YENEPOYA
Deemed to be University

UNIVERSITY ROAD, DERALAKATTE, MANGALORE 575 018
Phone: 0824-2204668 Fax : 0824- 2204667
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ADMISSION TO SUPER SPECIALITY COURSE (2025-26)

Yenepoya (Deemed to be University) u/s 3 (A) of the UGC Act, 1956, offers Super Speciality (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 Super Speciality (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 SS 2025 ranking, seeking admission to Super Speciality (MEDICAL) courses during 2025-26 under Management is 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	DOCUMENTS
1.	MARKS CARD OF THE QUALIFYING EXAMINATION
2.	DEGREE/PROVISIONAL PASS CERTIFICATE (MD/MS/DNB)
3.	KMC / OTHER STATE COUNCIL REGISTRATION (Karnataka Medical Council Registration is mandatory before joining the College
4.	MIGRATION CERTIFCATE
5.	TRANSFER/ CONDUCT CERTIFICATE
6.	COPY OF PROOF OF DATE OF BIRTH (S.S.L.C. MARKS CARD)
7.	MCC ALLOTTMENT LETTER / NEET SCORE CARD / ADMIT CARD ISSUED BY NTA
8.	CASTE & INCOME CERTIFICATE & DOMICILE CERTIFICATE
9.	COPY OF PAN CARD & AADHAR CARD
10.	COLOUR PHOTOS (PASSPORT + STAMP SIZE) - 8 NOS.
11.	TWO SETS OF COPIES OF ALL THE ABOVE CERTIFICATES
12.	AFFIDAVIT UNDERTAKING (Rs.200/- stamp paper)
(Two sets of copies of Sl.No.1 to 05 to be produced with the originals)	

UNDERTAKING: In the event of discontinuation of the course, the student's consent to pay the balance course fee needs to be submitted. (Format attached)

I. FEE STRUCTURE:

YENEPOYA MEDICAL COLLEGE				
Fee structure for Super Speciality D.M/M.Ch - 2025-26				
	I Year (INR)	II Year (INR)	III Year (INR)	**TOTAL FEE**
SPECIALITY				
MCh Surgical Oncology	3500000	3500000	3500000	**10500000**
D.M. Nephrology	2500000	2500000	2500000	**7500000**
D.M. Onco Pathology	1800000	1800000	1800000	**5400000**

Note:
1) Food, Laundry and accommodation (sharing) is provided with the above fee.

	I Year (INR)	II Year (INR)	III Year (INR)	**TOTAL FEE**
MCh Urology	2800000	2800000	2800000	**8400000**
Note:				
1) Food, Laundry and accommodation is extra.				

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

Contact Details:

For further clarification –

- Document verifications contact #8494935203
- For payment clarification contact # 7736388238
- E-mail ID: pgconfirm@yenepoya.edu.in

(To be submitted on a Stamp paper of Rs.200/- duly signed by Notary)

UNDERTAKING

I, Dr..... (Name of the Candidate), aged about.....years,
S/D/o .....(Name of the Parents) resident of .....
..... (permanent/present address of Parent) do hereby swear on oath as follows:

I have been selected to the Super Speciality D.M/M.Ch..... Course 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-SS Rank.....(All India Rank).

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

I say in consideration of admission to Super Speciality Course D.M/M.Ch....., I shall complete the course and accordingly undertake to pay all the tuition and other fees as per the fee structure given below.

I Installment (at the time of admission)	**II Installment Date :**	**III Installment 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 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.65,000/- during 1st Year, Rs.70,000/- during 2nd Year and Rs.75,000/- 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**