



**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 575 018

Phone: 0824-2204668 Fax : 0824- 2204667

Email: [pgadmissions@yenepoya.edu.in](mailto:pgadmissions@yenepoya.edu.in)

## **ADMISSION TO PG DENTAL (2021-22)**

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

As per the orders of the Ministry of Health & Family Welfare, Government of India, the counselling for PG (DENTAL) 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 2021 ranking, seeking admission to PG (DENTAL) courses during 2021-22 under Management or NRI categories are required to register the application on [www.mcc.nic.in](http://www.mcc.nic.in) only and follow the admission procedure mentioned therein.

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

<b>Sl. No.</b>	<b>MANAGEMENT / MUSLIM MINORITY CATEGORY</b>
1.	Admit Card issued by NBE
2.	Result/Rank Letter issued by NBE
3.	DGHS Allotment Letter
4.	Mark Sheets of BDS 1 <sup>st</sup> , 2 <sup>nd</sup> , 3 <sup>rd</sup> & 4 <sup>th</sup> Professional Examinations
5.	BDS Degree Certificate/Provisional Certificate
6.	State Dental 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.	D.D. in favour of 'Yenepoya Dental College', payable at Mangalore
17.	3 sets of Attested copies of Sl.No. 4 to 11 are to be produced with the originals
18.	Colour Photos (Passport + Stampsized) - 8 Nos.

<b>Sl. No.</b>	<b>NRI CATEGORY</b>
1.	Admit Card issued by NBE
2.	Result/Rank Letter issued by NBE
3.	DGHS Allotment Letter
4.	Mark Sheets of BDS 1 <sup>st</sup> , 2 <sup>nd</sup> , 3 <sup>rd</sup> & 4 <sup>th</sup> Professional Examinations
5.	BDS Degree Certificate/Provisional Certificate
6.	State Dental 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.	Transfer of USD to the bank account of YENEPOYA DENTAL COLLEGE mentioned below
17.	Passport copy of the parent and student
18.	Passport copy of sponsor ( <b>For NRI Sponsor candidate</b> )
19.	Sponsorship Affidavit (stating that sponsor is ready to bear the expenses for the whole duration of study) - <b>For NRI Sponsor candidate</b>
20.	Relationship certificate of NRI with the candidate - <b>For NRI Sponsor candidate</b>
21.	Embassy certificate of the sponsor - <b>For NRI Sponsor candidate</b>
22.	3 sets of Attested copies of Sl.No. 4 to 11 are to be produced with the originals
23.	Colour Photos (Passport + Stampsize) - 8 Nos.

## II. FEE STRUCTURE :

DENTAL	FEE			
	Management/Muslim Minority Category (Per year)	NRI category (per year) in \$		
ORAL PATHOLOGY	150000	---		
CONSERVATIVE DENTISTRY	1100000	17150		
ORTHODONTICS	1100000	17150		
PERIODONTICS	800000	11500		
PROSTHODONTICS	800000	11500		
ORAL SURGERY	800000	11500		
PAEDODONTICS	800000	11500		
ORAL MEDICINE & RADIOLOGY	300000	---		
PUBLIC HEALTH DENTISTRY	200000	---		
<b>NRI Fee should be paid in US Dollars only</b>				
<b>HOSTEL FEES (in Rupees)</b>	1 <sup>st</sup> year	2 <sup>nd</sup> year	3 <sup>rd</sup> year	TOTAL
	201000	208000	218000	627000

### Note:

- 1) Duration of the course is 3 years
- 2) Hostel is Compulsory for all students.
- 3) Food, Laundry and air conditioned accommodation (twin sharing) shall be provided with the above fees.
- 4) Laundry (maximum 30 pieces) per month free and extra pieces will be charged at Rs 10 per piece.
- 5) Two post dated cheques for remaining 2 years fee to be given
- 6) Every candidate shall pay the remaining course fee in the event he/she leaves the course before its completion.
- 7) Fee should be paid on/before 1<sup>st</sup> April of every year for II & III year of the course.
- 8) Family accommodation will be provided on request.
- 9) Implantology Course Fee Rs 1,75,000/- will be charged extra for MDS**
- 10) Above fee does not include books, articles, instruments, fail subject fee, exam fee etc.
- 11) NRI fee should be paid in US Dollars only**

**MODE OF PAYMENT:**

The candidates are advised to make necessary payments (Tuition fee, Hostel fee etc.) through Demand Draft/Net Banking or RTGS. The amount can be transferred to the following bank accounts and proof of remittance produced along with the documents.

