

## NAAC Criterion 5: Student Support and Progression

### 5.2 Student Progression

#### 5.2.3: Percentage of the batch of graduated students of the preceding year, who have progressed to higher education

##### 5.2.3.1 Number of last batch of graduated students who have progressed to higher education

**Number of students progressed to higher education during the academic year 2023 - 24: 48**



## **5.2.3: Percentage of the batch of graduated students of the preceding year, who have progressed to higher education**

### **5.2.3.1 Number of last batch of graduated students who have progressed to higher education**

**Number of students progressed to higher education during the academic year 2023 - 24: 48**

**Proof of admission to higher education during the academic year 2023 - 24**









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DR.Y.S.R UNIVERSITY OF HEALTH SCIENCES

VIJAYAWADA, ANDHRA PRADESH

Admission into Post Graduate Medical Degree / Diploma Courses

under Competent Authority Quota (CQ)

for the Academic year 2023-24

Provisional Allotment Order - Phase - II



PGCQ/2023-24/Service/P2/224

Dt: 04-10-2023

#### Candidate's Details

NEET Roll No : 23661010718

NEET Rank : 176454

Name : VASANTHI V

Gender : F

Score : 159

Category/Area : BC-B/SVU

**NOTE 1)** ALLOTMENTS OF PG(MEDIAL) SEATS FOR IN-SERVICE CANDIDATES SHALL BE AS PER THE ORDERS OF THE ORDERS OF HON'BLE HIGH COURT OF A.P. IN WRIT PETITION NUMBER W.P.No.(Main case) 20919 of 2023, dt.26-09-2023.

**NOTE 2)** ALLOTMENTS OF PG(MEDIAL) SEATS FOR IN-SERVICE CANDIDATES SHALL BE SUBJECT TO THE ORDERS OF HON'BLE SUPREME COURT OF INDIA IN SLP(CIVIL) DIARY No:39638/2023.

#### Allotment Details

Based on the options exercised, you have been allotted a seat in

COLLEGE : P.E.S. Institute of Medical Sciences and Research, Kuppam

ALLOTMENT DETAILS : : PESK - OBG - L - BC-B\_G

COURSE : : MS (Obstetrics and Gynecology)

**Tuition Fee for the College/Course (per annum) is as fixed by the Government, subject to the final orders of the Hon'ble High Court of AP in W.P. Nos 32975,33162 and 35090 of 2022**

- He / she has to physically report to the Principal of the College Concerned on or before 03:00 pm on 06-10-2023 along with provisional admission letter, all original certificates, verification form and application form and shall pay the tuition fee etc. to obtain the admission card into his / her respective PG course.
- If he / she fails to report before the Principal of the College Concerned, pay the fee and submit all the original certificates for verification on or before 03:00 pm on 06-10-2023, he / she is informed that the provisional selection shall be deemed to have been automatically cancelled without any further intimation.
- The candidate is informed that he / she will be eligible to appear for the University Examination only after completion of the prescribed duration of the Course from the date of his / her admission into the course as per the NMC and University regulations.
- If the candidate has Not Reported within the above stipulated date and time, it will be treated as Not Joined and the vacancy will be filled up in the subsequent counselling
- As per G.O.Ms Nos. 206, HM & FW (C1) Dept., Dt 11-08-2022 and 252, HM & FW (C1) Dept, Dt. 07-10-2022 of Government of A.P. all In-Service candidates should submit a bond at the time of Admission. (Bond Proforma is available in the University website.)
- Classes have already been commenced from 05-09-2023

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DR.Y.S.R UNIVERSITY OF HEALTH SCIENCES

VIJAYAWADA, ANDHRA PRADESH

Admission into Post Graduate Medical Degree / Diploma Courses  
under Management Quota (MQ)

for the Academic year 2023-24

Provisional Allotment Order - Phase - II



No: PGMQ/2023-24/P2/452

Dt: 21-10-2023

### Candidate's Details

NEET Roll No : 23661007714

NEET Rank : 149840

Name : GOPIDESI VENKATA SAI  
MADHULATHA

Gender : F

Caste/Local Area : BC-D/SVU

### Allotment Details

Based on the options exercised, you have been allotted a seat in

COLLEGE : P.E.S. Institute of Medical Sciences and Research, Kuppam

ALLOTMENT DETAILS : : PESK - SPM\_S1B

COURSE : : MD (Community Medicine)

**Tuition Fee for the College/Course (per annum) is as fixed by the Government, subject to the final orders of the Hon'ble High Court of AP in W.P. Nos 32975,33162 and 35090 of 2022**

- He / she has to physically report to the Principal of the College Concerned on or before 04:00 pm on 22-10-2023 along with provisional admission letter, all original certificates, verification form and application form and shall pay the tuition fee etc. to obtain the admission card into his / her respective PG course.
- If he / she fails to report before the Principal of the College Concerned, pay the fee and submit all the original certificates for verification on or before 04:00 pm on 22-10-2023, he / she is informed that the provisional selection shall be deemed to have been automatically cancelled without any further intimation.
- The candidate is informed that he / she will be eligible to appear for the University Examination only after completion of the prescribed duration of the Course from the date of his / her admission into the course as per the NMC and University regulations.
- If the candidate has Not Reported within the above stipulated date and time, it will be treated as Not Joined and the vacancy will be filled up in the subsequent counselling
- Classes have already been commenced from 05-09-2023.

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VIJAYAWADA, ANDHRA PRADESH

Admission into Post Graduate Medical Degree / Diploma Courses  
under Management Quota (MQ)  
for the Academic year 2023-24

Provisional Allotment Order - Revised Phase - I



Udaya Lakshmi Bai C

No: PGMQ/2023-24/RP1/522

Dt: 09-09-2023

Candidate's Details

NEET Roll No : 23661141500

NEET Rank : 105933

Name : UDAYA LAKSHMI BAI C

Gender : F

Caste/Local Area : BC-B/SVU

Allotment Details

Based on the options exercised, you have been allotted a seat in

COLLEGE : P.E.S. Institute of Medical Sciences and Research, Kuppam

ALLOTMENT DETAILS : : PESK - ENT\_S3

COURSE : : MS (ENT)

**Tuition Fee for the College/Course (per annum) is as fixed by the Government, subject to the final orders of the Hon'ble High Court of AP in W.P. Nos 32975,33162 and 35090 of 2022**

- He / she has to physically report to the Principal of the College Concerned on or before 03:00 pm on 13-09-2023 along with provisional admission letter, all original certificates, verification form and application form and shall pay the tuition fee etc. to obtain the admission card into his / her respective PG course.
- If he / she fails to report before the Principal of the College Concerned, pay the fee and submit all the original certificates for verification on or before 03:00 pm on 13-09-2023, he / she is informed that the provisional selection shall be deemed to have been automatically cancelled without any further intimation.
- The candidate is informed that he / she will be eligible to appear for the University Examination only after completion of the prescribed duration of the Course from the date of his / her admission into the course as per the NMC and University regulations.
- If the candidate has Not Reported within the above stipulated date and time, it will be treated as Not Joined and the vacancy will be filled up in the subsequent counselling
- Classes were commenced from 05-09-2023.

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**DR.Y.S.R UNIVERSITY OF HEALTH SCIENCES**

VIJAYAWADA, ANDHRA PRADESH

Admission into Post Graduate Medical Degree / Diploma Courses  
under Non-Service Category of Competent Authority Quota (CQ)  
for the Academic year 2023-24

Provisional Allotment Order - STRAY VACANCY ROUND II



*Deepthi*

PG/CQ/2023-24/NS/STRAY2/005

Dt: 25-10-2023

**Candidate's Details**

NEET Roll No : 23661160911

NEET Rank : 117112

Name : K DEEPTHI

Gender : F

Score : 262

Category/Area : OC/SVU

**Allotment Details**

Based on the options exercised, you have been allotted a seat in

COLLEGE : P.E.S. Institute of Medical Sciences and Research, Kuppam

ALLOTMENT DETAILS : : PESK - Psy

COURSE : : MD (Psychiatry)

**Tuition Fee for the College/Course (per annum) is as fixed by the Government, subject to the final orders of the Hon'ble High Court of AP in W.P. Nos 32975,33162 and 35090 of 2022**

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- He / she has to physically report to the Principal of the College Concerned **immediately** along with provisional admission letter, all original certificates, verification form and application form and shall pay the tuition fee etc. to obtain the admission card into his / her respective PG course.
- **If any discrepancy is noticed the allotment/admission will be cancelled.**
- The candidate is informed that he / she will be eligible to appear for the University Examination only after completion of the prescribed duration of the Course from the date of his / her admission into the course as per the NMC and University regulations.
- Classes have already been commenced from 05-09-2023



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VIJAYAWADA, ANDHRA PRADESH

Admission into Post Graduate Medical Degree / Diploma Courses  
under Management Quota (MQ)  
for the Academic year 2023-24  
Provisional Allotment Order - Phase - II



R. Harshitha

No: PGMQ/2023-24/P2/414

Dt: 21-10-2023

Candidate's Details

NEET Roll No : 23661157653

NEET Rank : 35758

Name : HARSHITHA R

Gender : F

Caste/Local Area : OC/SVU

Allotment Details

Based on the options exercised, you have been allotted a seat in

COLLEGE : P.E.S. Institute of Medical Sciences and Research, Kuppam

ALLOTMENT DETAILS : : PESK - ANES\_S1B

COURSE : : MD (Anaesthesiology)

**Tuition Fee for the College/Course (per annum) is as fixed by the Government, subject to the final orders of the Hon'ble High Court of AP in W.P. Nos 32975,33162 and 35090 of 2022**

- He / she has to physically report to the Principal of the College Concerned on or before 04:00 pm on 22-10-2023 along with provisional admission letter, all original certificates, verification form and application form and shall pay the tuition fee etc. to obtain the admission card into his / her respective PG course.
- If he / she fails to report before the Principal of the College Concerned, pay the fee and submit all the original certificates for verification on or before 04:00 pm on 22-10-2023, he / she is informed that the provisional selection shall be deemed to have been automatically cancelled without any further intimation.
- The candidate is informed that he / she will be eligible to appear for the University Examination only after completion of the prescribed duration of the Course from the date of his / her admission into the course as per the NMC and University regulations.
- If the candidate has Not Reported within the above stipulated date and time, it will be treated as Not Joined and the vacancy will be filled up in the subsequent counselling
- Classes have already been commenced from 05-09-2023.

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VIJAYAWADA, ANDHRA PRADESH



Admission into Post Graduate Medical Degree / Diploma Courses  
under Management Quota (MQ)  
for the Academic year 2023-24  
Provisional Allotment Order - Phase - II

Priyanga

No: PGMQ/2023-24/P2/415

Dt: 21-10-2023

Candidate's Details

NEET Roll No : 23661145405

NEET Rank : 123397

Name : PRIYANGA R

Gender : F

Caste/Local Area : OBC/SVU

Allotment Details

Based on the options exercised, you have been allotted a seat in

COLLEGE : P.E.S. Institute of Medical Sciences and Research, Kuppam

ALLOTMENT DETAILS : : PESK - ANES\_S3

COURSE : : MD (Anaesthesiology)

**Tuition Fee for the College/Course (per annum) is as fixed by the Government, subject to the final orders of the Hon'ble High Court of AP in W.P. Nos 32975,33162 and 35090 of 2022**

- He / she has to physically report to the Principal of the College Concerned on or before 04:00 pm on 22-10-2023 along with provisional admission letter, all original certificates, verification form and application form and shall pay the tuition fee etc. to obtain the admission card into his / her respective PG course.
- If he / she fails to report before the Principal of the College Concerned, pay the fee and submit all the original certificates for verification on or before 04:00 pm on 22-10-2023, he / she is informed that the provisional selection shall be deemed to have been automatically cancelled without any further intimation.
- The candidate is informed that he / she will be eligible to appear for the University Examination only after completion of the prescribed duration of the Course from the date of his / her admission into the course as per the NMC and University regulations.
- If the candidate has Not Reported within the above stipulated date and time, it will be treated as Not Joined and the vacancy will be filled up in the subsequent counselling
- Classes have already been commenced from 05-09-2023.

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VIJAYAWADA, ANDHRA PRADESH

Admission into Post Graduate Medical Degree / Diploma Courses  
under Management Quota (MQ)  
for the Academic year 2023-24

Provisional Allotment Order - Revised Phase - I



No: PGMQ/2023-24/RP1/457

Dt: 09-09-2023

**Candidate's Details**

NEET Roll No : 23661162311

NEET Rank : 86605

Name : GOLLA JAAHNAVI

Gender : F

Caste/Local Area : BC-D/SVU

**Allotment Details**

Based on the options exercised, you have been allotted a seat in

COLLEGE : P.E.S. Institute of Medical Sciences and Research, Kuppam

ALLOTMENT DETAILS : : PESK - PSY\_S2

COURSE : : MD (Psychiatry)

**Tuition Fee for the College/Course (per annum) is as fixed by the Government, subject to the final orders of the Hon'ble High Court of AP in W.P. Nos 32975,33162 and 35090 of 2022**

- He / she has to physically report to the Principal of the College Concerned on or before 03:00 pm on 13-09-2023 along with provisional admission letter, all original certificates, verification form and application form and shall pay the tuition fee etc. to obtain the admission card into his / her respective PG course.
- If he / she fails to report before the Principal of the College Concerned, pay the fee and submit all the original certificates for verification on or before 03:00 pm on 13-09-2023, he / she is informed that the provisional selection shall be deemed to have been automatically cancelled without any further intimation.
- The candidate is informed that he / she will be eligible to appear for the University Examination only after completion of the prescribed duration of the Course from the date of his / her admission into the course as per the NMC and University regulations.
- If the candidate has Not Reported within the above stipulated date and time, it will be treated as Not Joined and the vacancy will be filled up in the subsequent counselling
- Classes were commenced from 05-09-2023.

