

MDS ADMISSIONS FOR THE ACADEMIC YEAR 2026 – 2027

CHECK LIST AND FEE PAYMENT DETAILS

1. Dr NTR UHS Allotment order.
2. Online Application and Provisional Verification Form
3. NEET PG Admit card & Score Card
4. SSC Certificate.
5. Intermediate Mark List.
6. BDS / Equivalent Provisional or Original Degree Certificate
7. All Years / Consolidated Marks Statement or Original Degree Certificate
8. Internship Completion Certificate. (Candidates should have completed internship by **31-05-2026**.)
9. Permanent Registration from State Dental Council with Renewal
10. Study & Conduct Certificate of BDS.
11. BDS Transcript & Attempt Certificate
12. Transfer Certificate
13. Migration Certificate (if applicable).
14. Study Certificates from 6th class to Intermediate (Passed BDS from GDS & ARMY Dental College).
15. 10 years of Residence proof/ study certificates for Non local candidates and completed BDS outside AP/TS.
16. Latest Caste Certificate Income certificate in case of BC / SC / ST.
17. Minority certificate (if applicable).
18. Aadhar Card & Pan Card – Xerox.
19. Annexure-I (Declaration of blood relative for NRI category) and required documents for S-2.
20. Annexure-II - Notarized Affidavit of Parental/Spouse income and source of funds for admission under N.R.I. lapsed seat category
21. Annexure – III, Sponsorship certificate (Uploaded by the College/ Candidate for S-3 seats and required documents.
22. Study Bond (Annexure – IV) with Notary (Non – Judicial Stamped Paper for Rs. 100 /-).
23. Tuition fee Bond with Notary (Non – Judicial Stamped Paper for Rs. 100 /-).
24. Declaration – Annexure – V
25. 12 Passport Size Photos.

For Service Candidate(s) additionally:

23. DMHO Relieving Order
24. Director of Public Health and Family Welfare & Office of the Medical Officer

NOTE: For all above documents please submit two sets of Xerox with Originals.

FEE FOR MDS STUDENTS AT THE TIME OF ADMISSION
FOR THE ACADEMIC YEAR 2026– 2027

Sl.NO	PARTICULARS	A CATEGORY	S1 CATEGORY
1.	Tuition Fee **	3,92,783/-	7,85,565/-
2.	College Fee	53,000/-	53,000/-
Total Fee		4,45,783/-	8, 38,565/-

NOTE :- The above interim tuition fee structure is as per the G.O.RT.No. 786, HM&FW (C1) Department, dt. 29-08-2026 and the above interim fee structure notified for the Academic Year 2026-27, with a 10% enhancement over the existing fee notified for the Academic Year 2025-26. The above Tuition fee is liable for revision as per the final orders of the A.P State Govt.

Fee payment details:

DD in favor of “PRINCIPAL KIMS DENTAL COLLEGE” payable at
 Amalapuram.

For Fee details and College details contact Ph. No: 7331185477 , 7331185155 ,
 7331185229, 7331185455 , 7331185466

ANNEXURE - IV

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

I, Dr selected for Post Graduate Dental Degree/Diploma for the year 2026-27 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 ₹.3,00,000/- + 18% GST and refund the amount received as stipend up to that date to Government.

DATE:

Signature of the Candidate

Witness :

1. Signature:

Name and address in full

2. Signature:

Name and address in full

ANNEXURE – V

DECLARATION

I Son of/Daughter of..... Residing
at and admitted to in I year of (Name of the course
UG/PG) at.....(Name of the College) do hereby solemnly
affirm and sincerely state as follows:

I declare that I shall abide by the rules and regulations prescribed by the Dr. NTR University of Health
Sciences, Vijayawada for the (course) including regulations for re-admission after the
break of study.

Date:

Signature of candidate

/ Countersigned /

Dean / Principal / Director
(Office date with seal)

AFFIDAVIT

(on non-judicial stamp paper for Rs. 100/-)

Tuition Fee Affidavit submitted by PG (MD/MS/MDS) Student admitted into PG (MD/MS/MDS) Courses under Convenor / Management Quota (S1,S2(NRI),S3(institutional quota) Seats into Private Un-Aided Non-Minority Medical / Dental Colleges of Andhra Pradesh for the academic year 2026-27.

I, Mr. / Ms. _____,

S/o. / D/o _____,

NEET-PG-2026 Roll. No. _____, NEET-PG-2026- Score _____, NEET-PG-2026 All India Rank _____ got admitted into PG (MD/MS/MDS) Course under Convenor Quota / Management Quota (S1,S2(NRI),S3(institutional quota) in, _____ College,

for the academic year 2026-27.

I was informed by the College that, the Government of Andhra Pradesh issued G. O. Rt. No. 786, HM & FW (C1) Dept., Dt. 29/08/2026 fixing the Tuition Fee for the academic year 2026-27 only and issued further direction as:

“Every institution /college shall, at the time of admission, communicate to the student in writing that the fee fixed for the Academic Year 2026 — 27 is interim and tentative and is liable to revision for that every year upon the final determination of the Committee, and that the resulting differential shall be adjusted, refunded or recovered accordingly”.

Having understood the above, we undertake to abide by the Orders of the Government of Andhra Pradesh vide G. O. Rt. No. 786, HM & FW (C1) Dept., Dt. 29/08/2026 in respect of the Tuition Fee.

