YENEPOYA
Deemed to be University

Recognized under Sec 3(A) of the UGC Act 1956 Accredited by NAAC with 'A+' Grade

UNIVERSITY ROAD, DERALAKATTE, MANGALORE-575018
Phone: 0824-2204668 Fax : 0824- 2204667
Email: pgconfirm@yenepoya.edu.in

ADMISSION TO PG MEDICAL (2026-27)

Yenepoya (Deemed to be University) u/s 3 (A) of the UGC Act, 1956, offers PG (MEDICAL) programs at its constituent colleges, Yenepoya Medical College, Mangaluru.

As per the orders of the Ministry of Health & Family Welfare, Government of India, the counselling for PG (MEDICAL) seats in Deemed to be Universities shall be conducted by the Directorate General of Health Services (DGHS). Accordingly, the Ministry has constituted a Medical Counselling Committee (MCC) for conducting centralized online counseling and allotment of seats.

Eligible candidates with NEET PG 2026 ranking, seeking admission to PG (MEDICAL) courses during 2026-27 under Management or NRI categories are required to register the application on www.mcc.nic.in only and follow the admission procedure mentioned therein.

I. DOCUMENTS TO BE PRODUCED AT THE TIME OF REPORTING (ORIGINALS)

Sl. No.	MANAGEMENT / MUSLIM MINORITY CATEGORY
1.	Admit Card issued by NBE
2.	Result/Rank Letter issued by NBE
3.	DGHS Allotment Letter
4.	Mark Sheets of MBBS 1st, 2nd, 3rd , 4th & 5th Professional Examinations
5.	MBBS Degree Certificate/Provisional Certificate
6.	Karnataka Medical Council Registration
7.	Internship Completion Certificate
8.	Attempt Certificate
9.	Migration Certificate
10.	Transfer and Conduct Certificate
11.	High School/Higher Secondary Certificate/Birth Certificate as proof of date of birth.
12.	Caste and Income Certificate (wherever applicable)
13.	Domicile Certificate
14.	Copy of Aadhar Card
15.	Copy of PAN Card
16.	2 sets of self-attested copies of Sl.No. 4 to 11 are to be produced with the originals
17.	Colour Photos (Passport + Stamp size) - 8 Nos.
18.	UNDERTAKING(as per format furnished) to be on a stamp paper of Rs.200/- and to be notarized

Sl. No.	NRI CATEGORY
1.	Admit Card issued by NBE
2.	Result/Rank Letter issued by NBE
3.	DGHS Allotment Letter
4.	Mark Sheets of MBBS 1st, 2nd, 3rd 4th & 5th Professional Examinations
5.	MBBS Degree Certificate/Provisional Certificate
6.	Karnataka Medical Council Registration
7.	Internship Completion Certificate
8.	Attempt Certificate
9.	Migration Certificate
10.	Transfer and Conduct Certificate
11.	High School/Higher Secondary Certificate/Birth Certificate as proof of date or birth.
12.	Caste and Income Certificate (wherever applicable)
13.	Domicile Certificate
14.	Copy of Aadhar Card
15.	Copy of PAN Card
16.	Copy of the Passport & Visa of the Parent / Sponsor / Student
17.	Sworn Affidavit stating that the candidate is NRI or Child of NRI Parent
18.	Sworn Affidavit (Notarized) by the NRI relative stating that they will sponsor the entire course fee and living expenses of the candidate during the period of study duly supported by NRE Bank Account Pass Book. (Certificate from the Consulate issued within the last 06 months)
19.	NRI Embassy Certificate/Citizenship Card of Parent/Candidate/Sponsorer
20.	Self-Attested Declaration stating that the candidate is NRI/OCI/PIO/ Child of NRI Parent / NRI Sponsorship candidate (as per MCC format furnished)
21.	OCI/PIO card of the candidate (if applicable)
22.	Certificate of Relationship between the NRI relative and the candidate issued by the Competent Revenue Authority through Family Tree
23.	Family Tree notarized by Tehsildar
24.	2 sets of self-attested copies of Sl.No. 4 to 11 are to be produced with the originals
25.	Colour Photos (Passport + Stamp size) - 8 Nos.
26.	UNDERTAKING(as per format furnished) to be on a stamp paper of Rs.200/- and to be notarized

II. FEE STRUCTURE:

MD/MS 2026-2027 (NRI)				
	Fees in USD			
SPECIALITY	**I Installment**	**II Installment**	**III Installment**	**Total Fee**
MD - DERMATOLOGY	122000	122000	122000	366000
MD - RADIO DIAGNOSIS	122000	122000	122000	366000
MD - GENERAL MEDICINE	87000	87000	87000	261000
MS - ORTHOPAEDICS	87000	87000	87000	261000
MD - PAEDIATRICS	87000	87000	87000	261000
MS - OBG	87000	87000	87000	261000
MS - GENERAL SURGERY	82000	82000	82000	246000

Note:

1) Fee mentioned above is inclusive of hostel, food and Air conditioning Charges.
2) NRI students shall pay the fee in equivalent US Dollars.