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VIJAYAWADA, ANDHRA PRADESH

Admission into Post Graduate Medical Degree / Diploma Courses  
under Management Quota (MQ)  
for the Academic year 2023-24

Provisional Allotment Order - Revised Phase - I



No: PGMQ/2023-24/RP1/183

Dt: 09-09-2023

Candidate's Details

NEET Roll No : 23661137869

NEET Rank : 18589

Name : BOLLOJULA CHIRANJEEVI

Gender : M

Caste/Local Area : BC-B/SVU

Allotment Details

Based on the options exercised, you have been allotted a seat in

COLLEGE : P.E.S. Institute of Medical Sciences and Research, Kuppam

ALLOTMENT DETAILS : : PESK - GS\_S1B

COURSE : : MS (General Surgery)

**Tuition Fee for the College/Course (per annum) is as fixed by the Government, subject to the final orders of the Hon'ble High Court of AP in W.P. Nos 32975,33162 and 35090 of 2022**

- He / she has to physically report to the Principal of the College Concerned on or before 03:00 pm on 13-09-2023 along with provisional admission letter, all original certificates, verification form and application form and shall pay the tuition fee etc. to obtain the admission card into his / her respective PG course.
- If he / she fails to report before the Principal of the College Concerned, pay the fee and submit all the original certificates for verification on or before 03:00 pm on 13-09-2023, he / she is informed that the provisional selection shall be deemed to have been automatically cancelled without any further intimation.
- The candidate is informed that he / she will be eligible to appear for the University Examination only after completion of the prescribed duration of the Course from the date of his / her admission into the course as per the NMC and University regulations.
- If the candidate has Not Reported within the above stipulated date and time, it will be treated as Not Joined and the vacancy will be filled up in the subsequent counselling
- Classes were commenced from 05-09-2023.

CHAIRMAN,  
SELECTION COMMITTEE

*Atto*  
*Subbanna*  
Mr. K. V. Subbannaiah, M.S.-D.O.  
Regd 14249  
Civil Surgeon ENT Retired



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DR. Y.S.R UNIVERSITY OF HEALTH SCIENCES  
VIJAYAWADA, ANDHRA PRADESH



Admission into Post Graduate Medical Degree / Diploma Courses  
under Non-Service Category of Competent Authority Quota (CQ)  
for the Academic year 2023-24

N. Poojitha Sivani

Provisional Allotment Order - Phase - II

PGCQ/2023-24/NS/P2/0052

Dt: 18-10-2023

#### Candidate's Details

NEET Roll No : 23661160429 NEET Rank : 4999  
Name : N POOJITHA SIVANI Gender : F  
Score : 573 Category/Area : BC-B/SVU

#### Allotment Details

Based on the options exercised, you have been allotted a seat in

COLLEGE : P.E.S. Institute of Medical Sciences and Research, Kuppam

ALLOTMENT DETAILS : : PESK - GM - L - OC\_F - MRC

COURSE : : MD (General Medicine)

Tuition Fee for the College/Course (per annum) is as fixed by the Government, subject to the final orders of the Hon'ble High Court of AP in W.P. Nos 32975,33162 and 35090 of 2022

- He / she has to physically report to the Principal of the College Concerned on or before 04:00 pm on 19-10-2023 along with provisional admission letter, all original certificates, verification form and application form and shall pay the tuition fee etc. to obtain the admission card into his / her respective PG course.
- If he / she fails to report before the Principal of the College Concerned, pay the fee and submit all the original certificates for verification on or before 04:00 pm on 19-10-2023, he / she is informed that the provisional selection shall be deemed to have been automatically cancelled without any further intimation.
- **If any discrepancy is noticed the allotment/admission will be cancelled.**
- The candidate is informed that he / she will be eligible to appear for the University Examination only after completion of the prescribed duration of the Course from the date of his / her admission into the course as per the NMC and University regulations.
- If the candidate has Not Reported within the above stipulated date and time, it will be treated as Not Joined and the vacancy will be filled up in the subsequent counselling
- As per G.O.Ms No. 251, HM & FW (C1) Dept., Dt 02-10-2022 of Government of A.P. all Non-Service candidates should submit a bond at the time of Admission. (Bond Proforma is available in the University website.)
- Classes have already been commenced from 05-09-2023

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DR.Y.S.R UNIVERSITY OF HEALTH SCIENCES

VIJAYAWADA, ANDHRA PRADESH

Admission into Post Graduate Medical Degree / Diploma Courses  
under Management Quota (MQ)  
for the Academic year 2023-24

Provisional Allotment Order - Revised Phase - I



No: PGMQ/2023-24/RP1/401

Dt: 09-09-2023

### Candidate's Details

NEET Roll No : 23661168546 NEET Rank : 68223  
Name : GANGIREDDY Gender : M  
VEERAMANIKANTH REDDY Caste/Local Area : OC/SVU

### Allotment Details

Based on the options exercised, you have been allotted a seat in

COLLEGE : P.E.S. Institute of Medical Sciences and Research, Kuppam

ALLOTMENT DETAILS : : PESK - GM\_S2

COURSE : : MD (General Medicine)

**Tuition Fee for the College/Course (per annum) is as fixed by the Government, subject to the final orders of the Hon'ble High Court of AP in W.P. Nos 32975,33162 and 35090 of 2022**

- He / she has to physically report to the Principal of the College Concerned on or before 03:00 pm on 13-09-2023 along with provisional admission letter, all original certificates, verification form and application form and shall pay the tuition fee etc. to obtain the admission card into his / her respective PG course.
- If he / she fails to report before the Principal of the College Concerned, pay the fee and submit all the original certificates for verification on or before 03:00 pm on 13-09-2023, he / she is informed that the provisional selection shall be deemed to have been automatically cancelled without any further intimation.
- The candidate is informed that he / she will be eligible to appear for the University Examination only after completion of the prescribed duration of the Course from the date of his / her admission into the course as per the NMC and University regulations.
- If the candidate has Not Reported within the above stipulated date and time, it will be treated as Not Joined and the vacancy will be filled up in the subsequent counselling
- Classes were commenced from 05-09-2023.

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under Management Quota (MQ)  
for the Academic year 2023-24  
Provisional Allotment Order - Revised Phase - I



G. Chaitanya Krishna

No: PGMQ/2023-24/RP1/199

Dt: 09-09-2023

Candidate's Details

NEET Roll No : 23661015022

NEET Rank : 19949

Name : GANDIKOTA CHAITANYA  
KRISHNA

Gender : M

Caste/Local Area : OC/SVU

Allotment Details

Based on the options exercised, you have been allotted a seat in

COLLEGE : P.E.S. Institute of Medical Sciences and Research, Kuppam

ALLOTMENT DETAILS : : PESK - GS\_S1B

COURSE : : MS (General Surgery)

Tuition Fee for the College/Course (per annum) is as fixed by the Government, subject to the final orders of the Hon'ble High Court of AP in W.P. Nos 32975,33162 and 35090 of 2022

- He / she has to physically report to the Principal of the College Concerned on or before 03:00 pm on 13-09-2023 along with provisional admission letter, all original certificates, verification form and application form and shall pay the tuition fee etc. to obtain the admission card into his / her respective PG course.
- If he / she fails to report before the Principal of the College Concerned, pay the fee and submit all the original certificates for verification on or before 03:00 pm on 13-09-2023, he / she is informed that the provisional selection shall be deemed to have been automatically cancelled without any further intimation.
- The candidate is informed that he / she will be eligible to appear for the University Examination only after completion of the prescribed duration of the Course from the date of his / her admission into the course as per the NMC and University regulations.
- If the candidate has Not Reported within the above stipulated date and time, it will be treated as Not Joined and the vacancy will be filled up in the subsequent counselling
- Classes were commenced from 05-09-2023.

CHAIRMAN,  
SELECTION COMMITTEE



**Kaloji Narayana Rao University of Health Sciences, Telangana  
Warangal**

**PG MEDICAL ADMISSIONS - 2023-24 under Competent Authority Quota  
PROVISIONAL ALLOTMENT ORDER - MOP-UP PHASE(P3)**

Dated: 05/10/2023

**Candidate Details**

NEET Roll No: 23661009538

NEET Rank: 90054

Name: GALETI HIMA RAJNAG

Gender: MALE

Father's Name: GALETI SANKARAI AH

Caste/Region: ST/SVU

**Allotment Details**

**Based on the options exercised, you have been (re)allotted a seat in**

**COLLEGE** MEDI- MEDICITI INSTITUTE OF MEDICAL SCIENCES, GHANPUR

**COURSE** ORTHO- MS(ORTHO PAEDICS)

**under UNR-ST-GEN---P3**

**Tuition Fee fixed for the College/Course(per annum) is as notified by the Government**

- He / She has to physically report to the Principal of the allotted college **on or before 09/10/2023 by 4:00 PM** along with provisional admission order, all original certificates, Custodian certificate for sliding candidates (under KNRUHS only), receipt of certificates, bond and shall pay the tuition fee and college fee to obtain the admission card for PG course.
- If he / she fails to report before the Principal of the allotted college to pay the fee, bond and submit all the original certificates **on or before 09/10/2023 by 4:00 PM**, he / she is informed that the provisional selection shall be deemed to have been automatically cancelled without any further intimation.
- The candidate is informed that he / she will be eligible to appear for the University Examination only after completion of the prescribed duration of the Course from the date of his / her admission into the course as per the NMC/MCI and University regulations.
- The candidates admitted into private unaided non-minority Medical, Minority Medical colleges shall pay the fees as notified by the Government.
- If the candidate has **NOT REPORTED** within the above stipulated date and time it will be treated as **NOT JOINED** and the vacancy will be filled up in the subsequent counseling.
- The date of commencement of classes : **05/09/2023**.
- **NOTE 1:**Candidates have to pay Tuition Fee fixed for the respective category vide GO.MS. No.107, Dt: 28/07/2023 Health, Medical and Family Welfare Dept.
- **NOTE 2:**As notified earlier candidates are hereby informed that if they do not join the course, they will not be eligible for further counsellings.
- **NOTE 3:**All allotments are subject to final orders of Hon'ble High Court in pending writ petitions.

**CHAIRMAN, SELECTION COMMITTEE**



**Kaloji Narayana Rao University of Health Sciences, Telangana  
Warangal**

**PG Medical ADMISSIONS - 2022-23 under Management Quota  
PROVISIONAL ALLOTMENT ORDER - MOP-UP PHASE - P3(MQ)**

**Dated: 27/11/2022**

**Candidate Details**

**NEET Roll No: 2266008884**

**NEET Rank: 30394**

**Name: KANNAM SREECHARAN**

**Gender: MALE**

**Father's Name: K VENKATESWARLU**

**Caste: OC**

**Allotment Details**

**Based on the options exercised, you have been (re)allotted a seat in**

**COLLEGE MNRS- MNR MEDICAL COLLEGE AND HOSPITAL, SANGAREDDY**

**COURSE GS- MS(GENERAL SURGERY)**

**in P3**

**Fee Category : MQ1**

**Tuition Fee fixed for the College/Course(per annum) is as notified by the Government**

- He / She has to physically report to the Principal of the allotted college **on or before 29/11/2022 by 3:00 PM** along with provisional admission order, all original certificates, receipt of certificates, bond and shall pay the tuition fee and college fee to obtain the admission card for PG course.
- If he / she fails to report before the Principal of the allotted college to pay the fee, bond and submit all the original certificates **on or before 29/11/2022 by 3:00 PM**, he / she is informed that the provisional selection shall be deemed to have been automatically cancelled without any further intimation.
- The candidate is informed that he / she will be eligible to appear for the University Examination only after completion of the prescribed duration of the Course from the date of his / her admission into the course as per the MCI and University regulations.
- The candidates admitted into private Medical colleges shall pay the fees as notified by the Government.
- If the candidate has **NOT REPORTED** within the above stipulated date and time it will be treated as **NOT JOINED** and the vacancy will be filled up in the subsequent counseling.
- The date of commence of classes is 20/10/2022.
- **NOTE 1:**Candidates have to pay Tuition Fee notified for the respective category vide GO.MS. No.20 Health, Medical and Family Welfare Dept. dated: 14-04-2020 and as per the interim orders of the Hon'ble High Court, at the time of admission.

**CHAIRMAN, SELECTION COMMITTEE**



Personal Details			
NEET PG Roll Number	2266166330	Candidate's Name	PALUKURU NIKSHITH KUMAR REDDY
Father's Name	PALUKURU VENKATA SUBBA REDDY	Mother's Name	PALUKURU KRISHNAVENI
Date of Birth	14-08-1997	Category	GENERAL-EWS
Gender	MALE	Sub Category	NO



Rank Details	
All India Rank [PG Medical]	18772

Round No.2			
Choice No.	518	Round No.	2
Seat Allocated Category	OPEN	Allotted Quota	DNB QUOTA
Institute Allocated	INDO AMERICAN HOSPITAL, INSTITUTE OF BRAIN & SPINE, AKKARAPPADAM P O, CHEMMANAKARY, VAIKOM, KOTTAYAM. KERALA, 686143	Program Allocated	(NBEMS) Neuro Surgery (Direct 6 Years Course)



Institute Contacts Details	
Nodal officer Email Id:	dnb@indoamericanhospital.in
Nodal officer Mobile number:	9447230556

**Note** The above candidate has been allotted seat during 2nd Round.

**Dear Candidate,**

Based on your merit and choices of Institutions & Programs exercised by you during online Counselling, you have been provisionally allotted a seat in the above mentioned Institute and Program. **Kindly report to allotted Medical College/ Institute within the stipulated period, as mentioned in the counselling schedule, failing which the allotted seat will be cancelled and Security Deposit will be forfeited.**

- Candidates are required to produce all original documents at the time of reporting at the Allotted Institute as mentioned in the Information Bulletin of NEET PG 2022.
- The candidate will be required to undergo a medical examination at their own cost on a notified date(s) by the allotted college.
- The candidate is advised to report and join the allotted Medical College/Institute as early as possible. In some of the allotted Colleges /Universities, 3-4 days time is required to complete admission formalities. Please also take into consideration holiday(s)/ local holiday(s). The candidates are further advised to contact the allotted college authorities for details before proceeding.**
- The candidate is requested to ensure that the Admission Letter issued by the allotted college should be generated through online submission of his/ her details by the allotted college through the portal provided by Medical Counselling Committee (MCC). Any offline admission which is not generated through the portal by the allotted institute will be treated as Null & Void.
- Once Round-2 Seat is joined the candidate will not be able to resign the seat.
- Candidate will be required to produce concerned certificate(Caste/PwD/EWS) at the time of admission.
- The Allotment Letter will be considered as e Pass/ Curfew pass to facilitate candidates along with one parent / attendant during travel for the purpose of reporting to allotted college in places under COVID related Lockdown.

