

DOCUMENTS TO BE PRODUCED AT THE TIME OF ADMISSION

| General category | NRI category |
|--|--|
| <ol style="list-style-type: none"> 1. Aadhar Card of the student – Copy 2. NEET Rank card 3. Online allotment letter of MCC 4. 10th standard marks card - Original + 3 attested copies 5. 12th standard marks card - Original + 3 attested copies 6. Transfer certificate - Original + 3 attested copies 7. Conduct certificate - Original + 3 attested copies 8. Migration certificate - Original + 3 attested copies 9. Physical fitness certificate 10. Blood Group certificate 11. 5 passport size and 5 stamp size photos 12. D.D for Rs.1101500/- favouring “K.S Hegde Medical Academy” made payable at Mangalore - for MBBS 13. D.D for Rs.506500/- favouring “A.B Shetty Memorial Institute of Dental Sciences” made payable at Mangalore – for BDS 14. BOND [UNDERTAKING AS PER FORMAT FURNISHED] | <ol style="list-style-type: none"> 1. Aadhar Card of the student – Copy 2. NEET Rank card 3. Online allotment letter of MCC 4. 10th standard marks card - Original + 3 attested copies 5. 12th standard marks card - Original + 3 attested copies 6. Transfer certificate - Original + 3 attested copies 7. Conduct certificate - Original + 3 attested copies 8. Migration certificate - Original + 3 attested copies 9. Physical fitness certificate 10. Blood Group certificate 11. 5 passport size and 5 stamp size photos 12. Passport copy of the parent and student 13. Residence permit of the parent 14. Employment certificate of the parent 15. Valid Visa for the period of study (in case of foreign nationals) 16. Transfer of USD 43400 to the bank account of K.S Hegde Medical Academy mentioned below: - for MBBS 17. Transfer of USD 15300 to the bank account of A.B Shetty Memorial Institute of Dental Sciences mentioned below: -for BDS 18. BOND [UNDERTAKING AS PER FORMAT FURNISHED] |

For both MBBS and BDS (NRI candidates only)

The amount can be transferred in USD to the following account:

| | |
|-------------------------------------|--|
| Name Of the Account | Nitte University |
| Account No | 01002010133035 |
| Name and Address of the Bank | Syndicate Bank, Hampankatta Branch |
| SWIFT code | SYNBINBB008 |
| Correspondent Bank:(For USD) | DEUTSCHE Bank Trust Company Americas, Swift Code : BKTRUS33 A/C No 04033950 |

The payment can also be made by transfer of **equivalent Indian Rupees from the NRE account** of the parent. However, this should be supported by a letter from the Banker stating that the amount is from the NRE account.

The amount can be transferred to the following bank accounts and proof of remittance produced along with the documents:

For MBBS: (K S Hegde Medical Academy)

| | |
|-------------------------------------|---|
| Name Of the Account | NET Nitte University |
| Account No | 02452200031376 |
| Name and Address of the Bank | Syndicate Bank, ABSMIDS Branch, Deralakatte. |
| SWIFT code | SYNBINBB008 |
| IFSC/RTGS | SYNB0000245 |
| Branch code | 0245 |
| MICR Code | 575025031 |

For BDS: (ABSM Institute of Dental Sciences)

| | |
|-------------------------------------|---|
| Name Of the Account | NET Nitte University |
| Account No | 02452200031420 |
| Name and Address of the Bank | Syndicate Bank, ABSMIDS Branch, Deralakatte. |
| SWIFT code | SYNBINBB008 |
| IFSC/RTGS | SYNB0000245 |
| Branch code | 0245 |
| MICR Code | 575025031 |

UNDERTAKING –FOR MBBS (GENERAL CATEGORY)

I, Mr/Ms (Name of the Candidate), aged about years,

S/D/o(Name of the Parents) resident of

..... (permanent/present address of Parent) do hereby swear on oath as follows :

I, have been selected to the 1st MBBS course at K.S Hegde Medical Academy, Mangaluru, a constituent college of Nitte University (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 No. (All India Rank).

I, say that on my own will and along with my parents/guardian took admission to the MBBS course at K.S Hegde Medical Academy, Mangaluru as per the DGHS Admission Order No. Dated

I, say in consideration of admission to 1st year MBBS course, I shall complete the MBBS course and accordingly undertake to pay all the tuition and other fees as demanded by Nitte University.

In the event of my discontinuation of MBBS course due to any reason; I along with my parent/guardian hereby undertake to pay balance tuition and other fees to Nitte University, Mangaluru **payable for the entire course** without any demur.