MD/MS 2026-2027 (GENERAL MERIT)				
SPECIALITY	**I Installment**	**II Installment**	**III Installment**	**Total Fee**
MD - MICROBIOLOGY	10000	10000	10000	30000
MD - ANATOMY	10000	10000	10000	30000
MD - PHYSIOLOGY	10000	10000	10000	30000
MD - BIOCHEMISTRY	10000	10000	10000	30000
MD - PHARMACOLOGY	10000	10000	10000	30000
MD - FORENSIC MEDICINE	10000	10000	10000	30000
MD - COMMUNITY MEDICINE	300000	300000	300000	900000
MD - PATHOLOGY	1250000	1250000	1250000	3750000

SPECIALITY	**I Installment**	**II Installment**	**III Installment**	**Total Fee**
MD - GERIATRICS	3000000	3000000	3000000	9000000
MD - ANAESTHESIOLOGY	3000000	3000000	3000000	9000000
MD - EMERGENCY MEDICINE	3500000	3500000	3500000	10500000
MD - RADIATION ONCOLOGY	3500000	3500000	3500000	10500000
MD - PSYCHIATRY	3500000	3500000	3500000	10500000
MS - ENT	3500000	3500000	3500000	10500000
MS - OPHTHALMOLOGY	3500000	3500000	3500000	10500000
MS - GENERAL SURGERY	3500000	3500000	3500000	10500000
MD - GENERAL MEDICINE	4000000	4000000	4000000	12000000
MS - ORTHOPAEDICS	4000000	4000000	4000000	12000000
MD - PAEDIATRICS	4000000	4000000	4000000	12000000
MS - OBG	4000000	4000000	4000000	12000000
MD - PULMONARY MEDICINE	4000000	4000000	4000000	12000000
MD - DERMATOLOGY	5000000	5000000	5000000	15000000
MD - RADIO DIAGNOSIS	5000000	5000000	5000000	15000000

Note:

1) Duration of the course is 3 years.
2) Hostel is mandatory for the clinical courses.
3) Accommodation and food is additional.
4) Every candidate shall pay the remaining course fee in the event he/she leaves the course before its completion.

HOSTEL FEE			
	I YEAR	**II YEAR**	**III YEAR**
2 SHARING	180000	189000	198400
Food & Establishment charges	60000	63000	66200
TOTAL	**240000**	**252000**	**264600**
Air conditioning charges are extra Rs. 2000 per head per month.			

	I YEAR	**II YEAR**	**III YEAR**
3 SHARING	120000	126000	132300
Food & Establishment charges	60000	63000	66200
TOTAL	**180000**	**189000**	**198500**
Air conditioning charges are extra Rs. 1400 per head per month.			

Contact Details:
For further clarification –

- Accounts related: 8792518364 / 7736388238
- Document verifications contact #8494935203
- E-mail ID: pgconfirm@yenepoya.edu.in

MODE OF PAYMENT:

The candidates are advised to make necessary payments through Net Banking / RTGS / Demand Draft in favour of YENEPOYA(Deemed to be University) payable at Mangalore.

The amount can be transferred to the following bank (in advance) accounts and proof of remittance produced along with the documents.

Account Name: YENEPOYA DEEMED TO BE UNIVERSITY **Account Number**: YMC624P<All India Rank> **IFSC Code**: HDFC0004012 **Branch:** DERALKATTE MANGALORE -MANGALORE, KARNATAKA Please note that the account number is a virtual account number that is generated by joining your **All India Rank** to the prefix YMC624P. For example, if your **All India Rank** is 1234567, then your account number will be YMC624P1234567
NRI **Account Name**: YENEPOYA DEEMED TO BE UNIVERSITY **Account Number**: 50200090985117 **(Type of Account: Current Account – EEFC – USD)** **IFSC Code**: HDFC0001269 **Branch:** MG ROAD, MANGALORE **BRANCH Code:** 001269 **MICR Code:** 575240003 **SWIFT Code:** HDFCINBB **Please Note: Only Amount in USD is accepted to this account**

MD/ MS COURSE REFUND RULES

	MGT / Muslim Minority/ NRI Category
	(In Rs.)
The amount of Fee to be deducted on re-allocation of seat to the candidates in 2nd round of PG Counseling	10000
The Amount of Fees to be deducted in case Candidate resigns after 2nd round Counseling period	10000 *
Specify Penalty, if any, in case candidate resigns after final round of Counseling	Entire Course fee
Time Period of reimbursement	30 days **
* In addition you are also liable to pay penalty (entire course fee) if DGHS does not permit us to fill the vacant seat (due to your withdrawal) in the subsequent rounds. **From the date fund is transferred / received fully by the University & refund procedure is completed.	