**YENEPOYA DENTAL COLLEGE****(Virtual Account Number - H Fee Hive)**

Virtual A/C No : 999100700000001

BANK OF BARODA

IFSC CODE : BARB0VJFOUN - ( 5th Letter is "Zero")

FOUNDERS BRANCH, LIGHT HOUSE HILL ROAD

MANGALURU -3, KARNATAKA Phone Number 0824-2429573

**FOR NRI CATEGORY:****YENEPOYA DENTAL COLLEGE**

ACCOUNT NUMBER: 73860400000337

BANK OF BARODA

IFSC CODE : BARB0VJFOUN - ( 5th Letter is "Zero")

SWIFT CODE (IBAN) : BARBINBBOUN

FOUNDERS BRANCH, LIGHT HOUSE HILL ROAD

MANGALURU -3, KARNATAKA Phone Number 0824-2429573

**Correspondent/ Intermediary Bank Details :**

Name of correspondent/intermediary Bank : Bank of Baroda

Bank's address (correspondent Bank) : New York, United State of America

Swift Code/IBAN (correspondent Bank) : BARBUS33XXX

**MDS COURSE REFUND RULES**

	<b>MGT / Muslim Minority Category</b>	<b>NRI Category</b>
	<b>(In Rs.)</b>	<b>USD (\$)</b>
The amount of Fee to be deducted on re-allocation of seat to the candidates in 2 <sup>nd</sup> round of PG Counseling	10000	10000 (INR)
The Amount of Fees to be deducted in case Candidate resigns after 2 <sup>nd</sup> round of Counseling period	10000 *	10000 (INR)*
Specify Penalty, if any, in case candidate resigns after final round of Counseling	Entire Course fee	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**

**UNDERTAKING**

I, Dr....., aged about ..... years,  
S/D/o .....(Name of the Parents) 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 Dental 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 Dental College, Mangaluru as per the MCC/DGHS Allotment letter dated  
.....

I say in consideration of admission to 1<sup>st</sup> 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.

<b>I year</b>	<b>II year</b>	<b>III year</b>
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. Second and third year fees shall be paid on or before 1<sup>st</sup> of April every year. I agree to  
deposit 2 post dated cheques towards II & III year fees as security.

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 Dental 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.8,000/- during 1<sup>st</sup> Year, Rs.8,500/- during 2<sup>nd</sup> Year and Rs.9,000/- during 3<sup>rd</sup> 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.

What is stated above is true and correct. I along with my parent/guardian do hereby undertake to  
act accordingly. This, the ..... day of ..... 2021 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 on oath as follows :

I, have been selected to the Post Graduate Course in the specialty of .....at Yenepoya Dental 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 Dental College, Mangaluru as per the MCC/DGHS Allotment letter dated .....

I, say in consideration of admission to 1<sup>st</sup> 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 **(to be paid equivalent to USD on the prevailing rate of exchange).**

<b>I year</b>	<b>II year</b>	<b>III year</b>
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. Second and third year fees shall be paid on or before 1<sup>st</sup> of April every year. I agree to deposit 2 post dated cheques towards II & III year fees as security.

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 Dental College**, Mangaluru i.e., Rs..... (Equivalent to USD on the prevailing rate of exchange) 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.8,000/- during 1<sup>st</sup> Year, Rs.8,500/- during 2<sup>nd</sup> Year and Rs.9,000/- during 3<sup>rd</sup> 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.

I further agree to pay the fee as per schedule above, failing which I will not be allowed to attend my course. First and Second installment of fee shall be paid on or before 1<sup>st</sup> of April every year.

What is stated above is true and correct. I along with my parent/guardian do hereby undertake to act accordingly. This, the ..... day of ..... 2021 at Mangaluru, Karnataka.

**Signature of the Candidate**

**Signature of the Parent/Guardian**