Date: _____

Father Signature
(Father Name)

Student Signature
(Student Name)

DECLARATION OF BLOOD RELATIVE FOR NRI CATEGORY

(This declaration is to be given by a Student/ Parent/Blood Relative (family member) who is seeking admission under NRI category (Management quota of NRI) of Dr. NTR University of Health Sciences, A.P., Vijayawada.)

I, Mr/Ms. _____, NEET MDS 2026 Roll No _____
NEET MDS 2026 Rank _____, Son/daughter of Mr./Ms. _____
seeking admission into MDS course in NRI category seats for the academic year 2026-27 into Dental
Colleges situated in Andhra Pradesh Private Non- Minority Dental Colleges do hereby declare and
state as under:

I declare that I am **Son/ Daughter/ Niece/ Nephew/ Brother/ Sister** of
Mr/Ms. _____, S/o. _____,
R/o. _____ (here
incorporate the complete address of NRI to whom the candidate is related).

I declare that the said family member NRI is paying my fee for my MDS course and I further
declare that the above facts stated are true and correct and I am liable for any action in the event of
concealment of facts.

Hence, this declaration.

(Signature of the Candidate)

I, _____, S/o. _____
here declare and confirm that the above candidate viz., Mr/Ms _____ is
related to me as _____(mention relationship) (**Son/Daughter/Niece/Nephew/Brother/Sister**)
and I hereby irrevocably agree and undertake to provide finance support to him/her by payment of
entire fees and other expenses for pursuing MDS course under NRI Category in the Dental Colleges
affiliated to Dr NTRUHS.

Date:

(Signature of the NRI)
(Blood Relative)

NOTARISED AFFIDAVIT

DR. N.T.R. UNIVERSITY OF HEALTH SCIENCES, A.P., VIJAYAWADA – 520 008

ADMISSIONS INTO MDS COURSES UNDER MANAGEMENT QUOTA, 2026-27

**NOTARISED AFFIDAVIT OF PARENTAL/SPOUSE INCOME AND SOURCE OF FUNDS FOR
ADMISSION UNDER N.R.I. LAPSED SEAT CATEGORY**

I, **[Full Name of the Parent/Spouse]**, S/o /D/o /H/o /W/o [_____], aged **[Age]** years, residing at **[Full Residential Address]**, do hereby solemnly affirm and declare as under:

1. That I am a citizen of India and the parent/guardian/spouse of **[Student's Name]**, who has qualified NEET-MDS **[2026]** with NEET Roll No. **[NEET Roll Number]** and is seeking admission to the MDS course under the NRI Lapsed Category for the academic year 2026-27 through online counselling conducted by Dr. NTR University of Health Sciences, A.P., Vijayawada.
2. That I am fully aware of the Prospectus / Regulations for admissions into MDS Course under Management Quota, 2026-27 and also Fee Structure notified in the Prospectus in respect of N.R.I. Lapsed Category of the respective Dental College notified by Dr. NTRUHS, Vijayawada.
3. That the total annual income of my family from all sources for the financial year **[2025-2026]** is Rs. **[Amount in Figures]** (Rupees **[In Words]** only).
4. That the specific sources of income/funds for our family and for financing the aforementioned dental education are as follows:

a. Primary Occupation / Business / Profession:

[e.g., Proprietor of XYZ firm / Agriculture / Salaried Employee at ABC]

b. Annual Income from Business/Salary: Rs. [Amount]

c. Annual Income from Agricultural / Other Sources (if any): Rs. [Amount]

d. Details of Liquid Assets/Bank Support used for funding:

[e.g., Personal savings, family business revenue, or sanctioned educational loan details from Bank Name, if applicable]

5. That I possess the financial capacity to pay the prescribed annual tuition fee and other requisite fees for the entire duration of the MDS course (**3 years**) at the college concerned without any default.
6. That I certify that the information regarding income and sources provided above is true and correct to the best of my knowledge and belief. No material information has been concealed.
7. That if any information, statement, or document furnished by me is proved to be false, incorrect, or misleading at any stage, the admission of my ward is liable to be cancelled, and I shall be liable for legal and penal action as per the law.

Date:

(Signature of the Parent / Guardian/Spouse)

Place:

Name: (Full Name)_____

Aadhar Number:_____

Contact Number_____

Notarised by:

ANNEXURE – III

(To be issued on the College Letter Head)

Sponsorship Certificate to be uploaded by the College

(Institutional Quota Candidate for Category-C – S3)

This is to certify that Dr. _____S/o or D/o Sri _____NEET-2026 (MDS) Roll Number_____ NEET Rank_____was a bonafide student of BDS course of _____ Dental College,_____ affiliated to Dr. NTR University of Health Sciences, Vijayawada, AP.

I, on behalf of the management of the college pleased to recommend his/her candidature for admission to Postgraduate course under the Category-C-S3 (Institutional Quota) in _____ specialty.

Signature of Dean/Principal
with Office Seal

(Or)

Sponsorship Certificate to be uploaded by the candidate

(Institutional Quota Candidate for Category-C-S3)

Employee of the Institution

This is to certify that Dr. _____ NEET-2026(MDS) Roll Number_____ NEET Rank_____ is an employee (or) his/her Parent Sri/Smt _____ who is a an employee of our Institution and working as _____from _____ to _____ period _____ in _____ College affiliated to Dr. NTR University of Health Sciences, Vijayawada.

I, on behalf of the Management of the college, pleased to recommend the name of Dr.----- candidature for admission into Postgraduate (Dental) course under the Category-C (Institutional Quota-S3) in _____ specialty.

Date:

Signature of Dean/Principal

(with Office seal)