**Important Instructions:**

- This Provisional Allotment Letter is based on the personal data viz. Category, Sub Category and Gender etc. submitted by the candidate. MCC /DGHS is not responsible for the truth/ factualness of the data. Neither DGHS nor MCC is responsible for any inadvertent error that may have crept in the Provisional Allotment Letter being published on the web. The allotment is purely "Provisional" and the seat of candidate is liable to cancel in case the candidate does not fulfill the eligibility criteria on verification of original documents at the time of Reporting or any time thereafter.

Instructions:- For National Board Of Examinations in Medical Sciences DNB/DrNB Fees Submission	
Notice:	The PG DNB candidates will pay 1st year fees directly to NBEMS through this link and take the receipt to the allotted PG DNB Institute at the time of reporting. For details please visit NBE website.
URL:	<a href="https://natboard.edu.in/cns/index">https://natboard.edu.in/cns/index</a>



ANNEXURE- 'A' for Joining NBEMS Course - 2023 ADMISSION SESSION  
To be printed on an OFFICIAL LETTER HEAD and should be signed & stamped by  
DEAN/ PRINCIPAL/MEDICAL SUPERINTENDENT/ HEAD OF THE  
INSTITUTION/DIRECTOR ONLY, before uploading it.

Office Dispatch Number:

Date of Issue: 23-10-2023 12:47:30

The Executive Director  
National Board of Examinations in Medical Sciences  
(Ministry of Health & Family Welfare, Govt. of India)  
Ansari Nagar, Mahatma Gandhi Marg (Ring Road)  
New Delhi-110029

Sub: Furnishing of Joining Report for **NBEMS Diploma** course for 2023 Admission Session.

Sir,

It is certified that Dr. **B.ARCHANA** Son/Daughter/Wife of **B.Rajendra prasad naik** who has appeared in **NEET-PG 2023** conducted by NBEMS vide Roll No. **23661013849** has reported for joining NBEMS course at our NBEMS accredited Medical College/Institution/Hospital on **17.10.2023** (Date of Joining NBEMS training). He/she has scored **124900** rank in **NEET-PG 2023** as per the seat allotment letter received from **MCC**.

His/her original documents have been verified for their genuineness & authenticity. It is also certified that this candidate is eligible for admission to above mentioned NBEMS course as per NBEMS guidelines published in the respective Information Bulletin.

Accorindgly, He/she has been allowed to join the **NBEMS Diploma** course in the specialty of **Anaesthesiology** w.e.f. **17.10.2023**, the Date of Joining NBEMS Training.


It is also certified that the candidate will be made to work during the entire NBEMS training as a resident doctor strictly in accordance with leave guidelines of NBEMS.

Yours sincerely

Signature 

Name & Designation \_\_\_\_\_

**MEDICAL SUPERINTENDENT  
DISTRICT HOSPITAL  
MADANAPALLE**

For  
  
**MEDICAL SUPERINTENDENT  
DISTRICT HOSPITAL  
MADANAPALLE/ Medical  
Superintendent / HOI of  
District Hospital, Patel Road,**



???.???.???.???.????? ?????? ??????????????  
**DR.Y.S.R UNIVERSITY OF HEALTH SCIENCES**  
VIJAYAWADA, ANDHRA PRADESH



S. Tharun

Admission into Post Graduate Medical Degree / Diploma Courses  
under Non-Service Category of Competent Authority Quota (CQ)  
for the Academic year 2023-24  
Provisional Allotment Order - Phase - II

PGCQ/2023-24/NS/P2/0235

Dt: 18-10-2023

**Candidate's Details**

NEET Roll No :	23661013533	NEET Rank :	17044
Name :	SADAM THARUN	Gender :	M
Score :	505	Category/Area :	BC-D/SVU

**Allotment Details**

Based on the options exercised, you have been allotted a seat in

COLLEGE : Sri Venkateswara Medical College, Tirupati

ALLOTMENT DETAILS : : SVMC - Ortho - L - OC\_G

COURSE : : MS (Ortho)

**Tuition Fee for the College/Course (per annum) is as fixed by the Government, subject to the final orders of the Hon'ble High Court of AP in W.P. Nos 32975,33162 and 35090 of 2022**

- He / she has to physically report to the Principal of the College Concerned on or before 04:00 pm on 19-10-2023 along with provisional admission letter, all original certificates, verification form and application form and shall pay the tuition fee etc. to obtain the admission card into his / her respective PG course.
- If he / she fails to report before the Principal of the College Concerned, pay the fee and submit all the original certificates for verification on or before 04:00 pm on 19-10-2023,he / she is informed that the provisional selection shall be deemed to have been automatically cancelled without any further intimation.
- **If any discrepancy is noticed the allotment/admission will be cancelled.**
- The candidate is informed that he / she will be eligible to appear for the University Examination only after completion of the prescribed duration of the Course from the date of his / her admission into the course as per the NMC and University regulations.
- If the candidate has Not Reported within the above stipulated date and time, it will be treated as Not Joined and the vacancy will be filled up in the subsequent counselling
- As per G.O.Ms No. 251, HM & FW (C1) Dept., Dt 02-10-2022 of Government of A.P. all Non-Service candidates should submit a bond at the time of Admission. (Bond Proforma is available in the University website.)
- Classes have already been commenced from 05-09-2023

CHAIRMAN,  
SELECTION COMMITTEE





Excellence in  
Post Graduate Medical Education  
and Examinations

आयुर्विज्ञान में राष्ट्रीय परीक्षा बोर्ड  
(स्वास्थ्य एवं परिवार कल्याण मंत्रालय, भारत सरकार के अधीन एक स्वायत्त निकाय)  
**NATIONAL BOARD OF EXAMINATIONS IN MEDICAL SCIENCES**  
(Autonomous body under Ministry of Health & Family Welfare, Govt. of India)

डीएनबी पोस्ट एमबीबीएस प्रशिक्षु के रूप में अनंतिम पंजीकरण – 2023 प्रवेश सत्र  
**Provisional Registration as DNB Post MBBS Trainee - 2023 admission session**

एनबीईएमएस/प्र.नि./का.पं./डीएनबी/1/8189/27223/11/23661007091  
NBEMS/T&M/C&R/DNB/1/8189/27223/11/23661007091

अद्यतन तिथि: 13.09.2024  
Update Date: 13-09-2024

**Dr. T NITEESH GOUD**  
**2-15,PEDDAHULTHI VILLAGE KINDIGERI**  
**STREET,CHINNAHULTHI POST,PATTIKONDA Kurnool ANDHRA**  
**PRADESH 518380 INDIA**



विषय: डीएनबी पोस्ट एमबीबीएस प्रशिक्षु के रूप में अनंतिम पंजीकरण – जनरल मेडिसिन – 2023 प्रवेश सत्र।

**Sub : Provisional Registration as DNB Post MBBS Trainee - General Medicine - 2023 admission session.**

प्रिय डॉक्टर/Dear Doctor,

कृपया 2023 प्रवेश सत्र में जनरल मेडिसिन में डीएनबी पोस्ट एमबीबीएस पाठ्यक्रम के लिए एनबीईएमएस द्वारा पंजीकरण हेतु अपने आवेदन का संदर्भ लें।

Kindly refer your application for registration with NBEMS for DNB Post MBBS course in General Medicine for 2023 admission session.

1. आपको नीचे दिए गए विवरण के अनुसार डीएनबी प्रशिक्षण प्राप्त करने के लिए आपको एनबीईएमएस द्वारा अनंतिम पंजीकरण प्रदान किया गया है।

You have been granted provisional registration with NBEMS to enable you to undergo DNB training as per details mentioned below:

नाम/ Name:	<b>T NITEESH GOUD</b>
विशिष्टता/ Specialty:	<b>General Medicine</b>
प्रशिक्षण संस्थान का नाम/ Name of the Institution:	<b>Manipal Hospital Whitefield, #143, 212-215, EPIP Industrial Area, Hoodi Village, K R Puram, Hobli Bengaluru, Karnataka-560066</b>
अनंतिम पंजीकरण संख्या/ Provisional Registration No.:	<b>111-27223-231-250301</b>
अनंतिम पंजीकरण की तिथि/ Date of Prov. Registration :	<b>05.10.2023</b>
डीएनबी प्रशिक्षण की अवधि/ Duration of DNB Training:	<b>3 Years</b>

2. आपको सौंपी गई पंजीकरण संख्या एनबीईएमएस के साथ आपकी विशिष्ट पहचान संख्या है और एनबीईएमएस के साथ सभी पत्राचार में इसका उल्लेख किया जाना चाहिए।

नोट: यह कंप्यूटरकृत अनंतिम पंजीकरण पत्र है, जिसमें 8 पृष्ठ हैं। अतः किसी हस्ताक्षर की आवश्यकता नहीं है।

T NITEESH GOUD/General Medicine/111-27223-231-250301/05.10.2023/3 Years

A Registration number assigned to you is your unique identification number with NBEMS and has to be mentioned in all correspondence forthwith with NBEMS.

3. एनबीईएमएस द्वारा आपके पंजीकरण की तिथि से पहले किसी भी प्रशिक्षण पर डीएनबी प्रशिक्षण के लिए विचार नहीं किया जाएगा।

Any training prior to the date of your registration with NBEMS will not be considered towards DNB training.

4. एनबीईएमएस छुट्टी नियम/ **NBEMS Leave Rules:**

4.1. डीएनबी प्रशिक्षुओं का प्रशिक्षण एनबीईएमएस छुट्टी नियमों द्वारा नियंत्रित होता है। अनुमेय अवकाश जो प्रशिक्षण के प्रति वर्ष 30 दिनों तक सीमित है, से परे किसी भी छुट्टी पर जाने से पहले एनबीईएमएस का अनुमोदन प्राप्त करने के लिए निर्धारित अवकाश आवेदन पत्र पहले से जमा किया जाना चाहिए। ऐसी छुट्टी के कार्योंत्तर अनुमोदन के अनुरोधों पर विचार नहीं किया जाएगा और प्रशिक्षु को ऐसी अवधि के लिए अनाधिकृत अनुपस्थिति पर माना जाएगा।

The training of the DNB trainees is governed by a set of NBEMS leave rules. The prescribed Leave application form should be submitted well in advance in order to get the approval of NBEMS before proceeding on any leave beyond the permissible leave which are restricted to 30 days per year of training. Requests for post-facto approval of such leave shall not be entertained and the trainee shall be considered on an unauthorized absence for such period.

4.2. सभी डीएनबी प्रशिक्षुओं को उनके डीएनबी पाठ्यक्रम के दौरान छुट्टी लेने के निर्धारित नियमों से पूर्णतया परिचित होने की सलाह दी जाती है, क्योंकि उनके द्वारा निर्धारित छुट्टी से ली गयी अतिरिक्त और अधिक छुट्टी उनके प्रशिक्षण को बढ़ा सकती है। यह विस्तार डीएनबी फाइनल परीक्षा के प्रशिक्षु की पात्रता को प्रभावित कर सकता है यदि विस्तारित प्रशिक्षण, प्रशिक्षण को पूर्ण करने की निर्धारित कट-ऑफ तिथि से आगे बढ़ जाता है। निर्धारित सीमा से अधिक छुट्टी के कारण पाठ्यक्रम के लिए प्रशिक्षुओं का पंजीकरण रद्द भी हो सकता है।

All DNB trainees are advised to be thoroughly acquainted with the prescribed rule for availing leave during their DNB course because excess leave availed by them over and above the prescribed leave shall lead to extension of their training. This extension might even affect the eligibility of the trainee for DNB Final Examination in case his/her extended training goes beyond the prescribed cut-off date for completion of training. Excess leave beyond a prescribed limit may even lead to cancellation the provisional registration of trainees for the course.

4.3. एक वर्ष से अधिक समय तक छुट्टी बढ़ाने पर उम्मीदवारी रद्द कर दी जाएगी। दूसरे शब्दों में, एनबीईएमएस पाठ्यक्रम को आगे बढ़ाने के लिए एक प्रशिक्षु की उम्मीदवारी रद्द की जा सकती है जिसने एक वर्ष से अधिक समय तक छुट्टी ली है।

Extension of leave by more than a year shall lead to cancellation of candidature. In other words, candidature of a trainee to pursue the NBEMS course is liable to be cancelled who has taken leave for more than a year.

4.4. एनबीईएमएस प्रशिक्षुओं से अनुरोध है कि वे दिनांक 20.03.2018 के नोटिस के माध्यम से एनबीईएमएस वेबसाइट पर प्रकाशित एनबीईएमएस अवकाश नियमों और दिनांक 04.09.2018, 18.11.2019 और 08.11.2023 के बाद के स्पष्टीकरण (जो एनबीईएमएस वेबसाइट पर आसानी से उपलब्ध हैं) को देखें और भविष्य में भी देखते रहे, यदि कोई हो।

NBEMS trainees are requested to refer NBEMS Leave Rules published on NBEMS website vide notice dated 20.03.2018, and subsequent clarifications dated 04.09.2018, 18.11.2019 and 08.11.2023 (which are readily available at NBEMS website) and in future, if any.

