



# **GREAT EASTERN MEDICAL SCHOOL & HOSPITAL**

**Ragolu, Srikakulam, Andhra Pradesh -532484**

## **POST GRADUATE ADMISSIONS – 2022-23**

### **GUIDELINES FOR CONVENOR QUOTA AND MANAGEMENT QUOTA ADMISSIONS**

#### **❖ Tuition Fee**

<b>SPECIALTY</b>	<b>CONVENOR QUOTA</b>	<b>MANAGEMENT QUOTA (S1)</b>
CLINICAL	4,32,000/-	8,64,000/-
PARA CLINICAL	1,35,000/-	2,70,000/-
PRE-CLINICAL	61,200/-	1,22,400/-

- ❖ **Study Bond** for Rs.3,00,000/- + 18 % GST in Rs.100/- Non-Judicial Stamp paper to be submitted in **Annexure III for Convenor Quota** and **Annexure -IV for Management Quota** (As per the proforma given in the prospectus)
- ❖ **Notarized Service Bond** for **Convenor Quota (In-service)** in **Annexure-A** and for **Convenor Quota (Non-service)** in **Annexure-B** to be submitted.
- ❖ **Affidavit for Tuition fee** in Rs.100/- Non-Judicial Stamp paper with Notary to be submitted in the proforma given below  
(For both Convenor Quota and Management Quota)  
(Stamp paper is to be taken in the name of the student)
- ❖ **All the original certificates** to be submitted as per the prospectus
- ❖ **It is mandatory to stay within the campus**

#### **MODE OF PAYMENT OF TUITION FEE**

##### **Demand Draft in the name of:**

GREAT EASTERN MEDICAL SCHOOL AND HOSPITAL  
Payable at Srikakulam

**(OR)**

##### **Online transfer to:**

GREAT EASTERN MEDICAL SCHOOL AND HOSPITAL  
A/c. No. 000688700000836  
YES Bank Ltd.  
Somajiguda Branch, Hyderabad  
IFSC Code: YESB0000006

**\*(Note: Payment through cheque and cash is not accepted)**

**LIST OF DOCUMENTS TO BE SUBMITTED AT THE TIME OF ADMISSION**

S. No.	<b><u>DOCUMENT</u></b>
1	Provisional Admission Order by Dr. NTR UHS
2	Verification Certificate by Dr. NTRUHS
3	NEET PG-2022 - Admit Card & Score Card
4	Printout of online application Submitted to Dr. NTR UHS
5	Date of Birth Certificate (X class or equivalent)
6	Intermediate (+2) Certificate (Xerox)
7	MBBS Marks lists / Official Transcript
8	Permanent Medical Registration certificate
9	Compulsory Rotatory Internship certificate
10	MBBS/PG Diploma - Provisional/Original Degree Certificate
11	MBBS/PG Diploma study certificate
12	Transfer Certificate
13	Migration Certificate
14	Screening test result certificate for foreign graduates
15	Social Status Certificate (Permanent Caste Certificate)
16	Study Bond for Rs. 3.0 Lakhs & Service Bond
17	Service Certificate in case of In-service candidates as in Annexure- IV A & IV B
18	Differently abled Certificate issued by the Competent Authority
19	Tuition fee affidavit
20	Relieving order from Previous college (if already joined in the previous phase of counseling)
21	Custodian from previous college (if already joined in the previous phase of counseling)
22	NRI (S2) & Institutional Quota Sponsorship (S3) letter
23	Copies of Aadhar, PAN Card and Bank Pass Book
24	Passport Size photos (8)
25	Tuition fee Payment Receipt

**Note:** Those who are allotted admission in subsequent phase of counseling - Please submit a letter addressing the Principal, GEMS (mail id: [principal@gems.edu.in](mailto:principal@gems.edu.in)) for the relieving order, along with copies of new allotment order and Admission letter & Fee Receipt received from GEMS.

In case of sliding to govt. colleges, give bank details of the student for returning tuition fee amount.

