NRI MEDICALCOLLEGE & GENERAL HOSPITAL
Chinakakani - Mangalagiri Mandal, Guntur District. Andhra Pradesh (India) 522503.
Phone: 08645 - 230101, 230102, Fax: 234577.

Date: 23-10-2026

PUBLIC NOTICE

ATTENTION: Aspirants of Post Graduate Medical seats at
NRI Medical College for the Academic year 2026-2027.

Dr.NTR UHS has released notification for admission into PG Medical Degree Courses under Convener & Management Quota for the Academic Year 2026-2027.

In this regard the selected candidates have to submit all the required Original Academic Certificates and their Photostat copies to the college authorities, at the time of reporting for admission at the college.

In this regard, all the aspirants are directed to follow the guidelines mentioned below for their own benefit and convenience;

(A) To keep scanned images of all original certificates in electronic format for their future requirement during the course of study.

(B) And also keep a sufficient number of Photo Copies of all Original Certificates for future requirement during the course of study.

With all Good Wishes,

(Dr. N. LAKSHMI, MS)
DEAN
RI ACADEMY OF SCIENCES
(NRI Medical College & General Hospital)
CHINAKAKANI-522 508
GUNTUR DIST., A.P.

NRI MEDICALCOLLEGE & GENERAL HOSPITAL
Chinakakani - Mangalagiri Mandal, Guntur District. Andhra Pradesh (India) 522503.
Phone: 08645 - 230101, 230102, Fax: 234577.

Date: 23-10-2026

PG ADMISSIONS – 2026–2027

The Candidates who are allotted Post Graduate seats (MD/MS) at NRI Medical College, Chinakakani, Guntur (Dt) for the academic year 2026-2027 are directed to bring the enlisted Original Certificates and two sets of Photo copies at the time of their reporting for admission.

(Dr.N.LAKSHMI,MS)
DEAN
NRI ACADEMY OF SCIENCES
(NRI Medical College & General Hospital)
CHINAKAKANI-522 508
GUNTUR DIST., A.P.

Enclosed: List of Certificates to be submitted

NRI MEDICAL COLLEGE, CHINAKAKANI.

ORIGINAL CERTIFICATES TO BE SUBMITTED BY THE CANDIDATES SELECTED FOR P.G DEGREE COURES FOR THE ACADEMIC YEAR 2026-2027

1.	Provisional allotment order issued by Dr.NTR UHS
2.	Printout of Final Application form submitted to Dr.NTR UHS
3.	NEET PG - 2026 Admit card
4.	NEET PG - 2026 Rank card / Score card
5.	Date of Birth (SSC/CBSE/ICSE) Certificate
6.	Intermediate Pass Certificate cum Memorandum of Marks (10+2) / Equivalent Certificate
7.	MBBS Degree certificate
8.	All marks statements from 1st MBBS to Final MBBS / Marks Transcript
9.	Compulsory Rotating Internship Certificate
10.	Medical Registration Certificate from the respective State Medical Council
11.	Study & Conduct certificates of MBBS 6th to Inter/10+2 study certificates for the candidates who have completed MBBS from Govt. Siddhartha Medical College, Vijayawada
12.	Certificate of Non Local or Residence for non local allotted candidates
13.	Social status Certificate for SC/ST/BC categories (issued by M-seva)
14.	Transfer Certificate of MBBS
15.	Migration Certificate for students studied MBBS Course other than Dr.NTR UHS
16.	Physically Handicapped Certificate issued by the competent authority
17.	Annexure – III Non-judicial stamped paper for Rs.100/- (For all candidates)
18.	Annexure-A Bond – Duly Notarized non-judicial stamped paper for Rs.100/- (All non-service candiates)
19.	Annexure-B Bond- Duly Notarized non-judicial stamped paper for Rs.100/- (All In-service candiates)
20.	Annexure -4A and Annexure-4B Certificates (All In-service candidates)
21.	Provisional or Original Certificate of PG Diploma or Degree if possessed
22.	NRI Sponsor Declaration & Enclosures (for S2-Category Students)
23.	Annexure –II NRI Lapsed C-Category
24.	Sponsorship Certificate from College for Institutional Quota (S3)
25.	Photocopy of Aadhar card
26.	Photocopy of Pan Card
27.	Color passport photographs – 10 No's

In addition to the above original certificates, candidates have to submit two sets of Photostat Copies.