उक्त एनबीईएमएस नोटिस देखने के लिए यहां क्लिक करें। [20.03.2018](#), [04.09.2018](#), [18.11.2019](#), [08.11.2023](#)

5. प्रशिक्षण भत्ता/ **Stipend:**

5.1. सभी डीएनबी प्रशिक्षुओं (प्रायोजित प्रशिक्षुओं को छोड़कर) को एनबीईएमएस द्वारा निर्धारित दिशानिर्देशों के अनुसार न्यूनतम प्रशिक्षण भत्ता दिया जाता है। प्रशिक्षुओं को एनबीईएमएस छुट्टी दिशानिर्देशों के अनुसार उनकी पात्र छुट्टी सहित प्रशिक्षण की पूरी अवधि के लिए प्रशिक्षण भत्ता दिया जाता है। हालांकि, उन्हें प्रशिक्षण कार्यक्रम की अवधि से अधिक अवधि के लिए प्रशिक्षण भत्ते का भुगतान नहीं किया जाएगा, यदि उनका प्रशिक्षण उनके द्वारा ली गई छुट्टी से अधिक होने के कारण बढ़ा दिया जाता

नोट: यह कंप्यूटरकृत अनंतिम पंजीकरण पत्र है, जिसमें 8 पृष्ठ हैं। अतः किसी हस्ताक्षर की आवश्यकता नहीं है।

T NITEESH GOUD/General Medicine/111-27223-231-250301/05.10.2023/3 Years

है।

All DNB trainees (except sponsored trainees) are paid a minimum stipend as per guidelines prescribed by NBEMS. The trainees are paid stipend for the entire duration of training including their eligible leave as per NBEMS leave guidelines. However, they shall not be paid stipend for a period more than the duration of the training programme, if in case their training gets extended due to excess leave availed by them.

5.2. एनबीईएमएस प्रशिक्षुओं से अनुरोध है कि वे एनबीईएमएस सार्वजनिक सूचना दिनांक 02.04.2019 को प्रशिक्षण भत्ता दिशानिर्देशों और उसके बाद और/या भविष्य में इस संबंध में प्रकाशित किसी भी संशोधन / नोटिस के लिए देखें।

NBEMS trainees are requested to refer to NBEMS public notice dated 02.04.2019 for Stipend guidelines and any amendments/ notices published in this regard thereafter and/or in future.

[एनबीईएमएस सार्वजनिक सूचना दिनांक 02.04.2019 को देखने के लिए यहां क्लिक करें।](#)

## 6. थीसिस/शोधपत्र/ Thesis/Dissertation:

6.1. सभी डीएनबी प्रशिक्षुओं को एनबीईएमएस द्वारा निर्धारित समय-सीमा के भीतर अपने प्रस्तावित शोध कार्य का सार/प्रोटोकॉल लिखना और जमा करना आवश्यक है। उक्त थीसिस प्रोटोकॉल का मूल्यांकन प्रशिक्षण संस्थानों की संस्थागत आचार समिति (आईइसी) द्वारा किया जाता है। प्रशिक्षु उनके प्रशिक्षण संस्थानों के आईइसी द्वारा उनके थीसिस प्रोटोकॉल के अनुमोदन उपरान्त अपने थीसिस पर काम करना शुरू करते हैं।

All DNB trainees are required to write and submit the synopsis/protocol of their proposed theses work well within the timelines prescribed by NBEMS. The said thesis protocols are evaluated by the Institutional Ethics Committee (IEC) of the training institutes. The trainees start working on their theses after their theses protocols are approved by the IEC of their training institutions.

6.2. एनबीईएमएस, थीसिस प्रोटोकॉल के लिए किसी भी अनुमोदन का मूल्यांकन और संप्रेषण नहीं करता है। हालांकि, प्रशिक्षु और उसके प्रशिक्षण संस्थान के लिए यह अनिवार्य है कि वह प्रशिक्षु के थीसिस प्रोटोकॉल के लिए आईइसी (डीएचआर के साथ पंजीकृत) के अनुमोदन को निदृष्ट समय के भीतर निर्धारित प्रोफार्मा के अनुसार एनबीईएमएस को बताए। प्रोटोकॉल तैयार करने में और/या संस्थागत आचार समिति द्वारा इसके अनुमोदन और/या एनबीईएमएस को उक्त अनुमोदन के बारे में बताने में देरी, डीएनबी फाइनल परीक्षाओं के लिए प्रशिक्षु की पात्रता पर प्रतिकूल प्रभाव डाल सकती है।

NBEMS does not evaluate and convey any approval for the theses protocols. However, it is mandatory for the trainee and his/her training institute to convey the approval of the IEC (registered with DHR) for the thesis protocol of the trainee to NBEMS as per prescribed proforma well within the timelines specified. A delay in preparing the protocol and/or its approval by the Institutional Ethics Committee and/or in conveying the said approval to NBEMS may have an adverse impact on trainee's eligibility for DNB Final Examinations.

6.3. डीएनबी प्रशिक्षुओं को निर्धारित समय सीमा के भीतर अच्छी तरह से मूल्यांकन के लिए एनबीईएमएस में अपनी थीसिस प्रस्तुत करना/जमा करना आवश्यक है। मूल्यांकन के लिए एनबीईएमएस को थीसिस जमा करने में किसी भी प्रकार का विलंब डीएनबी फाइनल परीक्षाओं के लिए डीएनबी प्रशिक्षुओं की पात्रता को प्रभावित करेगा।

After successful completion of the thesis research work and writing, the DNB trainees are required to submit their theses to NBEMS for assessment well within the timelines prescribed. Any delay in submission of thesis to NBEMS for assessment shall impact the eligibility of the DNB trainees for DNB Final Examinations.

6.4. थीसिस प्रोटोकॉल एवं थीसिस जमा करने संबंधी समय-सीमा निम्नानुसार है।

The timelines related to submission of thesis protocol and thesis to NBEMS are as under:.

क्र. सं./ Sr. No.	गतिविधि/ Activity	3-वर्षीय डीएनबी प्रशिक्षुओं हेतु समय-सीमा/ Timelines for 3 years DNB trainees	पोस्ट डिप्लोमा डीएनबी प्रशिक्षुओं हेतु समय-सीमा/ Timelines for Post Diploma DNB trainees
क. a.	थीसिस-प्रोटोकॉल जमा करना/ Submission of Thesis- Protocol	प्रशिक्षण ज्वाइन करने की तिथि से 180 दिन/ 180 days from date of joining	प्रशिक्षण ज्वाइन करने की तिथि से 90 दिन/ 90 days from date of joining
ख.			

नोट: यह कंप्यूटरकृत अनंतिम पंजीकरण पत्र है, जिसमें 8 पृष्ठ हैं। अतः किसी हस्ताक्षर की आवश्यकता नहीं है।

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b.	शोध अध्ययन प्रारंभ करना/ Commencement of Research Study	प्रशिक्षण ज्वाइन करने की तिथि से 181वां दिन/ 181st day from date of joining	प्रशिक्षण ज्वाइन करने की तिथि से 91वां दिन/ 91st day from date of joining
ग. c.	शोध अध्ययन पूर्ण करने की तिथि/ Research Study to be completed by	प्रशिक्षण ज्वाइन करने की तिथि से 24 माह/ 24 months from date of joining	प्रशिक्षण ज्वाइन करने की तिथि से 15 माह/ 15 months from date of joining
घ. d.	मूल्यांकन हेतु थीसिस जमा करने की अंतिम तिथि/ Last date for submission of Thesis for assessment	प्रशिक्षण ज्वाइन करने की तिथि से 26 माह/ 26 months from date of joining	प्रशिक्षण ज्वाइन करने की तिथि से 15 माह/ 15 months from date of joining
ड. e.	मूल्यांकन हेतु थीसिस जमा करने की अंतिम तिथि (रु. 10,000/- के विलंब शुल्क सहित)/ Last date for submission of Thesis with Late fees of Rs. 10,000/-	प्रशिक्षण ज्वाइन करने की तिथि से 27 माह / 27 months from date of joining	प्रशिक्षण ज्वाइन करने की तिथि से 16 माह/ 16 months from date of joining

6.5. कृपया निर्धारित समयसीमा का अनुपालन न करने के मामलों में दंडात्मक प्रावधानों के लिए एनबीईएमएस नोटिस दिनांक 30.10.2023 देखें।

Please refer to the NBEMS Notice dated [30.10.2023](https://www.natboard.edu.in/natboard-data/publicnotice/Notice_202311105632.pdf) ([https://www.natboard.edu.in/natboard-data/publicnotice/Notice\\_202311105632.pdf](https://www.natboard.edu.in/natboard-data/publicnotice/Notice_202311105632.pdf)) for penal provisions in cases of non-compliance to prescribed timelines.

6.6. प्रशिक्षुओं को सलाह दी जाती है कि वे उपरोक्त समय-सीमा में अद्यतन, यदि कोई हों, के लिए एनबीईएमएस वेबसाइट देखें।

The trainees are advised to refer to NBEMS website for updates, if any, in the timeline detailed above.

## 7. फॉर्मेटिव असेसमेंट / **Formative Assessment:**

7.1. प्रशिक्षु अपने डीएनबी प्रशिक्षण के दौरान फॉर्मेटिव और योगात्मक मूल्यांकन दोनों के अधीन हैं।

The trainees are subjected to both Formative and Summative Assessment during their DNB training.

7.2. फॉर्मेटिव मूल्यांकन केन्द्रिकृत संरचनात्मक मूल्यांकन टेस्ट (एफएटी) के रूप में प्रशिक्षण के दूसरे वर्ष (3 वर्षीय डीएनबी पाठ्यक्रम के लिए) या पहले वर्ष (2 वर्षीय डीएनबी पाठ्यक्रम के लिए) या दूसरे एवं चौथे वर्ष (6 वर्षीय डीएनबी पाठ्यक्रम के लिए) में एनबीईएमएस द्वारा आयोजित किया जाता है। एफएटी में एक सैद्धांतिक परीक्षा और उसके बाद कार्य क्षेत्र आधारित मूल्यांकन शामिल है। प्रशिक्षण के शेष वर्षों में, प्रशिक्षण संस्थान लगभग एफएटी की तर्ज पर आतिरिक्त मूल्यांकन आयोजित करते हैं।

The Formative Assessment in the form of a Centralized Formative Assessment Test (FAT), is conducted by NBEMS during the 2nd Year (for 3-year DNB course) or 1st year (for 2 year DNB course) or 2nd and 4th year (for direct 6 year DNB course) of training. FAT comprises of a theory examination followed by work place based assessment. During rest of the years of training, the training institute conducts Internal Assessments on lines almost similar to the FAT.

7.3. जबकि एफएटी/आंतरिक मूल्यांकन का मूल्यांकन परिणाम एक प्रशिक्षु को डीएनबी प्रशिक्षण में हुई प्रगति की दिशा में मार्गदर्शन करता है और आवश्यक पाठ्यक्रम सुधार, यदि कोई हो, तो एफएटी/आंतरिक मूल्यांकन के अंक/ग्रेड योगात्मक मूल्यांकन में नहीं जोड़े जाते हैं।

Whereas the assessment outcome of FAT/Internal Assessments guides a trainee towards the progress made in the DNB training and the course corrections required, if any, the marks/grades of FAT/Internal Assessment are not added to the Summative Assessment.

7.4. सभी डीएनबी प्रशिक्षुओं को अपने डीएनबी प्रशिक्षण के दौरान न्यूनतम संख्या में एफएटी/आंतरिक मूल्यांकन में भाग लेना अनिवार्य है।

नोट: यह कंप्यूटरकृत अनंतिम पंजीकरण पत्र है, जिसमें 8 पृष्ठ हैं। अतः किसी हस्ताक्षर की आवश्यकता नहीं है।

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It is mandatory for all DNB trainees to attend the minimum number of FAT/Internal Assessments during their DNB training.

7.5. एनबीईएमएस नोटिस दिनांक 26 नवंबर 2019 (एनबीईएमएस वेबसाइट पर प्रकाशित) के अनुसार, डीएनबी अंतिम परीक्षाओं में उपस्थित होने की योग्यता के लिए डीएनबी प्रशिक्षण के दौरान फार्मेटिव असेसमेंट टेस्ट (एफएटी) की न्यूनतम आवश्यक संख्या में उपस्थिति योग्यता के लिए अनिवार्य होगी।

In terms of the NBEMS notice dated 26th November 2019 (published on NBEMS website <https://natboard.edu.in>), appearance in minimum required numbers of Formative Assessment Tests (FATs) during the DNB training shall be mandatory towards eligibility for appearing in DNB Final Examinations.

एनबीईएमएस सार्वजनिक सूचना दिनांक 26.11.2019 को देखने के लिए यहां क्लिक करें।

#### 8. एग्जिट परीक्षा / Exit Examination:

8.1. डीएनबी फाइनल दो चरणों वाली परीक्षा है जिसमें थ्योरी और प्रैक्टिकल परीक्षा शामिल है। एनबीईएमएस द्वारा निर्धारित प्रशिक्षण की अपेक्षित अवधि प्राप्त करने और डीएनबी फाइनल परीक्षा के लिए सूचना बुलेटिन में बताए गए अन्य पात्रता मानदंडों को पूरा करने पर एनबीईएमएस के साथ पंजीकृत एक डीएनबी प्रशिक्षु डीएनबी फाइनल परीक्षा के लिए उपस्थित हो सकते हैं। प्रशिक्षुओं को डीएनबी फाइनल परीक्षा के किसी विशेष सत्र के लिए पात्र होने हेतु निर्धारित कट-ऑफ तिथि तक अपना डीएनबी प्रशिक्षण पूरा करना आवश्यक है। यदि वे निर्धारित कट-ऑफ तिथि तक अपना प्रशिक्षण पूरा करने में सक्षम नहीं होते, तो वे पात्रता मानदंड को पूरा करने पर परीक्षा के अगले सत्र के लिए आवेदन कर सकते हैं। डीएनबी की अंतिम परीक्षा के एक विशेष सत्र में उपस्थित होने के लिए पात्रता के उद्देश्य से कट-ऑफ डेट को संबंधित सूचना बुलेटिन में अधिसूचित किया गया है।

DNB Final is a two-stage examination comprising of theory and practical examination. A DNB trainee registered with NBEMS on obtaining requisite period of training as prescribed by NBEMS & fulfilling other eligibility criteria as stated in the Information Bulletin for DNB Final Examination may appear for the DNB final examination. The trainees are required to complete their DNB training by a prescribed cut-off date to be eligible for a particular session of DNB Final Examination. If they are not able to complete their training by the prescribed cut-off date, they can apply for the next session of examination on fulfillment of eligibility criteria. The cut-off-date for the purpose of eligibility to appear in a particular session of DNB final examination is notified in the respective information bulletin.

