued by Government of AP/TS <b>Note: Social Status Certificates issued by States other than AP/TS are not considered and should be informed to the University immediately.</b>
11.	Differently abled Certificate issued by the Competent Authority in case of PwBD (Person with disability) candidates
12.	Photo Identification proof.
13.	Minority certificate issued by Government of AP, if applicable
14.	<b>Annexures-IVA and IVB for all In-service candidates</b>
15.	Annexure-III (Non-Judicial Stamped paper for Rs. 100/-) Annexure – V (DECLARATION) } of Prospectus
16.	Non Judicial Bond on Rs.100/- stamped paper from all the In-service candidates (Annexure-B and other forms)

**ANNEXURE - II**  
**INSTRUCTIONS TO THE PRINCIPALS**

1. After the cutoff date for reporting no candidate should be admitted and their Provisional admission is deemed to be cancelled without any further intimation.
2. Principals have to upload the Reported/Not reported data in the login <https://apuhs-pgadmissions.aptonline.in/PGMedCQ/Home/StudentLogin> on or before **04.00 PM on 04-12-2024** without fail. After freezing the data the system generated print out is to be verified, signed by the Principal with Office seal and should be sent to the e-mail ID: [appgadmissions2021@gmail.com](mailto:appgadmissions2021@gmail.com)
3. If any discrepancy is found the same may be brought to the notice of University, through e-mail: [appgadmissions2021@gmail.com](mailto:appgadmissions2021@gmail.com).
4. **Login IDs for Reporting/Not reporting data is herewith enclosed in Annexure (Login IDs).**
5. For any technical difficulties in college logins, updating the reported/not reported data please contact the Cell No. [9000780707](tel:9000780707), [8008250842](tel:8008250842)  
E-mail ID: [ap.uhs.support@aptonline.in](mailto:ap.uhs.support@aptonline.in)

The above instructions should be followed strictly.

Yours faithfully,  
Sd/-  
(Dr. V.RADHIKA REDDY)  
REGISTRAR

### ANNEXURE – LOGIN ID's

Sl.No	User ID	Password	College Name
1	PG-ACSR001	Password@2	ACSR Government Medical College, Nellore
2	PG-AMCV001	Password@2	Andhra Medical College, Visakhapatnam
3	PG-APLC001	Password@2	Apollo Institute of Medical Sciences and Research, Chittoor
4	PG-ASRA001	Password@2	Alluri Seetharama Raju Academy of Medical Sciences, Eluru
5	PG-FIMS001	Password@2	Fathima Institute of Medical Sciences, Kadapa
6	PG-GEMS001	Password@2	Great Eastern Medical School and Hospital, Srikakulam
7	PG-GMCA001	Password@2	Government Medical College, Anantapur
8	PG-GMCG001	Password@2	Guntur Medical College, Guntur
9	PG-GMCK001	Password@2	Govt. Medical College, Kadapa
10	PG-GMCO001	Password@2	Government Medical College, Ongole
11	PG-GMCS001	Password@2	Govt. Medical College, Srikakulam.
12	PG-GSLR001	Password@2	GSL Medical College, Rajahmundry
13	PG-GVPT001	Password@2	Gayatri Vidya Parishad Inst. of Health care and Medical Technology, Visakhapatnam
14	PG-HCRV001	Password@2	Homi Bhabha Cancer Hospital and Research Centre, Visakhapatnam
15	PG-KATR001	Password@2	Katuri Medical College and Hospital, Guntur
16	PG-KMCK001	Password@2	Kurnool Medical College, Kurnool
17	PG-KONA001	Password@2	Konaseema Institute of Medical Sciences and Research Foundation , Amalapuram
18	PG-MAHA001	Password@2	Maharaja Institute of Medical Sciences, Vizianagaram
19	PG-NARN001	Password@2	Narayana Medical College, Nellore
20	PG-NIMR001	Password@2	Nimra Institute of Medical Sciences, Ibrahimpatnam
21	PG-NRIM001	Password@2	NRI Medical College, Chinnakakani
22	PG-NRVP001	Password@2	NRI Institute of Medical Sciences, Visakhapatnam
23	PG-PESK001	Password@2	P.E.S. Institute of Medical Sciences and Research, Kuppam
24	PG-PSIM001	Password@2	Dr. Pinnamaneni Siddhartha Institute of Medical Sciences, Gannavaram
25	PG-RMCK001	Password@2	Rangaraya Medical College, Kakinada
26	PG-SMCM001	Password@2	Siddhartha Medical College, Vijayawada
27	PG-SRMC001	Password@2	Santhiram Medical College, Nandyal
28	PG-SVIM001	Password@2	Sri Venkateswara Institute of Medical Sciences, Tirupati
29	PG-SVMC001	Password@2	Sri Venkateswara Medical College, Tirupati
30	PG-VMCK001	Password@2	Viswabharathi Medical College, Kurnool

**ANNEXURE - III**

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

**(FOR ALL CANDIDATES)**

I, Dr..... selected for Post Graduate Degree/Diploma for the year 2024-25 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. NTR 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 – V**

**DECLARATION (For Re-admission)**

I ..... Son of/Daughter of  
..... Residing at ..... and admitted to in 1<sup>st</sup>  
year of ..... (Name of the PG course) at  
..... (Name of the College) for the academic year  
2024-25 do hereby solemnly affirm and sincerely state as follows:

I declare that I shall abide by the rules and regulations prescribed by the Dr. NTR 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)

**ANNEXURE-B**

BOND TO BE EXECUTED BY **ALL IN-SERVICE CANDIDATES** AS PER  
G.O.Ms.No.85, HM&FW (C1) DEPARTMENT DT.20-07-2024 OF  
GOVERNMENT OF ANDHRA PRADESH