Phone numbers:

Admission details: 08645-230338,7093449333

Tuition Fee & Hostels details: 08645-230359

Laxmi

(Dr.N. LAKSHMI,MS)

DEAN

NRI ACADEMY OF SCIENCES

ANNEXURE - III

(Non-Judicial Stamped paper for ₹. 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/- and refund the amount received as stipend up to that date to Government and I will be barred from applying for Post Graduate (Dental) Degree/Diploma course in Andhra Pradesh for three years of NEET PG Counselling from the date of this order

Date : Signature of the Candidate

Witness :

1. Signature :
   Name and address in full

2. Signature :
   Name and address in full

ANNEXURE-A

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 2026-27.
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:

PERSONAL DETAILS
(To be submitted by the Non-Service Candidate along with the bond for the academic year 2026-27)

1	Name	
2	Age & date of birth	
3	Father's Name	
4	Mother's Name	
5	Present Address	
6	Permanent Address	
7	Mobile Number	
8	E-mail ID	
9	Aadhar No	
10	State Medical Council Registration Number	
11	NEET Rank	
12	NEET Roll Number	
13	Allotment number issued by Dr.NTR UHS	
14	Name of the College to which candidate is admitted	
15	PG (Medical) Degree Speciality	

Date:

Signature of the candidate

Name:

Mobile No:

Aadhar No:

E-mail ID:

Address :

ANNEXURE- IV A

SELF DECLARATION BY INSERVICE CANDIDATES

I, Dr._____ Son/Daughter of _____ is in service and working as _____ under the administrative control of _____ I have put up the following service as on _____.

1) Tribal Service - Years : Months Days

2) Rural Service - Years : Months Days

3) Continuous Regular Service - Years : Months Days

I do hereby declare that I do not have any Post Graduate (Medical) Degree or Diploma / I have a post graduate (Medical) degree/Diploma in ..... (Specify the subject). I satisfy the definition of "In service candidate" as per sub-rule (2) of Rule 3 of **G.O.Ms.No.85 HM&FW(C1) Dept., dt.20-07-2024, G.O.Ms.No.127, dt.01-10-2024 & G.O.Ms.No.99, dt.18-08-2025.** My Date of Birth is _____ and I will be having a leftover service of _____as on **01-07-2026** to be eligible for deputation as In-service candidate. If this declaration is found to be incorrect and false, I am liable for action for submitting false declaration in addition to cancellation of admission into the Post Graduate course. I certify that the above information is true and correct.

Date: Signature of the candidate

Name (in capitals):

Mobile Number:

Address:

ANNEXURE - IV B

(FOR INSERVICE CANDIDATES)

ELIGIBILITY SERVICE CERTIFICATE TO BE CONSIDERED FOR P.G. MEDICAL SELECTION UNDER SERVICE QUOTA AS PER G.O.Ms.No.85, dt.20-07-2024, G.O.Ms.No.127, dt.01-10-2024 & G.O.Ms.No.99, dt.18-08-2025 OF GOVERNMNET OF ANDHRA PRADESH

SERVICE ELIGIBILITY CERTIFICATE

This is to certify that Dr. _____ Son/Daughter of _____ is an In-service candidate and working as _____ under the administrative control of _____. He/She is already having _____ P.G. (Medical) Degree/Diploma (Specify the specialty/If no information write Nil). He/She is eligible for selection into any P.G. (Medical) Degree or Diploma (Strike off the one not applicable) under service quota for admission into P.G. (Medical) Courses for the year 2026-27 as per orders of Govt. of AP vide **G.O.Ms.No.85, HM & FW (C1) Dept., dt. 20-07-2024 and subsequent amendments mentioned above.** His/Her date of birth is _____ and he/she is having the leftover service of _____ as on **01-07-2026.**

SERVICE AS ON 01-07-2026:

Type of Service	**Place of Service**	**Service**		**Total Period of Service (DD/MM/YY)**
		From (DD/MM/YY)	**To (DD/MM/YY)**	
1) Tribal Service				
2) Rural Service				
3) Continuous Regular Service				

Date:

Signature of concerned Department Appointing Authority with Office Seal

ANNEXURE-B

BOND TO BE EXECUTED BY **ALL IN-SERVICE CANDIDATES** AS PER G.O.Ms.No.85, HM&FW (C1) DEPARTMENT DT.20-07-2024 OF GOVERNMENT OF ANDHRA PRADESH

ANNEXURE TO G.O.Ms.No.85, HM&FW (C) DEPT., DT. 20.07.2024.

