



UNIVERSITY ROAD, DERALAKATTE, MANGALORE 575 018 Phone: 0824-2204676 Fax : 0824- 2204667 Email: ugconfirm@yenepoya.edu.in

ADMISSION TO MBBS/ BDS (2024-25)

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

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

Eligible candidates with NEET UG 2024 ranking, seeking admission to MBBS/ BDS courses during 2024-25 under Management, Muslim Minority or NRI categories are required to register on <u>www.mcc.nic.in</u> and follow the admission procedure mentioned therein.

I) DOCUMENTS: Candidates are required to be in possession of the following original documents along with attested copies.

SI. No.	GENERAL CATEGORY / MUSLIM MINORITY CATEGORY
1	Admit card issued by National Testing agency
2	Score card issued by National Testing agency
3	Online allotment letter of MCC
4	10 th Standard Marks Card
5	12 [™] Standard Marks Card
6	Transfer Certificate
7	Conduct Certificate
8	Migration Certificate
9	Caste and Income Certificate (wherever applicable)
10	Domicile Certificate
11	Physical fitness certificate
12	4 Passport size and 4 stamp size photos
13	Copy of Aadhar Card
14	UNDERTAKING(as per format furnished) to be on a stamp paper of Rs.200/- and to be notarized
15	3 sets of Attested copies of SI.No.4 to 8 are to be produced with the originals

SI. No.	NRI CATEGORY
1	Admit card issued by National Testing agency
2	Score card issued by National Testing agency
3	Online allotment letter of MCC
4	10 th Standard Marks Card
5	12 th Standard Marks Card
6	Transfer Certificate
7	Conduct Certificate
8	Migration Certificate
9	Caste and Income Certificate (wherever applicable)
10	Domicile Certificate
11	Physical fitness certificate
12	4 Passport size and 4 stamp size photos
13	Copy of Aadhar Card
14	Copy of Passport & Visa of the parent and student
15	Copy of the Passport & Visa of sponsor (For NRI Sponsor candidate)
16	Sponsorship Affidavit (stating that sponsor is ready to bear the expenses for the whole duration of study) - For NRI Sponsor candidate
17	Relationship certificate (Relation of candidate with the sponsor) - For NRI Sponsor candidate
18	Embassy certificate of the sponsor - For NRI Sponsor candidate
19	Family Tree notarized by Tehsildar
20	UNDERTAKING(as per format furnished) to be on a stamp paper of Rs.200/- and to be notarized
21	3 sets of Attested copies of SI.No.4 to 8 are 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)**

FEE: The candidates allotted seats at Yenepoya Medical College & Yenepoya Dental College are advised to make necessary payments (Tuition fee, Hostel fee etc.) through Net Banking or RTGS to the below mentioned bank account:

FOR MBBS:	FOR BDS:
Account Name: YENEPOYA DEEMED TO BE UNIVERSITY	Account Name: YENEPOYA DEEMED TO BE UNIVERSITY
Account Number: YMC624U <all india="" rank=""></all>	Account Number: YDC724U <all india="" rank=""></all>
IFSC Code: HDFC0004012	IFSC Code: HDFC0004012
Branch: DERALKATTE MANGALORE - MANGALORE, KARNATAKA	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 YMC624U. For example, if your All India Rank is 1234567, then your account number will be YMC624U1234567.	Please note that the account number is a virtual account number that is generated by joining your All India Rank to the prefix YDC724U. For example, if your All India Rank is 1234567, then your account number will be YDC724U1234567.
NRI Account Name: YENEPOYA DEEMED TO BE UNIVERSITY	NRI Account Name: YENEPOYA DEEMED TO BE UNIVERSITY
Account Number: 50200090985117	Account Number: 50200090985117
(Type of Account: Current Account – EEFC – USD)	(Type of Account: Current Account – EEFC – USD)
IFSC Code: HDFC0001269	IFSC Code: HDFC0001269
Branch: MG ROAD, MANGALORE	Branch: MG ROAD, MANGALORE
BRANCH Code: 001269	BRANCH Code: 001269
MICR Code: 575240003	MICR Code: 575240003
SWIFT Code: HDFCINBB	SWIFT Code: HDFCINBB
Please Note: Only Amount in USD is accepted to this account	Please Note: Only Amount in USD is accepted to this account

Contact Details:

For further clarification –

- Document verifications contact #8494935203(MBBS)
- Document verifications contact #6364328464(BDS)
- Payment related queries contact #9746644238
- E-mail ID: ugconfirm@yenepoya.edu.in

MBBS FEE STRUCTURE 2024-25							
	Ι	II	III	IV	V		
	Installment	Installment	Installment	Installment	Installment		
Date of payment	At the time of Admission	01.08.2025	01.08.2026	01.08.2027	01.08.2028	TOTAL IN RUPEES	
Amount in Rupees							
Course Fee	2200000	2200000	2200000	2200000	1200000	10000000	
Note:							
1) The Duration of the course is 4.5 years, plus one year internship.							
2) Accommodation is included.							
3) Host	el is mandatory	y for all student	ts.				
4) Ever	y candidate sh	all pay the rem	aining course fe	ee in the event	he/she discont	inues the	

course before its completion.

YENEPOYA MEDICAL COLLEGE							
MBBS FEE STRUCTURE 2024-25 (NRI)							
	Ι	II	III	IV	V		
	Installment	Installment	Installment	Installment	Installment		
Date of payment	At the time of Admission	01.08.2025	01.08.2026	01.08.2027	01.08.2028	Total	
Course Fee (INR)	45,00,000	26,25,000	26,25,000	26,25,000	26,25,000	1,50,00,000	
1) The Dura	ation of the cours	se is 4.5 vears	. plus one ve	ar internship.			
2) Accommo 3 sharing	 The Duration of the course is 4.5 years, plus one year internship. Accommodation is included. 3 sharing accommodation is available at an additional fee. Hostel is mandatory for all students. 						
 4) Every candidate shall pay the remaining course fee in the event he/she discontinues the Course before its completion. 5) The Fee should be paid as per the schedule. 							
6) NRI stude	ents shall pay the	fee in equivale	ent US Dollars				

YENEPOYA DENTAL COLLEGE							
BDS (General) – FEE STRUCTURE 2024-25							
	I Installment	ll Installment	III Installment	IV Installment		TOTAL IN	
Date of payment	At the time of Admission	01.08.2025	01.08.2026	01.08.2027	Internship	TOTAL IN RUPEES	
Amount in Rupees							
Tuition Fee	5,76,000	4,90,000	4,80,000	4,80,000	-	20,26,000	
Note:							
1) Duration of the course is 4 years plus one year internship.							
2) Hostel is as per annexure.							
3) Hostel is	3) Hostel is compulsory for all students.						
	andidate shall pay ts completion.	y the remaining	course fee in	the event he/s	she leaving t	he course	

YENEPOYA DENTAL COLLEGE							
BDS (NRI) - FEE STRUCTURE 2024-25							
	I Installment	II Installment	III Installment	IV Installment			
Date of payment	At the time of Admission	01.08.2025	01.08.2026	01.08.2027	Internship	RUPEES	
Amount in Rupees							
Tuition Fee	6,01,000	5,75,000	5,75,000	5,75,000	-	23,26,000	
Note:							
1) Duration of the course is 4 years plus one year internship.							
2) Hostel is as per annexure.							
3) Hostel is	compulsory for all st	udents.					
4) Every can its comp	didate shall pay the l	remaining course	e fee in the eve	ent he/she leav	ing the cours	e before	

BDS Hostel Fees						
I YEAR II YEAR III YEAR IV YEAR						
3 SHARING	120000	126000	132300	138900		
Food & Establishment charges	60000	63000	66150	69450		
TOTAL 180000 189000 198450 208350						
Air conditioning charges are extra Rs. 1400 per head per month.						

	I YEAR	II YEAR	III YEAR	IV YEAR		
4 SHARING	90000	94500	99225	104100		
Food & Establishment charges	60000	63000	66150	69450		
TOTAL	150000	157500	165375	173550		
Air conditioning charges are extra Rs. 1000 per head per month.						

	I YEAR	II YEAR	III YEAR	IV YEAR
6 SHARING (without AC)	60000	63000	66150	69450
Food & Establishment charges	60000	63000	66150	69450
TOTAL	120000	126000	132300	138900

FOR MBBS MANAGEMENT SEATS/MUSLIM MINORITY SEATS

UNDERTAKING

I, Mr/Ms		Name of the	Candidate),	aged	about	years,
S/D/o		(Name	of	the	Parent)	resident
of	(permanent/present ad	dress of Pare	nt) do hereb	y swe	ar an oath as fo	ollows:

I say that on my own will and with the permission of my parents/guardian took admission to the MBBS course at Yenepoya Medical College, Mangaluru as per the MCC/DGHS Allotment Order dated

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I hereby agree to complete the MBBS course and accordingly undertake to pay all the tuition and other fees as per the given fee structure.