8.2. एक डीएनबी प्रशिक्षु, जिसने थ्योरी परीक्षा उत्तीर्ण की है, को प्रैक्टिकल परीक्षा में बैठने की अनुमति है। जो लोग थ्योरी परीक्षा उत्तीर्ण करने में असफल होते हैं, उन्हें थ्योरी परीक्षा में पुनः उपस्थित होना आवश्यक है।

A DNB trainee who has qualified the theory examination is permitted to appear in the practical examination. Those who fail to qualify the theory examination are required to reappear in the theory examination.

8.3. अनंतिम पंजीकरण का अनुदान केवल प्रशिक्षण प्राप्त करने के लिए है और किसी भी पिछले या वर्तमान कार्यक्रम, नीति और दिशानिर्देशों के अनुसार किसी विशेष सत्र के एनबीईएमएस की डीएनबी फाइनल / एग्जिट परीक्षाओं में उपस्थित होने के लिए किसी भी डीएनबी प्रशिक्षु को कोई भी स्वतः आदर्श अधिकार प्रदान नहीं करता है। किसी विशेष डीएनबी फाइनल/एग्जिट परीक्षा में भाग लेने की पात्रता संबंधित सत्र के लिए सूचना बुलेटिन में निर्धारित पात्रता मानदंड के अनुसार सख्ती से निर्धारित की जाएगी।

The grant of Provisional Registration is only for undergoing training and does not confer any suo-motto right whatsoever, to any DNB trainee for appearing in the DNB final/Exit examinations of NBEMS of any particular session in accordance with any past or present schedule, policy and guidelines. The eligibility to undertake any particular DNB Final/Exit Examination will be determined strictly in accordance with the eligibility criteria laid down in the information bulletin for respective session.

8.4. उम्मीदवारों को सलाह दी जाती है कि वे प्रशिक्षण कार्यक्रम की जानकारी के लिए एनबीईएमएस वेबसाइट पर उपलब्ध कार्यक्रम मैनुअल देखें। कृपया नवीनतम अद्यतन जानकारी के लिए मैनुअल में विस्तृत प्रक्रियाओं के बुलेटिन/हैंडबुक/वेब नोटिस देखें।

Candidates are advised to refer the programme manual available at NBEMS website for overview of the

नोट: यह कंप्यूटरकृत अनंतिम पंजीकरण पत्र है, जिसमें 8 पृष्ठ हैं। अतः किसी हस्ताक्षर की आवश्यकता नहीं है।

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training programme. Please refer the bulletin/handbook/web notices of processes detailed in the manual for latest updated information.

9. डीएनबी प्रशिक्षुओं को केवल अपने सामान्य प्रश्नों के लिए ही एनबीईएमएस के साथ निर्धारित संचार प्रोटोकॉल के अनुसार संपर्क करना चाहिए। एनबीईएमएस प्रत्यायित संस्थान और / या एनबीईएमएस के साथ किसी भी शिकायत के लिए, प्रशिक्षु उसी के लिए स्थापित शिकायत निवारण तंत्र का उपयोग कर सकता है जैसा कि एनबीईएमएस वेबसाइट पर विस्तृत है।

DNB trainees should communicate with National Board of Examinations in Medical Sciences as per prescribed communication protocols only for their general queries. For any grievances with the NBEMS accredited institute and/or with NBEMS, the trainee can utilize the Grievance Redressal Mechanisms established for the same as detailed on NBEMS website.

एनबीईएमएस प्रशिक्षुओं के लिए शिकायत निवारण तंत्र के लिए यहां क्लिक करें।

10. डीएनबी प्रशिक्षु एनबीईएमएस से निम्न माध्यमों द्वारा संपर्क कर सकते हैं :

**DNB trainees may contact NBEMS through any of the following modes:**

10.1. एनबीईएमएस उम्मीदवार सहायता हेल्पलाइन: एनबीईएमएस समस्त कार्य-दिवसों में सुबह 9:30 से शाम 6:00 बजे तक समर्पित कॉलिंग एजेंट द्वारा अपने संपर्क केन्द्र के माध्यम से उम्मीदवार सहायता प्रदान करता है।

NBEMS Candidate Care helpline: NBEMS provides candidate support through its contact centre with dedicated calling agents on all working days from 09:30 AM to 6:00 PM.

एनबीईएमएस संपर्क केन्द्र दूरभाष संख्या / **NBEMS Contact Centre Number: +91-11-45593000.**

10.2. कम्युनिकेशन वेब पोर्टल: काउंसलिंग, पंजीकरण, प्रशिक्षण, परीक्षा, आदि से संबंधित कोई भी प्रश्न जमा करने हेतु निम्न वेब-लिंक द्वारा ऑनलाइन वेब पोर्टल तक पहुंचा जा सकता है।

Communication Web Portal: An online web portal can be accessed from following web-link to submit any query related to counseling, registration, training, examination etc.:

<https://exam.natboard.edu.in/communication.php?page=main>

10.3. डाक द्वारा / **By Post:**

कार्यकारी निदेशक  
आयुर्विज्ञान में राष्ट्रीय परीक्षा बोर्ड  
मेडिकल एनक्लेव, अंसारी नगर, नई दिल्ली-110029

Executive Director  
National Board of Examinations in Medical Sciences,  
Medical Enclave, Ansari Nagar, New Delhi -110029.

11. कृपया अवगत रहें कि इस पत्र में दिए गए निर्देश एनबीईएमएस प्रशिक्षण कार्यक्रम का अवलोकन देने के लिए हैं और समय-समय पर एमओएचएफडब्ल्यू/एनएमसी/एमसीसी/एनबीईएमएस द्वारा लिए गए निर्णयों के आधार पर परिवर्तन के लिए उत्तरदायी हैं। प्रशिक्षुओं को सलाह दी जाती है कि वे एनबीईएमएस वेबसाइट पर समय-समय पर उपलब्ध कराई गई प्रत्येक प्रशिक्षण/परीक्षा प्रक्रिया के लिए संबंधित दिशा-निर्देश/बुलेटिन देखें।

Please be apprised that the instructions in this letter are meant for giving an overview of the NBEMS training programme and are liable to change based on decisions taken by the MoHFW/NMC/MCC/NBEMS from time to time. The trainees are advised to refer to the respective guidelines/bulletin for each training/examination process made available at NBEMS website time to time.

नोट: यह कंप्यूटरकृत अनंतिम पंजीकरण पत्र है, जिसमें 8 पृष्ठ हैं। अतः किसी हस्ताक्षर की आवश्यकता नहीं है।

T NITEESH GOUD/General Medicine/111-27223-231-250301/05.10.2023/3 Years

12. एनबीईएमएस के पास डीएनबी प्रशिक्षण की निरंतरता के दौरान या उसके पूरा होने के बाद किसी भी समय अपनी किसी भी प्रशिक्षण प्रक्रिया/परीक्षा की अनुसूची, पैटर्न, नीति और दिशा-निर्देशों को बदलने का पूर्ण अधिकार सुरक्षित है। प्रशिक्षु को एनबीईएमएस की पिछली या वर्तमान अनुसूची, नीति और दिशानिर्देशों से किसी भी अधिकार का दावा करने/प्राप्त करने का कोई अधिकार नहीं होगा।

NBEMS reserves its absolute rights to alter the schedule, pattern, policy and guidelines of any of its training processes/examination at any time during the continuation or after the completion of DNB training. The trainee shall have no right whatsoever for claiming/deriving any right from past or present schedule, policy and guidelines of National Board of Examinations in Medical Sciences.

13. मौजूदा अनुसूची, पैटर्न, नीति और दिशानिर्देश केवल तत्काल संदर्भ के लिए हैं, लेकिन किसी भी तरह से, उन्हें प्रतिनिधि या इस तथ्य की स्वीकृति के रूप में नहीं माना जाना चाहिए कि एनबीईएमएस भविष्य में इसका पालन करने के लिए बाध्य है। एनबीईएमएस इस पत्र में निहित किसी या कुछ निर्देशों / दिशानिर्देशों को बदलने, संशोधित करने, संशोधित करने या लागू करने का अपना पूर्ण अधिकार सुरक्षित रखता है।

The existing schedule, pattern, policy and guidelines are for ready reference only but in no way, they are or are ought to be treated as representative or acknowledgment of fact that NBEMS is bound to follow the same in future. NBEMS reserves its absolute right to alter, amend, modify or apply any or some of the instructions/guidelines contained in this letter.

14. पात्रता के निर्धारण/परीक्षाओं के आयोजन/उम्मीदवारों के पंजीकरण/यहां निहित जानकारी के संबंध में किसी भी निर्देश/शर्तों /नियम/मानदंड की व्याख्या में किसी भी अस्पष्टता के मामले में, एनबीईएमएस की व्याख्या अंतिम होगी और प्रकृति में बाध्यकारी होगी। इस पत्र के हिंदी और अंग्रेजी संस्करणों में किसी भी अस्पष्टता के मामले में, अंग्रेजी भाषा में उल्लिखित जानकारी अंतिम होगी।

In case of any ambiguity in interpretation of any of the instructions/ terms/rules/criteria regarding the determination of eligibility/ conduct of examinations/ registration of candidates/information contained herein, the interpretation of the National Board of Examinations in Medical Sciences shall be final and binding in nature. In case of any ambiguity in Hindi and English versions of this letter, the information mentioned in English language shall be final.

15. यदि यह पाया जाता है कि प्रशिक्षु एनबीईएमएस दिशानिर्देशों / नीतियों / निर्देशों का पालन नहीं कर रहा है और/या तत्काल अनंतिम पंजीकरण पत्र की शर्तों का पालन नहीं कर रहा है और/या एनबीईएमएस वेबसाइट पर उपलब्ध एनबीईएमएस के अनुचित साधनों के दिशानिर्देशों में वर्णित किसी भी अनुचित साधन को अपनाने के लिए उन्हें एनबीईएमएस पाठ्यक्रम को पूरा करने/ एनबीईएमएस परीक्षा में उपस्थित होने के लिए, उन्हें रद्द करने सहित उचित कार्रवाई करने का अपना पूर्ण अधिकार सुरक्षित रखता है।

NBEMS reserves its absolute right to take appropriate action including cancellation of the trainees' provisional registration to debar him/her to pursue NBEMS course/appear in NBEMS examination, if it is found that the trainee is not adhering to NBEMS guidelines / policies / directions and /or the terms of the instant Provisional Registration letter and/or adopting any unfair means as detailed in the Unfair Means Guidelines of NBEMS, available on NBEMS website.

16. अदालती मामलों/विवादों का क्षेत्राधिकार केवल नई दिल्ली होगा।

The jurisdiction for court cases/disputes shall be at New Delhi only.

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—पंजीकरण पत्र समाप्त/End of Registration Letter—

नोट: यह कंप्यूटरकृत अनंतिम पंजीकरण पत्र है, जिसमें 8 पृष्ठ हैं। अतः किसी हस्ताक्षर की आवश्यकता नहीं है।

T NITEESH GOUD/General Medicine/111-27223-231-250301/05.10.2023/3 Years

पृष्ठ संख्या 7 / 8

डाउनलोड की तिथि / **Download Date: 13-09-2024**



आयुर्विज्ञान में राष्ट्रीय परीक्षा बोर्ड, नई दिल्ली  
**National Board of Examinations in Medical Sciences, New Delhi**

नोट: यह कंप्यूटरकृत अनंतिम पंजीकरण पत्र है, जिसमें 8 पृष्ठ हैं। अतः किसी हस्ताक्षर की आवश्यकता नहीं है।

*T NITEESH GOUD/General Medicine/111-27223-231-250301/05.10.2023/3 Years*

पृष्ठ संख्या 8/8



**Educational Commission for Foreign Medical Graduates (ECFMG®)**  
**VERIFICATION OF MEDICAL EDUCATION**  
 (This form must be completed by the medical school)

VERIFICATION OF MEDICAL EDUCATION

**INSTRUCTIONS TO THE DEAN**

The individual identified on the attached *Medical School Release Request, Certification of Identification Form, or Certification Statement* has authorized your medical school to provide to the Educational Commission for Foreign Medical Graduates (ECFMG) any and all information pertaining to his/her education at your institution. Please complete this VERIFICATION OF MEDICAL EDUCATION form and return it to ECFMG with the attached medical diploma and a final medical school transcript in the enclosed, addressed envelope.

RE: **Hari Prasad Naidu Boyapati**  
 1-181-493-6

P.E.S. Institute of Medical Sciences and Research  
 Chittoor Distt  
 Kuppam, Andhra Pradesh  
 Kuppam, INDIA

Please notify ECFMG if the name of your institution has changed or is different from the name displayed.

**SECTION 1: MEDICAL SCHOOL TRANSCRIPT**

Attach an official medical school transcript in the original language that displays course grades or marks, not just hours, to this Verification of Medical Education form and return to ECFMG – Affix your official stamp to the transcript – Non-English language transcripts must include a word-for-word English language translation prepared by a recognized translator – An official English language version medical school transcript is also acceptable – Transcripts returned to ECFMG under separate cover must include the individual's ECFMG Identification Number to prevent processing delays.

**SECTION 2A: CERTIFICATION**

By my signature below, I certify: (1) the information provided on this form is an accurate account of the above named individual's official records maintained in this medical school and is true and correct to my knowledge, and, (2) that I am authorized to certify this on behalf of this institution as reported to ECFMG on an Authorized Signature List for Medical School Officials or other official notification from this institution.

Signature, Printed Name, Title and Official Seal must match samples provided to ECFMG by the medical school



Signature: \_\_\_\_\_ *[Handwritten Signature]*  
 Printed Name: DR. H. R. KRISHNA RAO  
 Title: PRINCIPAL  
 Date of Signature: 17<sup>th</sup> OCTOBER, 2023  
 Phone: (+91) 9391833752 Fax: ( ) \_\_\_\_\_  
 Email: pesmed2007@yahoo.com

**SECTION 2B: DEGREE CERTIFICATION**

This individual:

Was conferred/issued the degree of M. B. B. S on 13/08/2021 (dd/mm/yyyy) and the attached medical diploma is authentic and correct.