AGREEMENT BOND FOR THE CANDIDATES ADMITTED TO PG DEGREE/SUPER SPECIALTY MEDICAL COURSES FOR THE ACADEMIC YEAR _____ UNDER IN SERVICE QUOTA.

[Non-Judicial Stamped Paper Rs.100/-]

THIS DEED OF BOND IS EXECUTED AT _____ ON THIS DAY OF _____ By Name: S/O, D/O, W/O

Residing At (Permanent Address):

Mobile No:

Mail id:

Aadhar No:

PAN No:

IN FAVOUR OF DME/DPH&FW/DSH (Government of Andhra Pradesh)

WHEREAS the party of the FIRST PART has applied for admission to PG Degree course/ Super Specialty (Medical) course as in-service candidate and the party of the FIRST PART has been selected to the said course.

Whereas the party of the FIRST PART has agreed to serve the Government of Andhra Pradesh at any of the Government Institutions as ordered by the competent authority for a period of Ten (10) years after successful completion of the PG Degree/Super Specialty Course.

Whereas I am executing this bond with free will and consent without any coercion.

P.T.O.

THE DEED OF INDEMNITY BOND WITNESSES AS FOLLOWS:

1. The Party of the FIRST PART is agreed to pay a sum of Rs. 50,00,000 (Rupees Fifty Lakhs Only) in addition to pay & allowances received during the study period with interest as applicable as on the date to the Government. The same shall be recovered from the Party of the FIRST PART by initiating the provisions under RR Act, in the event of failure of bond conditions.

2. The Party of the FIRST PART is agreed to absorb into (or) utilized his/her services in DME/DSH or in any Government Health Institution, after completion of the course.

3. The Party of the SCOND PART shall monitor the performance in the P.G. Course. If the authority found that, the Party of the FIRST PART intentionally delayed in completing the course, the Party of the SECOND PART will initiate appropriate disciplinary proceedings against the Party of the FIRST PART.

4. The University is at liberty to cancel the PG Medical Degree/Super Specialty degree of the party of the FIRST PART in violation of bond conditions.

5. The DME/DPH & FW/DSH is at liberty to initiate the criminal prosecution in the event of his/her failure to comply the bond conditions.

6. The party of the FIRST PART shall complete the P.G. Degree Medical within a period of six (6) years from the date of admissions.

7. The Party of the FIRST PART is agreed to furnish two sureties who are income tax assesses and one of them shall be a regular Government employee to recover the bond amount from the sureties, in the event of his/her failure in bond conditions.

8. The Party of the FIRST PART shall keep the certificates in the custody of the sponsoring authority (DME/DPH&FW/DSH) till completion of Ten (10) years service

Signed on this _____ Day_____ Month _____ Year

THE PARTY OF THE FIRST PART

Witnesses:

1. Signature:

Name and Address in full.

2. Signature:

Name and Address in full.

THE PARTY OF THE SECOND PART

(FOR ALL IN-SERVICE CANDIDATES)

DECLARATION

1. Name of the Candidate:
2. Name of the Institution and Place where he has worked last:
3. Designation:
4. Name of the PG Course/Super Specialty Course:
5. Duration of the course:
6. Date of Joining course:
7. Whether Service/Non Service Candidate:
8. If service candidate, date of joining in-service:
9. Total service prior to joining the course:
10. Permanent Address:

I hereby declare that the above particular are true to the best of my knowledge and I have executed the prescribed bond. If the particulars furnished above are incorrect and in the event of failure of fulfilling the bond conditions, I will abide to pay an amount of Rs.50,00,000/- (Rupees Fifty Lakhs only) in addition to pay &allowances received during the study period along with the applicable interest.

Date:

Station:

SIGNATURE OF THE CANDIDATE

(FOR ALL IN-SERVICE CANDIDATES)

Dated:

SURETY FORM

[Non-Judicial Stamped Paper Rs.10/-]

I _____ S/O _____ executing this surety bond in favour of DME/DPH&FW/DSH with an undertaking to pay the amount of Rs.50,00,000/- (Rupees Fifty Lakhs only) and other amounts prescribed in the bond conditions by Dr.----------in the event of his/her failure to comply the bond conditions dt.----------.

The Authority is at liberty to recover the said amount by initiating provisions of RR Act.

