



**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.	For Non-Local candidates:  Minimum 10 years Study Certificates of Student / either of parents of AP State, if MBBS is from out side AP State.  or  Minimum 10 years Residence Certificate of Andhra Pradesh State of either of parents  or  Current employment Certificate of either of parents, if working in Andhra Pradesh only.
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.	Annexure-III (Non-Judicial Stamped paper for Rs. 100/-) Annexure – V (DECLARATION) } of Prospectus
15.	Non Judicial Bond on Rs.100/- stamped paper from all Non-service candidates (Annexure-A)

**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-A**

BOND TO BE EXECUTED BY **ALL NON-SERVICE CANDIDATES** AS  
PERG.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 2024-25.
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-maid ID:

**PERSONAL DETAILS**  
**(To be submitted by the Non-Service Candidate along with the bond for the academic year 2024-25)**

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.NTR 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 :