-- Or --

Was not conferred/issued a degree or the attached medical diploma is not authentic and correct because:

(Please explain - Attach additional sheets if needed)



**Educational Commission for Foreign Medical Graduates (ECFMG®)**  
**VERIFICATION OF MEDICAL EDUCATION**  
 (continued)

**SECTION 3A: PRE-MEDICAL EDUCATION**

Years of education required for admission to your medical school: 12 years

Credential/degree presented by the applicant for admission to your medical school: BOARD OF INTERMEDIATE EDUCATION A.P.

Did this individual transfer credits to your medical school from another institution? YES ( ) NO

If you checked 'YES' please print the name of the institution(s) from where the credits were transferred:

(Attach additional sheets if needed)

**SECTION 3B: MEDICAL EDUCATION**

**Enrollment and Participation:** Our records indicate that Hari Prasad Naidu Boyapati attended our medical school for total of 293 weeks of medical education on the following dates:

From 24 / 08 / 2015 (dd/mm/yyyy) To 11 / 04 / 2021 (dd/mm/yyyy)

**SECTION 4: UNUSUAL CIRCUMSTANCES**

The following questions apply to unusual circumstances that occurred during any part of the individual's medical education. Please provide dates and requested information or attach a copy of explanatory records or a written explanation if you check "YES" to questions 1-5.

1. Does this individual's official record reflect (an) interruption(s) or extension(s) in his/her medical education? YES ( ) NO

If you checked "YES" please select the reason(s) for, indicate the dates of the interruption(s) or extension(s) and check whether the interruption/extension was approved or unapproved.

	<u>From Mo/Yr</u>	<u>To Mo/Yr</u>	<u>Approved</u>	<u>Unapproved</u>
Personal/Family	_____	_____	( )	( )
Academic remediation	_____	_____	( )	( )
Health	_____	_____	( )	( )
Financial	_____	_____	( )	( )
Participation in joint degree Program (e.g., MD/PhD)	_____	_____	( )	( )
Participation in non-research special study (e.g., fellowship, international experience)	_____	_____	( )	( )
Participation in non-degree research	_____	_____	( )	( )
Other	_____	_____	( )	( )

Please Specify: \_\_\_\_\_



**Educational Commission for Foreign Medical Graduates (ECFMG®)**  
**VERIFICATION OF MEDICAL EDUCATION**  
 (continued)

2. Does this individual's official record reflect that he/she was ever placed on academic or disciplinary probation during his/her medical education? YES ( ) NO ()

If you checked "YES" please select the reason(s) for the probation, indicate the date(s) of placement on and removal from probation and attach additional documentation to this report.

From Mo/Yr                      To Mo/Yr

Academic Probation \_\_\_\_\_

Probation for unprofessional conduct/behavioral \_\_\_\_\_

Probation for other reason \_\_\_\_\_

Please specify reason: \_\_\_\_\_

3. Does this individual's official record reflect that he/she was ever disciplined for unprofessional conduct/behavioral reasons by the medical school or parent university? YES ( ) NO ()

If you checked "YES" please provide detailed documentation/information about the circumstances and outcome(s):

\_\_\_\_\_  
 \_\_\_\_\_

4. Does this individual's official record reflect that he/she was ever the subject of negative reports or an investigation by the medical school or parent university? YES ( ) NO ()

If you checked "YES" please provide detailed documentation/information about the circumstances and outcome(s):

\_\_\_\_\_  
 \_\_\_\_\_

5. Does this individual's official record reflect that there were any limitations or special requirements imposed on the individual because of questions of academic incompetence, disciplinary problems, or any other reason? YES ( ) NO ()

If you checked "YES" please provide detailed documentation/information about the nature of the limitations or special requirements.

\_\_\_\_\_  
 \_\_\_\_\_

If you have any questions about this verification packet, please contact ECFMG at  
**EICSVerif@ecfm.org.**



**Educational Commission for Foreign Medical Graduates (ECFMG®)**  
**SUPPLEMENT to Verification of Medical Education form 327-A**  
(This checklist is provided for your convenience only - Do not return to ECFMG)

The following actions must be completed for ECFMG to process this verification packet. Not completing all actions may invalidate this verification packet and require a new verification packet to be sent to the medical school.

- \_\_\_ **Section 1: Medical School Transcript** - Attach official medical school transcript to the Verification of Medical Education form as detailed in **Section 1**.
  
- \_\_\_ **Section 2A: Certification** - Complete all fields and affix official institution seal. The official completing **Section 2A** must be authorized to sign ECFMG verification forms as reported to ECFMG on an Authorized Signature List for Medical School Officials or other official correspondence.
  
- \_\_\_ **Section 2B: Degree Certification** - Complete all fields. Attach additional sheets if needed.
  
- \_\_\_ **Section 3A: Pre-Medical Education** - Complete all fields and questions.
  
- \_\_\_ **Section 3B: Medical Education** - Complete all fields and questions.
  
- \_\_\_ **Section 4: Unusual Circumstances** - Complete questions 1-5.
  
- \_\_\_ **Medical Diploma** - Affix official institution seal on photocopy of medical diploma attached to the Verification of Medical Education form.
  
- \_\_\_ **Return Envelope** - Return the verification form, attached medical diploma, and medical school transcript in the enclosed envelope directly to ECFMG. If you use an envelope different from the ECFMG provided envelope, the medical school return address must be present on the envelope.

For fastest processing, please complete all fields in English if possible.

If you have any questions about this verification packet, please contact ECFMG at [EICSVerif@ecfm.org](mailto:EICSVerif@ecfm.org).

S. No. UM 019628

**NTR UNIVERSITY OF HEALTH SCIENCES**  
ANDHRA PRADESH, INDIA



Dr. NTR University of Health Sciences, established in 1984, is a premier institution of higher learning in the field of health sciences. It is committed to providing quality education and research in various disciplines of health sciences. The university is recognized by the Council for Higher Education (CHE) and the Council of Medical Education (CME).

**FACULTY OF MODERN MEDICINE**

This is to certify that

**BOYAPATI HARI PRASAD NAIDU**

*has been awarded the Degree of  
Bachelor of Medicine  
and  
Bachelor of Surgery*

RECEIVED  
NOV 22 2022  
ECFMG  
MAILROOM MB

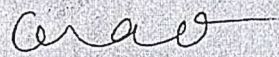
*He/She having been declared to have qualified in the Examination  
prescribed therefor, of this University held in MARCH, 2020  
and on completion of one year Compulsory Rotatory Internship  
He/She has been placed in SECOND Division*

Regd. No. 15060025

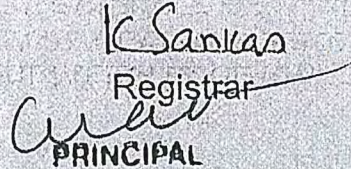
Vijayawada

Dated : 13<sup>th</sup> August 2024

Given under the Seal of the University



PRINCIPAL  
PES Institute of Medical Sciences & Research  
Kuppam-517425, Chittoor Dist. A P



K. Sankar  
Registrar  
PRINCIPAL

PES Institute of Medical Sciences & Research  
Kuppam-517425, Chittoor Dist. A P

**W. NTR UNIVERSITY OF HEALTH SCIENCES**  
ANDHRA PRADESH, INDIA.

SL.No: **035304**

RC.No: **EIC/EXAMS/MBBS/09**



DATE: **10/08/2021**

**OFFICIAL TRANSCRIPT OF THE EXTRACT OF**

**MEMORANDUM OF MARKS & THE DETAILS OF EXAMINATIONS PASSED IN  
M.B.B.S. (BACHELOR OF MEDICINE & BACHELOR OF SURGERY) COURSE**

NAME OF THE CANDIDATE: **BOYAPATI HARI PRASAD NAIDU**

COLLEGE STUDIED: **PES INSTITUTE OF MEDICAL SCIENCES & RESEARCH, KUPPAM**

PERIOD OF STUDY: **2015 TO 11-04-2021** (Including Internship)

Course	Subject	Maximum Marks	Passing Marks	Marks Awarded	No. of Attempts	Remarks
I MBBS	Biochemistry	200	100	146	1	
I MBBS	Anatomy	200	100	129	1	
I MBBS	Physiology	200	100	151	1	
II MBBS	Pharmacology	150	75	75	1	
II MBBS	Microbiology	150	75	95	1	
II MBBS	Pathology	150	75	88	1	
II MBBS	Forensic Medicine	100	50	67	1	
FINAL MBBS Part-I	Oto-rhino-laryngology (E.N.T.)	100	50	61	1	
FINAL MBBS Part-I	Ophthalmology	100	50	71	1	
FINAL MBBS Part-I	Community Medicine (S.P.M.)	200	100	117	1	
FINAL MBBS Part-II	Medicine	300	150	175	1	
FINAL MBBS Part-II	Surgery	300	150	169	1	
FINAL MBBS Part-II	Obstetrics & Gynaecology	200	100	124	1	
FINAL MBBS Part-II	Paediatrics	100	50	54	1	

Final MBBS Completed by **MARCH, 2020** with H.T.No. **15060025**  
Compulsory rotatory Internship of 12 months completed by **11-04-2021**  
The course completed successfully in **SECOND** Division.

NB: 1. Passing Marks : 50% 1st class : 65% & Distinction : 75%

2. Classification shall not be awarded if not completed all subjects in 1st attempt

3. Any discrepancy in the above entry must be brought to the notice of the Undersigned **Principal** PES Institute of Medical Sciences & Research, Kuppam-517425, Chittoor Dist. A.P

Prepared by :

Supdt.

Asst.Reg.

Deputy Reg. (Exams)

Joint Registrar /  
Controller of Examinations

ECFMG CERTIFICATION OF IDENTIFICATION FORM (FORM 186)



ECFMG ID® Number: 1-181-493-6  
Name: Hari Prasad Naidu Boyapati  
Date of Birth: 14 Jun 1997  
Gender: Male



of photo and  
part of form

IMPORTANT NOTE: When completed and submitted to ECFMG, this Certification of Identification Form will become part of your ECFMG record. All information on the Certification of Identification Form is subject to verification and acceptance by ECFMG. This form will be used to identify you when you submit an application to ECFMG for any of its programs or services, including an application for a USMLE® Step or Step Component.

CERTIFICATION OF IDENTIFICATION BY OFFICIAL (To be completed by official)

I certify that on the date set forth below the individual named above did appear personally before me and that I did identify this applicant by: (a) comparing his/her physical appearance with the photograph printed hereto, (b) comparing his/her physical appearance with the passport photograph, and (c) comparing his/her original passport with the copy of the attached passport.

Completed via Remote Online Notarization using 2 way Audio/Video technology.  
The statements in this document were subscribed and sworn to before me by the individual.

X *Aleksandra Dzwonik Abbondanzo*  
Signature of Official

October 14th, 2022  
Date (mm/dd/yyyy)

Notary Public for Williamsburg Virginia

APPLICANT RELEASE OF INFORMATION AND CERTIFICATION (To be completed by physician)

Release of Information Authorization

I request and authorize every person, medical school, university, hospital, government agency, or other entity to release information to ECFMG bearing on the content of my request or any document submitted to ECFMG, including, but not limited to, records, diplomas, transcripts, and other documents concerning my identity, citizenship or immigration status, educational, academic or professional history and status, or enrollment.

I hereby authorize ECFMG to transmit any information it may hold, or that may otherwise become available to ECFMG, bearing on the content of my request or any other document submitted to ECFMG, including, but not limited to, records, diplomas, transcripts, and other documents concerning my identity, citizenship or immigration status, educational, academic or professional history and status, or enrollment, determinations of irregular behavior and/or removal of J-1 visa sponsorship to any federal, state, or local governmental department or agency, to any hospital or to any other organization or individual who, in the judgment of ECFMG, has a legitimate interest in such information.

I also extend absolute immunity to, and release, other agencies, medical schools, universities, institutions, hospitals and clinics, and registration and licensing authorities providing information, their employees, contractors, representatives, trustees, directors, and officers, and any third parties and organizations for their acts, communications, reports, records, diplomas, transcripts, statements, documents, recommendations, or disclosures involving me, made in good faith and without malice, requested by ECFMG.

I HAVE READ, UNDERSTOOD, AND AGREE TO THIS RELEASE OF INFORMATION AUTHORIZATION AND I INTEND TO BE LEGALLY BOUND BY IT.

Certification

I certify that I am the individual named above, am represented in the attached photograph, the attached passport is a copy of the passport that was issued to me, and that the signature below is my signature.

I hereby certify that I have read, understood, and agree to all of the above statements. I also certify that I have read the Policies and Procedures Regarding Irregular Behavior and agree to abide by these policies and procedures. I certify I understand that, as provided in the Policies and Procedures Regarding Irregular Behavior, among other things, ECFMG may find that submission of falsified documents to ECFMG during the certification process constitutes irregular behavior, which could result in actions including permanent revocation of or permanent bar to ECFMG Certification, and permanent annotation of my ECFMG record, among other things. I also certify that I have read and understood the ECFMG Privacy Notice, which is available on the ECFMG website at <https://www.ecfmg.org/annnc/privacy.html>, and consent to the collection and use of my personal information in the matter described therein.

*HARI PRASAD NAIDU BOYAPATI*

October 14th, 2022

X  
Signature of Applicant

Date (mm/dd/yyyy)



**Educational Commission for Foreign Medical Graduates (ECFMG®)**  
**VERIFICATION OF MEDICAL EDUCATION**  
 (This form must be completed by the medical school)

VERIFICATION OF MEDICAL EDUCATION

INSTRUCTIONS TO THE DEAN

The individual identified on the attached *Medical School Release Request*, *Certification of Identification Form*, or *Certification Statement* has authorized your medical school to provide to the Educational Commission for Foreign Medical Graduates (ECFMG) any and all information pertaining to his/her education at your institution. Please complete this VERIFICATION OF MEDICAL EDUCATION form and return it to ECFMG with the attached medical diploma and a final medical school transcript in the enclosed, addressed envelope.