SIGNATURE OF THE SURETY

Witnesses:

1. Signature:

Name and Address in full.

2. Signature:

Name and Address in full.

(FOR ALL IN-SERVICE CANDIDATES)

Dated:

SURETY FORM

[Non-Judicial Stamped Paper Rs.10/-]

I _____ S/O _____ executing this surety bond in favour of DME/DPH&FW/DSH with an undertaking to pay the amount of Rs.50,00,000/- (Rupees Fifty Lakhs only) and other amounts prescribed in the bond conditions by Dr.----------in the event of his/her failure to comply the bond conditions dt.----------.

The Authority is at liberty to recover the said amount by initiating provisions of RR Act.

SIGNATURE OF THE SURETY

Witnesses:

1. Signature:

Name and Address in full.

2. Signature:

Name and Address in full.

Sl.No. 58180

NRI MEDICAL COLLEGE & GENERAL HOSPITAL

Chinakakani,Mangalagiri Mandal, Guntur Dist., AP - 522 508
Ph.: 91 8645-230101, 230102 | www.nrias.ac.in

Date : 19.10.2026.

P.G. Degree FEE STRUCTURE FOR (2026-27)

CATEGORY	Convenor Quota fee	Management Quota (S1)Fee	Management Quota (S2)Fee	Management Quota (S3)Fee	
Clinical					
Tuition Fee	Rs.5,71,320/-	Rs.11,42,640/-	Rs.66,12,500/-	Rs.66,12,500/-	Yearly
Admission & Reg. Fee	Rs.25.000/-	Rs.30,000/-	Rs.35,000/-	Rs.35,000/-	One Time
Skills Lab Fee	Rs,10,000/-	Rs.10,000/-	Rs.10,000/-	Rs.10,000/-	Yearly
Library Fee	Rs.10,000/-	Rs.10,000/-	Rs.10,000/-	Rs.10,000/-	Yearly
Total	**Rs.6,16.320/-**	**Rs.11,92,640/-**	**Rs.66,67,500/-**	**Rs.66,67,500/-**	
Para Clinical					
Tuition fee	Rs.1,78,538/-	Rs.3,57,075/-	Rs.19,83,750/-	Rs.19,83,750/-	Yearly
Admission & Reg. Fee	Rs.25,000/-	Rs.30,000/-	Rs.35,000/-	Rs.35,000/-	One Time
Library Fee	Rs.10,000/-	Rs.10,000/-	Rs.10,000/-	Rs.10,000/-	Yearly
Total	**Rs.2,13,538/-**	**Rs.3,97,075/-**	**Rs.20,28,750/-**	**Rs.20,28,750/-**	
Non –Clinical					
Tuition fee	Rs.80,937/-	Rs.1,61,874/-	Rs.10,58,000/-	Rs.10,58,000/-	Yearly
Admission & Reg. Fee	Rs.25,000/-	Rs.30,000/-	Rs.35,000/-	Rs.35,000/-	One Time
Library Fee	Rs.10,000/-	Rs.10,000/-	Rs.10,000/-	Rs.10,000/-	Yearly
Total	**Rs1,15,937/-**	**Rs.2,01,874/-**	**Rs.11,03,000/-**	**Rs.11,03,000/-**	

***The Tuition fee notified above is subject to outcome of the W.P.No.32975, 33162&35090 of 2022.**

Hostel Fee

Hostel Admission Fee	Rs.5,000/-
A/c Provision Single Room Boys / Girls	Rs.1,50,000/- Per Year
A/c Provision Double Bed Boys / Girls	Rs.85,000/- Per Year
Caution Deposit (A/c Room / Non –A/c Room)	Rs.15,000/- (50% Refundable)
Non –A/c Single Room Boys / Girls	Rs.75,000/- Per Year
Non –A/c Double Bed Boys / Girls	Rs.42,000/- Per Year
Note: - Hostel Fee & Bus Fee for one year shall be Payable in Advance and no refund is entertained for withdrawal during the One Year Period.	
Bus fee Vijayawada (Non –A/c)	Rs. 35,000/- Per Year
Bus fee Guntur /Tenali (Non –A/c)	Rs. 40,000/- Per Year

The above Fess shall be paid Through D.D./NEFT/RTGS.

DD in favour of "**NRI Academy of Sciences**" Payable at Mangalagiri.

