



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: pgconfirm@yenepoya.edu.in

ADMISSION TO PG DENTAL (2022-23)

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 2022 ranking, seeking admission to PG (DENTAL) courses during 2022-23 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 BDS 1 st , 2 nd , 3 rd & 4 th 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 + Stampsize) - 8 Nos. |

| 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 BDS 1 st , 2 nd , 3 rd & 4 th 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. | 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 (For NRI Sponsor candidate) |
| 19. | Sponsorship Affidavit (stating that sponsor is ready to bear the expenses for the whole duration of study) - For NRI Sponsor candidate |
| 20. | Relationship certificate of NRI with the candidate - For NRI Sponsor candidate |
| 21. | Embassy certificate of the sponsor - For NRI Sponsor candidate |
| 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 \$ | | |
| CONSERVATIVE DENTISTRY | 1100000 | 18200 | | |
| ORTHODONTICS | 1100000 | 18200 | | |
| PERIODONTICS | 800000 | --- | | |
| PROSTHODONTICS | 800000 | 11500 | | |
| ORAL SURGERY | 800000 | 11500 | | |
| PAEDODONTICS | 800000 | 11500 | | |
| ORAL MEDICINE & RADIOLOGY | 150000 | --- | | |
| PUBLIC HEALTH DENTISTRY | 150000 | --- | | |
| ORAL PATHOLOGY | 120000 | --- | | |
| NRI Fee should be paid in US Dollars only | | | | |
| HOSTEL FEES (in Rupees) | 1 st year | 2 nd year | 3 rd 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 1st October 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

Contact Details:

For further clarification –

- Accounts related: #9945449246
- Document verifications contact #9901155826
- E-mail ID: pgconfirm@yenepoya.edu.in

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 (in advance) and proof of remittance produced along with the documents

YENEPOYA (Deemed to be UNIVERSITY)

Virtual A/C No : 9 9 9 1 0 0 7 0 0 0 0 0 2 2

H Fee Hive - Virtual Account

BANK OF BARODA , FOUNDERS BRANCH

BRANCH CODE : V J F O U N

IFSC CODE : B A R B 0 V J F O U N - (5 th Letter is " Zero")

MICR CODE: 575012029

LIGHT HOUSE HILL ROAD

MANGALURU -3, KARNATAKA Phone Number 0824-2429573

FOR NRI CATEGORY:

YENEPOYA (Deemed to be UNIVERSITY)

OD A/C 73860400 000336

BANK OF BARODA , FOUNDERS BRANCH

BRANCH CODE : V J F O U N

SWIFT CODE : B A R B I N B B O U N

IFSC CODE : B A R B 0 V J F O U N - (5 th Letter is " Zero")

MICR CODE . 575012029

LIGHT HOUSE HILL ROAD

Please Note: Payment shall be made through Demand Draft in favour of YENEPOYA (Deemed to be University) payable at Mangalore

MDS COURSE REFUND RULES

| | MGT / Muslim Minority Category | NRI Category |
|--|---|---------------------|
| | (In Rs.) | USD (\$) |
| The amount of Fee to be deducted on re-allocation of seat to the candidates in 2 nd round of PG Counseling | 10000 | 10000 (INR) |
| The Amount of Fees to be deducted in case Candidate resigns after 2 nd 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 ofat
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 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 | on or before 01.10.2023 | on or before 01.10.2024 |
| 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 1st of October every year. I agree
to deposit 2 post dated cheque's 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 1st Year, Rs.8,500/- during 2nd Year and Rs.9,000/- 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.

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 1st of October 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.....2022 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/oresident 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 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 **(to be paid equivalent to USD on the prevailing rate of exchange)**.

| I year | II year | III year |
|----------------------------------|--------------------------------|--------------------------------|
| At the time of counseling | on or before 01.10.2023 | on or before 01.10.2024 |
| 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 1st of October every year. I agree to deposit 2 post dated cheque's 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., 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.8,000/- during 1st Year, Rs.8,500/- during 2nd Year and Rs.9,000/- 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.

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 1st of October 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.....2022 at Mangaluru, Karnataka.

Signature of the Candidate

Signature of the Parent/Guardian