I YEAR	II YEAR	III YEAR
Date of payment: (at the time of admission)	Date:	Date:
Rs.2200000	Rs.2200000	Rs.2200000
IV YEAR	V YEAR	
Date:	Date:	
Rs.2200000	Rs.1200000	

I further agree that, if I fail to pay the above mentioned fee, I will not be allowed to attend my course.

In the event of my discontinuation from MBBS 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., Rswithout any demur.

I shall have no claim for refund of fee or other charges already paid or whatsoever against the Yenepoya (Deemed to be University).

I understand that the College is paying a stipend at the rate of Rs.12,000/- during Internship period.

I agree to the above stipend to be received during the time of internship and I will not claim any additional amount.

FOR MBBS NRISEATS UNDERTAKING

I say that on my own will and with the permission of my parents/guardian took admission to the MBBS course at Yenepoya Medical College, Mangaluru as per the MCC/DGHS Allotment Order dated

I hereby agree to complete the MBBS course, and accordingly undertake to pay all the tuition and other fees as per the given fee structure.

I YEAR	II YEAR	III YEAR
Date of payment: (at the time of admission)	Date:	Date :
INR 4500000	INR 2625000	INR 2625000
IV YEAR	V YEAR	
Date:	Date:	
INR 2625000	INR 2625000	

The above course fees shall be paid in equivalent US Dollars.

I further agree that, if I fail to pay the above mentioned fee, I will not be allowed to attend my course.

In the event of my discontinuation from MBBS 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., a sum of USD...... without any demur.

I shall have no claim for refund of fee or other charges already paid or whatsoever against the Yenepoya (Deemed to be University).

I understand that the College is paying a stipend at the rate of Rs.12,000/- during Internship period.

I agree to the above stipend to be received during the time of internship and I will not claim any additional amount.

The content mentioned above is true and correct to my knowledge. I hereby, along with my parent/guardian undertake to act accordingly. This, the day of 2024 at Mangaluru, Karnataka.

FOR BDS MANAGEMENT SEATS/MUSLIM MINORITY SEATS

UNDERTAKING

I, Mr/Ms	(Name of the Candidate), aged about years,
S/D/o	(Name of the Parent) resident of
(permane	nt/present address of Parent) do hereby swear an oath as follows :

I have been selected to the BDS course 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 with the permission of my parents/guardian took admission to the BDS course at Yenepoya Dental College, Mangaluru as per the MCC/DGHS Allotment Order dated

I hereby agree to complete the BDS course and accordingly undertake to pay all the tuition and other fees as per the given fee structure.

I YEAR	II YEAR	III YEAR	IV YEAR
Date of payment:(at the time of admission)	Date:	Date :	Date :
Rs. 576000	Rs. 490000	Rs. 480000	Rs. 480000

I further agree that, if I fail to pay the above mentioned fee, I will not be allowed to attend my course.

In the event of my discontinuation from BDS 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 Dental College, Mangaluru i.e., Rs without any demur.

I shall have no claim for refund of fee or other charges already paid or whatsoever against the Yenepoya(Deemed to be University).

I understand that the College is paying a stipend at the rate of Rs.5,500/- during Internship period.

I agree to the above stipend to be received during the time of internship and I will not claim any additional amount.

FOR BDS NRISEATS

UNDERTAKING

I say that on my own will and with the permission of my parents/guardian took admission to the BDScourse at Yenepoya Dental College, Mangaluru as per the MCC/DGHS Allotment Order dated

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I hereby agree to complete the BDS course and accordingly undertake to pay all the tuition and other fees as per the given fee structure.

I YEAR	II YEAR	III YEAR	IV YEAR
Date of payment: (at the time of admission)	Date:	Date :	Date :
Rs. 601000	Rs. 575000	Rs. 575000	Rs. 575000

I further agree that, if I fail to pay the above mentioned fee, I will not be allowed to attend my course.

I shall have no claim for refund of fee or other charges already paid or whatsoever against the Yenepoya (Deemed to be University).

I understand that the College is paying a stipend at the rate of Rs.5,500/- during Internship period.

I agree to the above stipend to be received during the time of internship and I will not claim any additional amount.

Signature of the Candidate