

SUPER SPECIALTY - CHECK LIST

1. DGHS Allotment letter
2. NEET SS – Admit Card - 2025
3. NEET SS – Score Card - 2025
4. Date of Birth Certificate (X class / SSC or equivalence Certificate)
5. MBBS Degree Certificate
6. MBBS Marks Memo
7. MBBS Registration Certificate
8. Internship Completion Certificate
9. PG Degree Certificate
10. PG Marks Memo
11. PG Registration Certificate
12. MBBS & PG Degree Study Certificates
13. 1. Study Bond and 2. Course Discontinuation Bond
14. 2 Post dated Cheques for remaining period of study
15. 2 sets of Xerox copies of above certificates
16. 4 Passport size photos
17. DD for **Rs. 20,25,000/-** drawn in favour of “ **Narayana Medical College**” payable at Nellore
18. University fee for **Rs. 40,700/-** through “**Online Payment**” on the University website, only after completion of the final round of counselling.
19. Photo copy of AADHAR Card
20. Photo copy of PAN Card
21. Bank Account Statement/Passbook Xerox copy

Bank Account Details :

Name : NARAYANA MEDICAL COLLEGE

Bank : ICICI A/C No : 631001120450

IFSC: ICIC0006310

Branch : DANDAYUDHAPURAM, NELLORE

Mode of Payment : DD/NEFT/RTGS

Note : Strictly No Cash Deposits in the above account.

(Rs. 100/- Non Judicial Stamp Paper)

I, **Dr.** _____ selected for second Postgraduate Degree (Super Specialty) Medical Course for the academic year 2025-26 in _____, **Narayana Medical College, Nellore** do hereby undertake to complete the said course as per the requirements of the University. In the event of my discontinuing the course or in case of default of any other reason, I undertake to pay to Dr. NTR University of Health Sciences a sum of Rs. 3,00,000/- + 18% GST and refund the amount received as stipend upto that date.

Date :

Signature of Candidate

Signed by the above bounded in the presence of:

WITNESS:

1. Signature _____
Name & Address in Full.

2. Signature _____
Name & Address in Full.

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

I, Dr..... selected for second Post Graduate Degree (Super Specialty) course for the year 2025-26 do hereby undertake to complete the said course as per the requirements of the University. In the event of me leaving / dropping from continuation of the studies during the course after cutoff date for admission, I hereby undertake to pay to Narayana Medical College, Nellore, fee for the remaining period of study and refund the amount received as stipend upto that date to Narayana Medical College, Nellore.

DATE :

Signature of the Candidate

Witness :

1. Signature :

Name and address in full

2. Signature :

Name and address in full