RE: **Thejaswini Guduru** (Name on Document: **G Thejaswini**)  
 1-111-479-0

P.E.S. Institute of Medical Sciences and Research  
 Chittoor Distt  
 Kuppam, Andhra Pradesh  
 Kuppam, INDIA

Please notify ECFMG if the name of your institution has changed or is different from the name displayed.

SECTION 1: MEDICAL SCHOOL TRANSCRIPT

Attach an official medical school transcript in the original language that displays course grades or marks, not just hours, to this Verification of Medical Education form and return to ECFMG -- Affix your official stamp to the transcript -- Non-English language transcripts must include a word-for-word English language translation prepared by a recognized translator -- An official English language version medical school transcript is also acceptable -- Transcripts returned to ECFMG under separate cover must include the individual's ECFMG Identification Number to prevent processing delays.

SECTION 2A: CERTIFICATION

By my signature below, I certify: (1) the information provided on this form is an accurate account of the above named individual's official records maintained in this medical school and is true and correct to my knowledge, and, (2) that I am authorized to certify this on behalf of this institution as reported to ECFMG on an Authorized Signature List for Medical School Officials or other official notification from this institution.

Signature, Printed Name, Title and Official Seal must match samples provided to ECFMG by the medical school



Signature: [Handwritten Signature]  
 Printed Name: DR. H. R. KRISHNA RAO  
 Title: PRINCIPAL  
 Date of Signature: 07<sup>th</sup> JANUARY 2023  
 Phone: (+91) 9391833759 Fax: ( ) -  
 Email: pesmed2007@yahoo.com

SECTION 2B: DEGREE CERTIFICATION

This individual:

Was conferred/issued the degree of M.B.B.S on 06<sup>th</sup> MAY 2021 (dd/mm/yyyy) and the attached medical diploma is authentic and correct.

-- Or --

Was not conferred/issued a degree or the attached medical diploma is not authentic and correct because:

(Please explain - Attach additional sheets if needed)



**Educational Commission for Foreign Medical Graduates (ECFMG®)**  
**VERIFICATION OF MEDICAL EDUCATION**  
 (continued)

**SECTION 3A: PRE-MEDICAL EDUCATION**

Years of education required for admission to your medical school: 12 years

Credential/degree presented by the applicant for admission to your medical school: BOARD OF INTERMEDIATE EDUCATION, A.P

Did this individual transfer credits to your medical school from another institution? YES ( ) NO ()

If you checked 'YES' please print the name of the institution(s) from where the credits were transferred:

(Attach additional sheets if needed)

**SECTION 3B: MEDICAL EDUCATION**

**Enrollment and Participation:** Our records indicate that Thejaswini Guduru (Name on Document: G Thejaswini) attended our medical school for total of 292 weeks of medical education on the following dates:

From 27 / 08 / 2010 (dd/mm/yyyy) To 31 / 03 / 2016 (dd/mm/yyyy)

**SECTION 4: UNUSUAL CIRCUMSTANCES**

The following questions apply to unusual circumstances that occurred during any part of the individual's medical education. Please provide dates and requested information or attach a copy of explanatory records or a written explanation if you check "YES" to questions 1-5.

1. Does this individual's official record reflect (an) interruption(s) or extension(s) in his/her medical education? YES ( ) NO ()

If you checked "YES" please select the reason(s) for, indicate the dates of the interruption(s) or extension(s) and check whether the interruption/extension was approved or unapproved.

	<u>From Mo/Yr</u>	<u>To Mo/Yr</u>	<u>Approved</u>	<u>Unapproved</u>
Personal/Family	_____	_____	( )	( )
Academic remediation	_____	_____	( )	( )
Health	_____	_____	( )	( )
Financial	_____	_____	( )	( )
Participation in joint degree Program (e.g., MD/PhD)	_____	_____	( )	( )
Participation in non-research special study (e.g., fellowship, international experience)	_____	_____	( )	( )
Participation in non-degree research	_____	_____	( )	( )
Other	_____	_____	( )	( )

Please Specify: \_\_\_\_\_



Educational Commission for Foreign Medical Graduates (ECFMG®)  
VERIFICATION OF MEDICAL EDUCATION  
(continued)

2. Does this individual's official record reflect that he/she was ever placed on academic or disciplinary probation during his/her medical education? YES ( ) NO

If you checked "YES" please select the reason(s) for the probation, indicate the date(s) of placement on and removal from probation and attach additional documentation to this report.

From Mo/Yr To Mo/Yr

Academic Probation \_\_\_\_\_

Probation for unprofessional conduct/behavioral \_\_\_\_\_

Probation for other reason \_\_\_\_\_

Please specify reason: \_\_\_\_\_

3. Does this individual's official record reflect that he/she was ever disciplined for unprofessional conduct/behavioral reasons by the medical school or parent university? YES ( ) NO

If you checked "YES" please provide detailed documentation/information about the circumstances and outcome(s):

\_\_\_\_\_  
\_\_\_\_\_

4. Does this individual's official record reflect that he/she was ever the subject of negative reports or an investigation by the medical school or parent university? YES ( ) NO

If you checked "YES" please provide detailed documentation/information about the circumstances and outcome(s):

\_\_\_\_\_  
\_\_\_\_\_

5. Does this individual's official record reflect that there were any limitations or special requirements imposed on the individual because of questions of academic incompetence, disciplinary problems, or any other reason? YES ( ) NO

If you checked "YES" please provide detailed documentation/information about the nature of the limitations or special requirements.

\_\_\_\_\_  
\_\_\_\_\_

If you have any questions about this verification packet, please contact ECFMG at  
EICSVerif@ecfm.org.



Educational Commission for Foreign Medical Graduates (ECFMG®)  
SUPPLEMENT to Verification of Medical Education form 327-A  
(This checklist is provided for your convenience only - Do not return to ECFMG)

The following actions must be completed for ECFMG to process this verification packet. Not completing all actions may invalidate this verification packet and require a new verification packet to be sent to the medical school.

- \_\_\_ **Section 1: Medical School Transcript** - Attach official medical school transcript to the Verification of Medical Education form as detailed in **Section 1**.
  
- \_\_\_ **Section 2A: Certification** - Complete all fields and affix official institution seal. The official completing **Section 2A** must be authorized to sign ECFMG verification forms as reported to ECFMG on an Authorized Signature List for Medical School Officials or other official correspondence.
  
- \_\_\_ **Section 2B: Degree Certification** - Complete all fields. Attach additional sheets if needed.
  
- \_\_\_ **Section 3A: Pre-Medical Education** - Complete all fields and questions.
  
- \_\_\_ **Section 3B: Medical Education** - Complete all fields and questions.
  
- \_\_\_ **Section 4: Unusual Circumstances** - Complete questions 1-5.
  
- \_\_\_ **Medical Diploma** - Affix official institution seal on photocopy of medical diploma attached to the Verification of Medical Education form.
  
- \_\_\_ **Return Envelope** - Return the verification form, attached medical diploma, and medical school transcript in the enclosed envelope directly to ECFMG. If you use an envelope different from the ECFMG provided envelope, the medical school return address must be present on the envelope.

For fastest processing, please complete all fields in English if possible.

If you have any questions about this verification packet, please contact ECFMG at [EICSVerif@ecfm.org](mailto:EICSVerif@ecfm.org).

S.No. UM 016947

DR. NTR UNIVERSITY OF HEALTH SCIENCES  
ANDHRA PRADESH, INDIA



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FACULTY OF MODERN MEDICINE

This is to certify that

**G THEJASWINI**

has been awarded the Degree of  
*Bachelor of Medicine*  
and  
*Bachelor of Surgery*

*He/She having been declared to have qualified in the Examination prescribed therefor, of this University held in MARCH, 2015 and on completion of one year Compulsory Rotatory Internship He/She has been placed in FIRST Division*

Regd. No. 1060037

Vijayawada

Dated : 06<sup>th</sup> May 2014

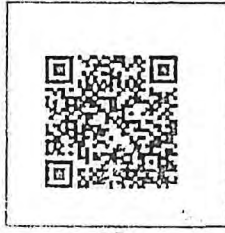
Given under the Seal of the University

PRINCIPAL

PES Institute of Medical Sciences & Research  
Kuppam-517425, Chittoor Dist. A.P.



IC Samikan  
Registrar



OD



PRINCIPAL

PES Institute of Medical Sciences & Research  
Kuppam-517425, Chittoor Dist. A.P

Medium of Instruction: English

Signature of the persons who verified				
Junior Asst	Senior Asst	Supdt.	Asst. Reg	Dy. Registrar (Exams)
-	-	-	D. J. Rani	

**Note:** The discrepancies with regard to entries printed in the Original Degree and if unsigned should be brought to the notice of the University within one month from the date of receipt of the same along with necessary documents

ECFMG CERTIFICATION OF IDENTIFICATION FORM (FORM 186)



S0006342239

ECFMG ID<sup>®</sup> Number: 1-111-479-0  
Name: Thejaswini Guduru  
Date of Birth: 13 Mar 1993  
Gender: Female



**IMPORTANT NOTE:** When completed and submitted to ECFMG, this Certification of Identification Form will become part of your ECFMG record. All information on the Certification of Identification Form is subject to verification and acceptance by ECFMG. This form will be used to identify you when you submit an application to ECFMG for any of its programs or services, including an application for a USMLE<sup>®</sup> Step or Step Component.

**CERTIFICATION OF IDENTIFICATION BY OFFICIAL (To be completed by official)**

I certify that on the date set forth below the individual named above did appear personally before me and that I did identify this applicant by: (a) comparing his/her physical appearance with the photograph printed hereto, (b) comparing his/her physical appearance with the passport photograph, and (c) comparing his/her original passport with the copy of the attached passport.

The statements in this document were subscribed and sworn to before me by the individual.

X Andrea Dzwonik Notary Public for Williamsburg Virginia Date (mm/dd/yyyy) 11/30/2020

**APPLICANT RELEASE OF INFORMATION AND CERTIFICATION (To be completed by physician)**

**Release of Information Authorization**

I request and authorize every person, medical school, university, hospital, government agency, or other entity to release information to ECFMG bearing on the content of my request or any document submitted to ECFMG, including, but not limited to, records, diplomas, transcripts, and other documents concerning my identity, citizenship or immigration status, educational, academic or professional history and status, or enrollment.

I hereby authorize ECFMG to transmit any information in its possession, or that may otherwise become available to ECFMG, bearing on the content of my request or any other document submitted to ECFMG, including, but not limited to, records, diplomas, transcripts, and other documents concerning my identity, citizenship or immigration status, educational, academic or professional history and status, or enrollment, and determinations of irregular behavior to any federal, state, or local governmental department or agency, to any hospital or to any other organization or individual who, in the judgment of ECFMG, has a legitimate interest in such information.

I also extend absolute immunity to, and release, other agencies, medical schools, universities, institutions, hospitals and clinics, and registration and licensing authorities providing information, their employees, representatives, directors, and officers, and any third parties and organizations for their acts, communications, reports, records, diplomas, transcripts, statements, documents, recommendations, or disclosures involving me, made in good faith and without malice, requested by ECFMG.

I HAVE READ, UNDERSTOOD, AND AGREE TO THIS RELEASE OF INFORMATION AUTHORIZATION AND I INTEND TO BE LEGALLY BOUND BY IT.

**Certification**

I certify that I am the individual named above, am represented in the attached photograph, the attached passport is a copy of the passport that was issued to me, and that the signature below is my signature.

I hereby certify that I have read, understood, and agree to all of the above statements. I also certify that I have read the *Policies and Procedures Regarding Irregular Behavior* and agree to abide by these policies and procedures. I certify I understand that, as provided in the *Policies and Procedures Regarding Irregular Behavior*, among other things, ECFMG may find that submission of falsified documents to ECFMG during the certification process constitutes irregular behavior, which could result in actions including permanent revocation of or permanent bar to ECFMG Certification, and permanent annotation of my ECFMG record, among other things. I also certify that I have read, understood and agree to the ECFMG Privacy Notice, which is available on the ECFMG website at <https://www.ecfm.org/announcements/privacy.html>.

X Thejaswini Guduru Date (mm/dd/yyyy) 11/30/2020  
Signature of Applicant



**Educational Commission for Foreign Medical Graduates (ECFMG®)**  
**VERIFICATION OF MEDICAL EDUCATION**  
 (This form must be completed by the medical school)

**VERIFICATION OF MEDICAL EDUCATION**

**INSTRUCTIONS TO THE DEAN**

The individual identified on the attached *Medical School Release Request*, *Certification of Identification Form*, or *Certification Statement* has authorized your medical school to provide to the Educational Commission for Foreign Medical Graduates (ECFMG) any and all information pertaining to his/her education at your institution. Please complete this VERIFICATION OF MEDICAL EDUCATION form and return it to ECFMG with the attached medical diploma and a final medical school transcript in the enclosed, addressed envelope.

RE: **Chandana Tadigotla**

1-125-160-0

P.E.S. Institute of Medical Sciences and Research  
 Chittoor Distt  
 Kuppam, Andhra Pradesh  
 Kuppam, INDIA

Please notify ECFMG if the name of your institution has changed or is different from the name displayed.

**SECTION 1: MEDICAL SCHOOL TRANSCRIPT**

Attach an official medical school transcript in the original language that displays course grades or marks, not just hours, to this Verification of Medical Education form and return to ECFMG -- Affix your official stamp to the transcript -- Non-English language transcripts must include a word-for-word English language translation prepared by a recognized translator -- An official English language version medical school transcript is also acceptable -- Transcripts returned to ECFMG under separate cover must include the individual's ECFMG Identification Number to prevent processing delays.

**SECTION 2A: CERTIFICATION**

By my signature below, I certify: (1) the information provided on this form is an accurate account of the above named individual's official records maintained in this medical school and is true and correct to my knowledge, and, (2) that I am authorized to certify this on behalf of this institution as reported to ECFMG on an Authorized Signature List for Medical School Officials or other official notification from this institution.