For NEFT/RTGS Bank Details:

Bank Name: AXIS BANK
Account Name: NRI Academy of Sciences
Account No.924010022840462
IFSC Code: UTIB0002907
Mangalagiri Branch, Goutham Buddha Road,
Mangalagiri - 522 503

BANK Name: ICICI BANK:
Account Name : NRI Academy of Sciences
Account No.630601172521
IFSC CODE: ICIC0007700/ICIC0006306
NRI Hospital Branch, Chinakakani – 522 503

Copy to Students Notice Board.

(Dr. N. Lakshmi, M.S.)
DEAN

DEAN
NRI ACADEMY OF SCIENCES
(NRI Medical College & General Hospital)
CHINAKAKANI-522 508

AFFIDAVIT

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

Tuition Fee Affidavit submitted by P.G.Degree Student admitted into P.G.Degree Courses under Convenor / Management / NRI 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 P.G.Degree Courses under Convenor Quota / Management Quota / NRI 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 very 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)

This Bond Format for Management Quota (S2 & S3) Category Students

UNDERTAKING IN REGARD TO FEES TO BE PAID TO N R I MEDICAL COLLEGE

Dear Sir\Madam,

(1) I, Mr/Ms._____(Name of the Student)S/o/D/o _____Resident of _____ _____ Presently Student of P.G.Degree_____ Course at NRI Medical College with Enrol No. ____ and my father _____Jointly submitting this undertaking knowing all the Facts of the matter to Indemnify and guarantee the Management as regards payments of fee Other monetary dues, to NRI Medical College from time to time as stated hereunder.

(2) I, Mr./Ms._____Name of the Parent / Guardian S/o D/o _____Resident of _____ Village/City _____Mandal _____District_____ State, India /_____hereby undertaking knowing all the facts of the Matter that my ward at (1) above having been admitted to the P.G. Degree____ Course of your Institute under the Management Quota (Category S2/S3.)

(A) We agree, affirm and declare jointly and severally that we shall abinde to pay the yearly Tuition fees of Rs. _____(Rupees_____)for Three Academic Years to NRI Medical College, Chinakakani as specified by the institute and the said fee shall be Neither negotiable nor refundable under any circumstances and that we will not raise the Issue of refunding to us or reducing the said amount at any time or under any Circumstances.

(B) We also agreed and undertake to pay the prescribed fee for the each term on time as per The terms agreed with the Management and appended below:

- **Tuition fees : Rs. _____ Per Year**
- **Other Fees : Rs. _____ Per Year**

(C) We also agree that in the event of failure to pay the prescribed fee for each term on time, The Management and /or Principal, NRI Medical College will be at Liberty not to allow The Student to attend the classes, stop marking attendance to my ward at NRI Medical College, Chinakakani and also consequently, the student may not be allowed to appear For the University Examination.

(D) We further agree and declare that in the event of my ward's seat falling vacant due to Discontinuation of the Course by my ward in the middle of any academic session for any Reason, we shall abide to pay the tuition fee and other fees for the remaining years of Study as may be due on the date of such discontinuation to NRI Medical College, Chinakakni, Mangalagiri Mandal, Guntur District, Andhra Pradesh Lumpusum.

(E) We , viz, _____(Student)_____ (Parent), have clearly read, understood and agree to follow the contents in their true meaning, Abide by the terms and schedule of payment and are , therefore, presenting this Undertaking our of Our own free will and without any duress to the Principal of Medical College, Chinakakani, Managalagiri Mandal, Guntur District, Andhra Pradesh . We therefore, affix our signature as token of Acceptance of the above.

(F) Notarized and submitted this _____day of _____at Chinakakani, Mangalagir Mandal, Guntur District, Andhra Pradesh.

(1) Student _____ (2) Parent _____

Name & Address:

_____

_____

_____

Place_____ Date:_____

This Bond Format For Convenor Quota and Mangement Quota (S1) Category Students.

TUTION FEE AFFIDAVIT SUBMITTED BY P.G.DEGREE STUDENTS ADMITTED INTO PRIVATE UN-AIDED NON-MINORITY MEDICAL COLLEGES OF ANDHRA PRADESH FOR THE ACADEMIC YEAR 2026-27

(ON Non –Judicial Stamp Paper for Rs. 100/-

I,_____(Aadhar No. _____)NEET Roll No. _____

NEET Rank _____S/o/D/o._____R/o_____

Do her by solemnly affirm and state on oath as follows:

That I have been allotted a P.G.Degree Seat in NRI Medical College, Chinakakni by Dr. NTR University of Health Sciences, Vijayawadaa In Counselling conducted on _____under the Competent Authority Quota /Management Quota for the academic year 2026-27 for the duration of full course.