**ANNEXURE TO G.O.Ms.No.85, HM&FW (C) DEPT., DT. 20.07.2024.**

**AGREEMENT BOND FOR THE CANDIDATES ADMITTED TO PG DEGREE/SUPER SPECIALTY  
MEDICAL COURSES FOR THE ACADEMIC YEAR \_\_\_\_\_ UNDER IN SERVICE QUOTA.**

**[Non-Judicial Stamped Paper Rs.100/-]**

THIS DEED OF BOND IS EXECUTED AT \_\_\_\_\_ ON THIS DAY OF \_\_\_\_\_ By Name:  
S/O, D/O, W/O

Residing At (Permanent Address):

Mobile No:

Mail id:

Aadhar No:

PAN No:

**IN FAVOUR OF DME/DPH&FW/DSH (Government of Andhra Pradesh)**

WHEREAS the party of the FIRST PART has applied for admission to PG Degree course/  
Super Specialty (Medical) course as in-service candidate and the party of the FIRST PART has  
been selected to the said course.

Whereas the party of the FIRST PART has agreed to serve the Government of Andhra  
Pradesh at any of the Government Institutions as ordered by the competent authority for a  
period of Ten (10) years after successful completion of the PG Degree/Super Specialty Course.

Whereas I am executing this bond with free will and consent without any coercion.

P.T.O.

**THE DEED OF INDEMNITY BOND WITNESSES AS FOLLOWS:**

1. The Party of the FIRST PART is agreed to pay a sum of Rs. 50,00,000 (Rupees Fifty Lakhs Only) in addition to pay & allowances received during the study period with interest as applicable as on the date to the Government. The same shall be recovered from the Party of the FIRST PART by initiating the provisions under RR Act, in the event of failure of bond conditions.
2. The Party of the FIRST PART is agreed to absorb into (or) utilized his/her services in DME/DSH or in any Government Health Institution, after completion of the course.
3. The Party of the SCOND PART shall monitor the performance in the P.G. Course. If the authority found that, the Party of the FIRST PART intentionally delayed in completing the course, the Party of the SECOND PART will initiate appropriate disciplinary proceedings against the Party of the FIRST PART.
4. The University is at liberty to cancel the PG Medical Degree/Super Specialty degree of the party of the FIRST PART in violation of bond conditions.
5. The DME/DPH & FW/DSH is at liberty to initiate the criminal prosecution in the event of his/her failure to comply the bond conditions.
6. The party of the FIRST PART shall complete the P.G. Degree Medical within a period of six (6) years from the date of admissions.
7. The Party of the FIRST PART is agreed to furnish two sureties who are income tax assesses and one of them shall be a regular Government employee to recover the bond amount from the sureties, in the event of his/her failure in bond conditions.
8. The Party of the FIRST PART shall keep the certificates in the custody of the sponsoring authority (DME/DPH&FW/DSH) till completion of Ten (10) years service

Signed on this \_\_\_\_\_ Day \_\_\_\_\_ Month \_\_\_\_\_ Year

THE PARTY OF THE FIRST PART

Witnesses:

1. Signature:

Name and Address in full.

2. Signature:

Name and Address in full.

THE PARTY OF THE SECOND PART

**(FOR ALL IN-SERVICE CANDIDATES)**

**DECLARATION**

1. Name of the Candidate:
2. Name of the Institution and Place where he has worked last:
3. Designation:
4. Name of the PG Course/Super Specialty Course:
5. Duration of the course:
6. Date of Joining course:
7. Whether Service/Non Service Candidate:
8. If service candidate, date of joining in-service:
9. Total service prior to joining the course:
10. Permanent Address:

I hereby declare that the above particular are true to the best of my knowledge and I have executed the prescribed bond. If the particulars furnished above are incorrect and in the event of failure of fulfilling the bond conditions, I will abide to pay an amount of Rs.50,00,000/- (Rupees Fifty Lakhs only) in addition to pay &allowances received during the study period along with the applicable interest.

Date:

Station:

**SIGNATURE OF THE CANDIDATE**



**(FOR ALL IN-SERVICE CANDIDATES)**

Dated:

**SURETY FORM**

[Non-Judicial Stamped Paper Rs.10/-]

I \_\_\_\_\_ S/O \_\_\_\_\_ executing this surety bond in favour of DME/DPH&FW/DSH with an undertaking to pay the amount of Rs.50,00,000/- (Rupees Fifty Lakhs only) and other amounts prescribed in the bond conditions by Dr.-----in the event of his/her failure to comply the bond conditions dt.-----.

The Authority is at liberty to recover the said amount by initiating provisions of RR Act.

SIGNATURE OF THE SURETY

Witnesses:

1. Signature:

Name and Address in full.

2. Signature:

Name and Address in full.

**(FOR ALL IN-SERVICE CANDIDATES)**

Dated:

**SURETY FORM**

[Non-Judicial Stamped Paper Rs.10/-]

I \_\_\_\_\_ S/O \_\_\_\_\_ executing this surety bond in favour of DME/DPH&FW/DSH with an undertaking to pay the amount of Rs.50,00,000/- (Rupees Fifty Lakhs only) and other amounts prescribed in the bond conditions by Dr.-----in the event of his/her failure to comply the bond conditions dt.-----.

The Authority is at liberty to recover the said amount by initiating provisions of RR Act.

SIGNATURE OF THE SURETY

Witnesses:

1. Signature:

Name and Address in full.

2. Signature:

Name and Address in full.