(TO BE SUBMITTED ON Rs.200/- STAMP PAPER DULY SIGNED BY NOTARY)

FOR MANAGEMENT SEATS/MUSLIM MINORITY SEATS

I, Dr. ……., aged about..... years,
S/D/o..... (Name of the Parents) do hereby swear an oath as follows:

I have been selected to the Post Graduate Course in the specialty of…….... at **Yenepoya Medical College, Mangaluru**, constituent college of Yenepoya (Deemed-to-be- University) [under Section 3 of the UGC Act 1956] through the Common Counselling conducted by the Directorate General of Health Services (DGHS), Government of India, New Delhi through NEET Rank (All India Rank).

I say that on my own will and along with my parents/ guardian took admission to the Post Graduate Course at Yenepoya Medical College, Mangaluru as per the MCC/DGHS Allotment letter dated……..

I say in consideration of admission to 1st year of the course, I shall complete the Post Graduate Course and accordingly undertake to pay all the tuition and other fees as per the fee structure given below.

I year At the time of counseling	**II year Date :**	**III year Date:**
Rs.	Rs.	Rs.

I further agree to pay the fee as per schedule above, failing which I will not be allowed to attend my course.

In the event of my discontinuation of Course due to any reason; I along with my parent/guardian hereby undertake to pay balance tuition and other fees for the remaining years of study to the **Yenepoya Medical College,** Mangaluru i.e., Rs ..... without any demur.

I understand that the course is of three years. During the course, the College is paying a stipend at the rate of Rs. 55,000/- during 1st Year, Rs. 60,000/- during 2nd Year and Rs. 65,000/- during 3rd Year.

I agree to the above stipend to be received during the time of course and I will not claim any additional amount. If additional amount is to be paid, the same will be added to the fees payable to the college.

What is stated above is true and correct. I along with my parent/guardian do hereby undertake to act accordingly. This, the …… day of .....2026 at Mangaluru, Karnataka.

Signature of the Candidate **Signature of the Parent/Guardian**

(TO BE SUBMITTED ON Rs.200/- STAMP PAPER DULY SIGNED BY NOTARY)

FOR NRI SEATS

UNDERTAKING

I, Dr……., aged about..... years, S/D/o ..... resident of (permanent/present address of Parent) do hereby swear an oath as follows:

I, have been selected to the Post Graduate Course in the specialty of ..... at **Yenepoya Medical College, Mangaluru,** constituent college of Yenepoya (Deemed-to-be- University) [under Section 3 of the UGC Act 1956] through the Common Counselling conducted by the Directorate General of Health Services (DGHS), Government of India, New Delhi through NEET Rank ……..... (All India Rank).

I, say that on my own will and along with my parents/guardian took admission to the Post Graduate Course at Yenepoya Medical College, Mangaluru as per the MCC/DGHS Allotment letter dated ……..

I, say in consideration of admission to 1st year of the course, I shall complete the Post Graduate Course and accordingly undertake to pay all the tuition and other fees as per the fee structure given below

I year	**II year**	**III year**
At the time of counseling	**Date:**	**Date:**
USD…….	USD…….	USD…….

I further agree to pay the fee as per schedule above, failing which I will not be allowed to attend my course.

In the event of my discontinuation of Course due to any reason; I along with my parent/guardian hereby undertake to pay balance tuition and other fees for the remaining years of study to the **Yenepoya Medical College,** Mangaluru i.e.,USD..... without any demur.

I understand that the course is of three years. During the course, the College is paying a stipend at the rate of Rs. 55,000/- during 1st Year, Rs. 60,000/- during 2nd Year and Rs. 65,000/- during 3rd Year.

I agree to the above stipend to be received during the time of course and I will not claim any additional amount. If additional amount is to be paid the same, will be added to the fees payable to the college.

What is stated above is true and correct. I along with my parent/guardian do hereby undertake to act accordingly. This, the …… day of ..... 2026 at Mangaluru, Karnataka.

Signature of the Candidate **Signature of the Parent/Guardian**