That I am aware of the fact that your college and other Medical Colleges have filed Writ Petitions bearing no's 32975,33162 & 35090 of 2022 before the Hon'ble High Court of AP.Challenging the various aspects of the fee fixation by APHER&MC/Government of Andhra Pradesh . The Hon'ble High Court of A.P. in its Orders Dt. 21.07.2023. directed the respondent no 1 to go ahead with the counseling notification in respect of P.G.Degree admissions and further directed the respondents to notify the enhanced fee for the present academic year 2026-27 at the rate of 15% as a tentative fee till the fixation of final fee as per the procedure under the provisions of act 20 to 2019 and rules made there under.

I am herewith paying the tution fee as per the above orders of the Hon'ble High Court of A.P. , I Further undertake , without prejudice to my rights, I agree to pay the Tution fee payable pursuant to the decision of the Hon'ble High Court in the above batch of Writ Petition or by the Hon'ble Supreme Court of India or Order of the Government or any other authority concerned.

I further declare that I am fully conversant with the rules and regulations of NRI Medical College/NRI Academy of Sciences, Chinakakni in the matter of recovery of pending Tution fee and other fee from its students and Management and Administration of the Institution may take and such legal action deemed fit to recover the dues from us.

The Affidavit cum Indemnity Bond is executed by me as pre –condition to seek admission to P.G.Degree Course in NRI Medical College, Chinakakani for the year 2026-27.

Solemnly sworn and
Signed before me on the
___day _____month 2026 **DEPONENT**

//NOTARY //

Sl.No. 19106

NRI ACADEMY OF SCIENCES

Chinakakani, Mangalagiri Mandal, Guntur Dist., AP - 522 508
Ph.: 91 8645-230101, 230102 | www.nrias.ac.in

Dated 16 Sept 2026

OFFICE ORDER

The following Committee is constituted to select the candidates for admission into the Undergraduate Medical Course (MBBS) and all other Courses in " C " category for the Academic Year 2026-2027.

The Committee will consider all the cases of the candidates who approached the office of the Principal (E Mail : Principal@nrias.ac.in) or the Committee with a request for a " C" Category (Management/ Institution quota) seat in NRI Medical College and all other courses at NRIAS for 2026-2027 based on the rules and regulations in force as circulated by Govt of Andhra Pradesh and other regulatory bodies that control the admission process to the medical colleges.

Each application will be evaluated on merit, and a written proceeding would be drawn duly recommending or not recommending each and every case in writing. The same proceedings would be submitted to the President through the Chief Administrative Officer and the Secretary.

Earlier on 26 July 2023 a Committee was formed with Dr N Lakshmi, Principal/ Dean of NRIMC as Chairperson and 5 other members for particularly examining "C" Category seat in NRI Medical College for the year 2023/24. The period of appointment of the earlier Committee has lapsed. Hence a new Committee is constituted forthwith.

The new Committee must give due weightage to the NEET score along with assessment of the personality of the candidate so that best available candidates are given admission. It should be kept in mind that the selection of candidates for allotment of seats is finally done through counselling process by the concerned University.

All the fees must be paid only through bank, DD or RTGS. Under no circumstances CASH should be taken by any member of the NRIAS. All concerned must be cautioned that any transaction in CASH in admission process would be tantamount to money laundering which is a heinous crime and the person concerned would be liable for legal action.

The Committee constituted as below will scrutinize candidates for admission into various courses in C category (management/Institution quota) for the Academic year 2026-2027:

1. Dr N Lakshmi, Principal/Dean, NRIMC: — Chairperson.
2. Dr Samson Sanjeeva Rao, Professor, SPD Dept: — Convenor.
3. Dr Mani Akkineni : — Member
4. Dr Raghav Rao Polavarapu : — Member
5. Sri M Srinivas Raju, Manager Accounts. — Member

The Committee would meet physically at the earliest and commence the process to scrutinise various applications under "C" Category and submit the written proceedings to the President through the Chief Administrative Officer and Secretary of NRIAS.

Anjani

Anjani Kumar IPS (Retd)
Chief Administrative Officer, NRIAS.

ANJANI KUMAR, IPS (Retd.)
Chief Administrative officer,
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