**TUITION FEE AFFIDAVIT SUBMITTED BY PG MEDICAL / DENTAL STUDENTS**  
**ADMITTED TO PG COURSES IN PRIVATE UNAIDED NON-MINORITY MEDICAL / DENTAL**  
**COLLEGES OF ANDHRA PRADESH**

**FOR THE ACADEMIC YEAR 2022-23**

(ON Non-Judicial Stamp Paper for Rs100/-)

I, Dr. \_\_\_\_\_ (AADHAR No: \_\_\_\_\_) S/o /D/o. \_\_\_\_\_  
R/o. \_\_\_\_\_ do hereby by solemnly affirm and state on oath as follows:

That I have been allotted a Post Graduate Medical/Dental Seat in \_\_\_\_\_ Specialty in **Great Eastern Medical School & Hospital, Ragolu, Srikakulam District**, by Dr. NTR University of Health Sciences, Vijayawada in counseling conducted on \_\_\_\_\_ under the Competent Authority Quota/Management Quota for the Academic years 2022-23 for the duration of full course of three years.

That I am aware of the fact that your college and other Medical and Dental colleges have filed Writ Petitions bearing No's: 9973 of 2020, 9969 of 2020 and 9880 of 2020 and batch of Writ Petitions before the Hon'ble High Court of A.P., challenging the Fee structure fixed by the Government of Andhra Pradesh through G.O.Ms.No.56 dated: 29.05.2020 saying that the fee fixed through the said G.O is abysmally low. Further, batch of writ petitions filed by students vide W.P.No. 9812, 9814, 9879 of 2020 challenging the action of colleges not permitting the candidates to report and pay fee are also pending before Hon'ble High Court of Andhra Pradesh.

That I am herewith paying the half yearly installment of tuition fee including other fees fixed under G.O.Ms.No.56, Dt. 29.05.2020 and I undertake to pay the remaining Fee for second half of first academic year, 2<sup>nd</sup> year and 3<sup>rd</sup> year as well. I further undertake, without prejudice to my rights, to pay the tuition fee including other fees payable pursuant to the decision of the Hon'ble High Court in above batch of Writ petitions or by the Hon'ble Supreme court of India or order of Government or any authority concerned.

I further declare that I am fully conversant with the rules and regulations of **Great Eastern Medical School & Hospital, Ragolu, Srikakulam District** on matter of recovery of pending tuition fee and other fee (not exceeding Rs. 45,000/- for three years subjected to the decision of the Court of Law) from its students and the principal of the institution may take any such legal action deemed fit to recover the dues from us.

This Affidavit cum Indemnity Bond as executed by me as a condition to seek admission to MD/MS in **Great Eastern Medical School & Hospital, Ragolu, Srikakulam District**.

Solemnly sworn and  
signed before me on this the  
\_\_\_\_ day \_\_\_\_\_ 2022

DEPONENT

//NOTARY//

## ANNEXURE-A

BOND TO BE EXECUTED BY ALL **IN-SERVICE CANDIDATES** AS PER G.O.Ms.No.206, DT.11-08-2022 of HM&FW (C1) DEPARTMENT, GOVERNMENT OF ANDHRA PRADESH AND G.O.Ms.No.150, HM&FW (C1) DEPT., DT.11-12-2021 OF GOVT. OF ANDHRA PRADESH

Bond - Duly Notarized on Non-Judicial Stamped paper for Rs. 100/- [One hundred rupees only]

I, Dr. \_\_\_\_\_ aged \_\_\_\_\_ years  
S/o, D/o, W/o \_\_\_\_\_ Permanent  
resident of \_\_\_\_\_  
\_\_\_\_\_ and Present Resident of \_\_\_\_\_  
\_\_\_\_\_ do hereby  
swear an oath as follows:

1. I am admitted into PG Medical/Dental \_\_\_\_\_ Speciality under State Quota/Competent Authority Service Quota seats in Government Medical/Dental College/Private Medical/Dental College at <Name of the Medical College/Dental College and Place> for the academic year 2022-23.
2. I am here with submitting the bond after reading and fully understanding the contents of the G.O.Ms.No.206, dt.11-08-2022 of HM&FW (C1) Department of Govt. of Andhra Pradesh and G.O.Ms.No.150, HM&FW (C1) Dept., dt.11-12-2021 of Govt. of Andhra Pradesh
3. I understand that all the admitted In-service candidates of PG Medical/Dental Degree courses under In-service quota seats after completion of the Post Graduate Degree course shall serve in the same area (Tribal/Rural/Continuous Regular service) from where the reservation was sought, to a minimum of six years (6) as per G.O.Ms.No.206, dt.11-08-2022 of HM&FW (C1) Department of Govt. of Andhra Pradesh and G.O.Ms.No.150, HM&FW (C1) Dept., dt.11-12-2021 of Govt. of Andhra Pradesh.
4. If I fail to abide by the bond by non rendering the services after completion of the course to a minimum of six (6) years a penalty of Rs.15,00,000/- (Rupees fifteen lakhs only) per year shall be levied against me.