What is stated above is true and correct. I along with my parent/guardian do hereby undertake to act accordingly. This, the day of 2017 at Mangaluru, Karnataka.

Signature of the Candidate

Name:

Signature of the Parent/Guardian

Name:

NOTE: To submit the bond on a stamp paper of Rs. 200/-

UNDERTAKING- FOR MBBS (NRI CATEGORY)

I, Mr/Ms (Name of the Candidate), aged about years,

S/D/o(Name of the Parents) resident of

(permanent/present address of Parent) do hereby swear on oath as follows :

I, have been selected to the 1st MBBS course at K.S Hegde Medical Academy, Mangaluru, constituent college of Nitte University (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 No. (All India Rank).

I, say that on my own will and along with my parents/guardian took admission to the MBBS course at K.S Hegde Medical Academy, Mangaluru as per the DGHS Admission Order No. Dated

I, say in consideration of admission to 1st year MBBS course, I shall complete the MBBS course and accordingly undertake to pay all the tuition and other fees as demanded by Nitte University.

In the event of my discontinuation of MBBS course due to any reason; I along with my parent/guardian hereby undertake to pay balance tuition and other fees to Nitte University, Mangaluru **payable for the entire course** without any demur.

I, along with my parents/guardian say that am binding to pay a sum of USD (US Dollars) in the event of my leaving the course before its completion the total MBBS course fee to Nitte University, Mangaluru

What is stated above is true and correct. I along with my parent/guardian do hereby undertake to act accordingly. This, the day of 2017 at Mangaluru, Karnataka.

Signature of the Candidate

Name:

Signature of the Parent/Guardian

Name:

NOTE: To submit the bond on a stamp paper of Rs. 200/-

UNDERTAKING FOR BDS (GENERAL CATEGORY)

I, Mr/Ms (Name of the Candidate), aged about years,

S/D/o(Name of the Parents) resident of

..... (permanent/present address of Parent) do hereby swear on oath as follows :

I, have been selected to the 1st BDS course at A.B Shetty Memorial Institute of Dental Sciences, Mangaluru, a constituent college of Nitte University (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 No. (All India Rank).

I, say that on my own will and along with my parents/guardian took admission to the BDS course at A.B Shetty Memorial Institute of Dental Sciences, Mangaluru as per the DGHS Admission Order No. Dated

I, say in consideration of admission to 1st year BDS course, I shall complete the BDS course and accordingly undertake to pay all the tuition and other fees as demanded by Nitte University.

In the event of my discontinuation of BDS course due to any reason; I along with my parent/guardian hereby undertake to pay balance tuition and other fees to Nitte University, Mangaluru **payable for the entire course** without any demur.

What is stated above is true and correct. I along with my parent/guardian do hereby undertake to act accordingly. This, the day of 2017 at Mangaluru, Karnataka.

Signature of the Candidate

Name:

Signature of the Parent/Guardian

Name:

NOTE: To submit the bond on a stamp paper of Rs. 200/-

UNDERTAKING –FOR BDS (NRI CATEGORY)

I, Mr/Ms (Name of the Candidate), aged about years,

S/D/o(Name of the Parents) resident of

..... (permanent/present address of Parent) do hereby swear on oath as follows :

I, have been selected to the 1st BDS course at A.B Shetty Memorial Institute of Dental Sciences, Mangaluru, constituent college of Nitte University (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 No. (All India Rank).

I, say that on my own will and along with my parents/guardian took admission to the BDS course at A.B Shetty Memorial Institute of Dental Sciences, Mangaluru as per the DGHS Admission Order No. Dated

I, say in consideration of admission to 1st year BDS course, I shall complete the BDS course and accordingly undertake to pay all the tuition and other fees as demanded by Nitte University.

In the event of my discontinuation of BDS course due to any reason; I along with my parent/guardian hereby undertake to pay balance tuition and other fees to Nitte University, Mangaluru **payable for the entire course** without any demur.

I, along with my parents/guardian say that am binding to pay a sum of USD (US Dollars) in the event of my leaving the course before its completion the total BDS course fee to Nitte University, Mangaluru

What is stated above is true and correct. I along with my parent/guardian do hereby undertake to act accordingly. This, the day of 2017 at Mangaluru, Karnataka.

Signature of the Candidate
Name:

Signature of the Parent/Guardian
Name:

NOTE: To submit the bond on a stamp paper of Rs. 200/-