Date:

Witnesses:

Signature of the candidate

1. Signature:

Name:

Name and address in full

Address:

2. Signature:

Aadhar No:

Name and address in full

Mobile No:

E-maid ID:

## ANNEXURE-B

### BOND TO BE EXECUTED BY **ALL NON-SERVICE CANDIDATES** AS PER G.O.Ms.No.251, HM&FW (C1) DEPARTMENT DT.02-10-2022 OF GOVERNMENT OF ANDHRA PRADESH

Bond - Duly Notarized on Non-Judicial Stamped paper for Rs. 100/- [One  
hundred rupees only]

I, Dr. \_\_\_\_\_ aged \_\_\_\_\_ years  
S/o, D/o, W/o \_\_\_\_\_ Permanent  
resident of \_\_\_\_\_  
\_\_\_\_\_ and Present Resident of \_\_\_\_\_  
\_\_\_\_\_ do hereby  
swear an oath as follows:

1. I am admitted in to MD/MS \_\_\_\_\_ Speciality under State  
Quota/Competent Authority Quota seats in Government Medical  
College/Private Medical College at <Name of the Medical College and Place>  
for the academic year 2022-23.
2. I am here with submitting the bond after reading and fully understanding the  
contents of G.O.Ms.No.251, dt.02-10-2022 of HM&FW (C1) Department of  
Govt. of Andhra Pradesh regarding the Compulsory Rural/Government  
Service to the Post Graduate (Medical) Degree candidates admitted into State  
Quota/Competent Authority Quota seats in Government Medical  
Colleges/Private Medical Colleges after completion of their course.
3. I understand that all the Non-service candidates who are admitted into PG  
(Medical) Degree courses in State Quota/Competent Authority Quota seats  
in Government Medical Colleges/Private Medical Colleges and successfully  
completed the Post Graduate Degree course shall under go one-year  
compulsory Rural/Government service in APVVP/DME,  
A.P Hospitals as per the G.O.Ms.No.251, dt.02-10-2022 of Govt. of Andhra  
Pradesh.
4. If I fail to abide by the bond either by not joining (or) by not completing the  
stipulated one year Rural/Government service period of one year within a  
maximum period of 18 months after obtaining the PG (Medical) Degree, a  
penalty of Rs.40,00,000/- (Rupees forty lakhs only) shall be levied against  
me.

Date:

Witnesses:

Signature of the candidate

1. Signature:

Name:

Name and address in full

Address:

2. Signature:

Aadhar No:

Name and address in full

Mobile No:

E-maid ID:

### **ANNEXURE -III**

**(Non-Judicial Stamped paper for Rs. 100/-)**  
**(FOR ALL IN-SERVICE AND NON-SERVICE CANDIDATES)**

I, Dr..... selected for Post Graduate Medical Degree/Diploma for the year 2022-23 do hereby undertake to complete the said course as per the requirements of the University. In the event of my leaving the studies after joining the course, I undertake to pay to the Dr. NTR University of Health Sciences a sum of Rs.3,00,000/- + 18% GST and refund the amount received as stipend up to that date to Government.

DATE :

Signature of the Candidate

Witness :

Sureties

1. Signature :

1. Signature :

Name and address in full

Name and address in full

2. Signature :

2. Signature :

Name and address in full

Name and address in full

**Annexure - IV**

**(Non-Judicial Stamped paper for Rs. 100/-)**

**(For all candidates)**

I, Dr..... selected for Post Graduate Degree/Diploma for the year **2022-23** do hereby undertake to complete the said course as per the requirements of the University. In the event of my leaving the studies after joining the course, I undertake to pay to Dr. NTR UHS a sum of Rs.3,00,000 + 18% GST (Rs.3,54,000/-) and refund the amount received as stipend up to that date to the respective College.

DATE:

Signature of the Candidate:

Witness:

1. Signature:

Name and address in full

2. Signature:

Name and address in full