Signature, Printed Name, Title and Official Seal must match samples provided to ECFMG by the medical school



Signature: [Handwritten Signature]  
 Printed Name: Dr. H. R. KRISHNA RAO  
 Title: PRINCIPAL  
 Date of Signature: 12<sup>TH</sup> JANUARY 2023  
 Phone: (+91) 9391833752 Fax: ( ) -  
 Email: pesmed2007@yahoo.com

**SECTION 2B: DEGREE CERTIFICATION**

This individual:

Was conferred/issued the degree of MBBS on 22, 09, 2022 (dd/mm/yyyy) and the attached medical diploma is authentic and correct.

-- Or --

Was not conferred/issued a degree or the attached medical diploma is not authentic and correct because:

(Please explain - Attach additional sheets if needed)



**Educational Commission for Foreign Medical Graduates (ECFMG®)**  
**VERIFICATION OF MEDICAL EDUCATION**  
 (continued)

**SECTION 3A: PRE-MEDICAL EDUCATION**

Years of education required for admission to your medical school: 12 years

Credential/degree presented by the applicant for admission to your medical school: BOARD OF INTERMEDIATE EDUCATION, A.P

Did this individual transfer credits to your medical school from another institution? YES ( ) NO ()

If you checked 'YES' please print the name of the institution(s) from where the credits were transferred:

\_\_\_\_\_  
 (Attach additional sheets if needed)

**SECTION 3B: MEDICAL EDUCATION**

**Enrollment and Participation:** Our records indicate that Chandana Tadigotla attended our medical school for total of 383 weeks of medical education on the following dates:

From 28/04/2015 (dd/mm/yyyy) To 02/09/2022 (dd/mm/yyyy)

**SECTION 4: UNUSUAL CIRCUMSTANCES**

The following questions apply to unusual circumstances that occurred during any part of the individual's medical education. Please provide dates and requested information or attach a copy of explanatory records or a written explanation if you check "YES" to questions 1-5.

1. Does this individual's official record reflect (an) interruption(s) or extension(s) in his/her medical education? YES ( ) NO ()

If you checked "YES" please select the reason(s) for, indicate the dates of the interruption(s) or extension(s) and check whether the interruption/extension was approved or unapproved.

	<u>From Mo/Yr</u>	<u>To Mo/Yr</u>	<u>Approved</u>	<u>Unapproved</u>
Personal/Family	_____	_____	( )	( )
Academic remediation	_____	_____	( )	( )
Health	_____	_____	( )	( )
Financial	_____	_____	( )	( )
Participation in joint degree Program (e.g., MD/PhD)	_____	_____	( )	( )
Participation in non-research special study (e.g., fellowship, international experience)	_____	_____	( )	( )
Participation in non-degree research	_____	_____	( )	( )
Other	_____	_____	( )	( )

Please Specify: \_\_\_\_\_



**Educational Commission for Foreign Medical Graduates (ECFMG®)**  
**VERIFICATION OF MEDICAL EDUCATION**  
 (continued)

2. Does this individual's official record reflect that he/she was ever placed on academic or disciplinary probation during his/her medical education? YES ( ) NO ()

If you checked "YES" please select the reason(s) for the probation, indicate the date(s) of placement on and removal from probation and attach additional documentation to this report.

From Mo/Yr                      To Mo/Yr

Academic Probation \_\_\_\_\_

Probation for unprofessional conduct/behavioral \_\_\_\_\_

Probation for other reason \_\_\_\_\_

Please specify reason: \_\_\_\_\_

3. Does this individual's official record reflect that he/she was ever disciplined for unprofessional conduct/behavioral reasons by the medical school or parent university? YES ( ) NO ()

If you checked "YES" please provide detailed documentation/information about the circumstances and outcome(s):

\_\_\_\_\_  
 \_\_\_\_\_

4. Does this individual's official record reflect that he/she was ever the subject of negative reports or an investigation by the medical school or parent university? YES ( ) NO ()

If you checked "YES" please provide detailed documentation/information about the circumstances and outcome(s):

\_\_\_\_\_  
 \_\_\_\_\_

5. Does this individual's official record reflect that there were any limitations or special requirements imposed on the individual because of questions of academic incompetence, disciplinary problems, or any other reason? YES ( ) NO ()

If you checked "YES" please provide detailed documentation/information about the nature of the limitations or special requirements.

\_\_\_\_\_  
 \_\_\_\_\_

If you have any questions about this verification packet, please contact ECFMG at  
**EICSVerif@ecfm.org.**



**Educational Commission for Foreign Medical Graduates (ECFMG®)**  
**SUPPLEMENT to Verification of Medical Education form 327-A**  
(This checklist is provided for your convenience only - Do not return to ECFMG)

The following actions must be completed for ECFMG to process this verification packet. Not completing all actions may invalidate this verification packet and require a new verification packet to be sent to the medical school.

- \_\_\_ **Section 1: Medical School Transcript** - Attach official medical school transcript to the Verification of Medical Education form as detailed in **Section 1**.
  
- \_\_\_ **Section 2A: Certification** - Complete all fields and affix official institution seal. The official completing **Section 2A** must be authorized to sign ECFMG verification forms as reported to ECFMG on an Authorized Signature List for Medical School Officials or other official correspondence.
  
- \_\_\_ **Section 2B: Degree Certification** - Complete all fields. Attach additional sheets if needed.
  
- \_\_\_ **Section 3A: Pre-Medical Education** - Complete all fields and questions.
  
- \_\_\_ **Section 3B: Medical Education** - Complete all fields and questions.
  
- \_\_\_ **Section 4: Unusual Circumstances** - Complete questions 1-5.
  
- \_\_\_ **Medical Diploma** - Affix official institution seal on photocopy of medical diploma attached to the Verification of Medical Education form.
  
- \_\_\_ **Return Envelope** - Return the verification form, attached medical diploma, and medical school transcript in the enclosed envelope directly to ECFMG. If you use an envelope different from the ECFMG provided envelope, the medical school return address must be present on the envelope.

For fastest processing, please complete all fields in English if possible.

If you have any questions about this verification packet, please contact ECFMG at [EICSVerif@ecfmg.org](mailto:EICSVerif@ecfmg.org).

S.No. UM 016848

**Dr. NTR UNIVERSITY OF HEALTH SCIENCES**  
ANDHRA PRADESH, INDIA



**FACULTY OF MODERN MEDICINE**

This is to certify that

**TADIGOTLA CHANDANA**

has been awarded the Degree of  
*Bachelor of Medicine*  
and  
*Bachelor of Surgery*

RECEIVED  
JAN 05 2023  
ECFMG  
MAILROOM MB

*He/She having been declared to have qualified in the Examination prescribed therefor, of this University held in MARCH, 2020*

*and on completion of one year Compulsory Rotatory Internship*

*He/She has been placed in SECOND Division*

Regd. No. 15060136

Vijayawada

Dated : 22<sup>nd</sup> Sep 2022

Given under the Seal of the University

PRINCIPAL

PES Institute of Medical Sciences & Research  
Kuppam-517425, Chittoor Dist. A.P



Registrar

PRINCIPAL

PES Institute of Medical Sciences & Research  
Kuppam-517425, Chittoor Dist. A.P

ECFMG CERTIFICATION OF IDENTIFICATION FORM (FORM 186)



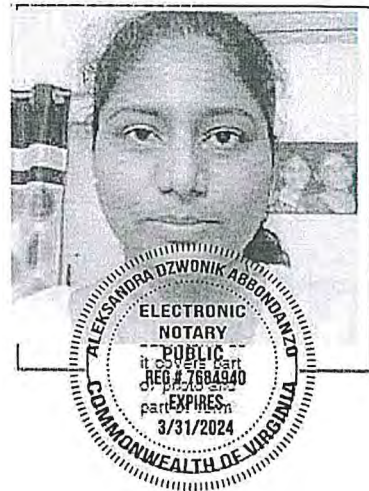
S0000353637

ECFMG ID® Number: 1-125-160-0

Name: Chandana Tadigolla

Date of Birth: 11 Mar 1997

Gender: Female



**IMPORTANT NOTE:** When completed and submitted to ECFMG, this Certification of Identification Form will become part of your ECFMG record. All information on the Certification of Identification Form is subject to verification and acceptance by ECFMG. This form will be used to identify you when you submit an application to ECFMG for any of its programs or services, including an application for a USMLE® Step or Step Component.

**CERTIFICATION OF IDENTIFICATION BY OFFICIAL** (To be completed by official)

I certify that on the date set forth below the individual named above did appear personally before me and that I did identify this applicant by: (a) comparing his/her physical appearance with the photograph printed hereto, (b) comparing his/her physical appearance with the passport photograph, and (c) comparing his/her original passport with the copy of the attached passport  
Completed via Remote Online Notarization using 2way Audio/Video technology

The statements in this document were subscribed and sworn to before me by the individual.

x Aleksandra Dzwiniak Abbondandolo  
Signature of Official

Notary Public for Williamsburg Virginia

04/05/2021

Date (mm/dd/yyyy)

**APPLICANT RELEASE OF INFORMATION AND CERTIFICATION** (To be completed by physician)

**Release of Information Authorization**

I request and authorize every person, medical school, university, hospital, government agency, or other entity to release information to ECFMG bearing on the content of my request or any document submitted to ECFMG, including, but not limited to, records, diplomas, transcripts, and other documents concerning my identity, citizenship or immigration status, educational, academic or professional history and status, or enrollment.

I hereby authorize ECFMG to transmit any information in its possession, or that may otherwise become available to ECFMG, bearing on the content of my request or any other document submitted to ECFMG, including, but not limited to, records, diplomas, transcripts, and other documents concerning my identity, citizenship or immigration status, educational, academic or professional history and status, or enrollment, and determinations of irregular behavior to any federal, state, or local governmental department or agency, to any hospital or to any other organization or individual who, in the judgment of ECFMG, has a legitimate interest in such information.

I also extend absolute immunity to, and release, other agencies, medical schools, universities, institutions, hospitals and clinics, and registration and licensing authorities providing information, their employees, representatives, directors, and officers, and any third parties and organizations for their acts, communications, reports, records, diplomas, transcripts, statements, documents, recommendations, or disclosures involving me, made in good faith and without malice, requested by ECFMG.

I HAVE READ, UNDERSTOOD, AND AGREE TO THIS RELEASE OF INFORMATION AUTHORIZATION AND I INTEND TO BE LEGALLY BOUND BY IT.

**Certification**

I certify that I am the individual named above, am represented in the attached photograph, the attached passport is a copy of the passport that was issued to me, and that the signature below is my signature.

I hereby certify that I have read, understood, and agree to all of the above statements. I also certify that I have read the *Policies and Procedures Regarding Irregular Behavior* and agree to abide by these policies and procedures. I certify I understand that, as provided in the *Policies and Procedures Regarding Irregular Behavior*, among other things, ECFMG may find that submission of falsified documents to ECFMG during the certification process constitutes irregular behavior, which could result in actions including permanent revocation of or permanent bar to ECFMG Certification, and permanent annotation of my ECFMG record, among other things. I also certify that I have read, understood and agree to the ECFMG Privacy Notice, which is available on the ECFMG website at <https://www.ecfm.org/ann/privacy.html>.

x Chandana Tadigolla  
Signature of Applicant

04/05/2021

Date (mm/dd/yyyy)

# EICS



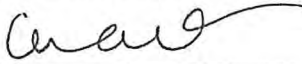

30 January 2023

EICS Identification Number: 02325520 Physician Name: **ASFIYA BEGAM S**

### INSTRUCTIONS

The physician identified on this verification form has authorized the Educational Commission for Foreign Medical Graduates (ECFMG) International Credentials Services (EICS) to contact your institution for primary source verification of the authenticity of the attached credential. EICS has provided a photocopy of the original credential. Please complete the appropriate section on the verification form and return directly to EICS along with the attached credential. A pre-paid international reply envelope is enclosed for your convenience.

I hereby certify that the attached credential is authentic and correct and that I am authorized to certify this on behalf of this institution.

 _____ Signature	<u>31<sup>st</sup> JANUARY 2023</u> _____ Date of Signature
<u>Dr. H. R. KRISHNA RAO</u> _____ Print Name	
<u>PRINCIPAL</u> _____ Official Title	
<u>PES INSTITUTE OF MEDICAL SCIENCES &amp; RESEARCH</u> _____ Name of Institution	
<u>(+91) 9391833752</u> _____ Contact Phone Number	<u>pesmed2007@yahoo.com</u> _____ Contact Email

I cannot certify that the attached credential is authentic and correct because:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*(Attach additional pages if necessary)*

_____ Signature	_____ Date of Signature
_____ Print Name	
_____ Official Title	SEAL/STAMP
_____ Name of Institution	
_____ Contact Phone Number	_____ Contact Email

Return completed form directly to: **ECFMG International Credentials Services**  
Postal Address: P.O. Box 13795, Philadelphia, PA, 19101-3795, USA  
Courier Street Address: 3624 Market Street, 4<sup>th</sup> Floor, Philadelphia, PA, 19104-2685, USA

If you have any questions, please email EICS at [ecfmgics@ecfmq.org](mailto:ecfmgics@ecfmq.org)

Revised 04/15

124329



DR. NTR UNIVERSITY OF HEALTH SCIENCES  
ANDHRA PRADESH  
FACULTY OF MODERN MEDICINE



This is to certify that

**Asfiya Begam S**

has been awarded the Degree of  
Bachelor of Medicine  
and  
Bachelor of Surgery

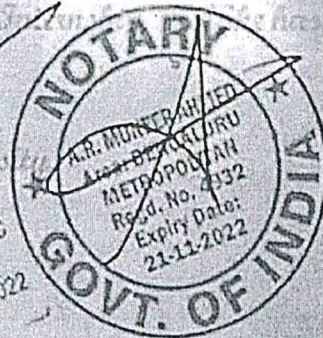
Ref/She having been declared to have qualified in the Examination  
prescribed therefor, of this University held in **March 2015**

and on completion of one year Compulsory Rotatory Internship she has  
been placed in **Second**

Given under the Seal

Regd. No. **1060009**

TRUE COPY ATTESTED BY ME  
A. R. MUNTEER AHMED  
NOTARY PUBLIC



VIJAYAWADA

Dated 28.06.2016

*(Signature)*

PRINCIPAL

PES Institute of Medical Sciences & Research  
Kuppam-517426 Chittoor Dist. A.P.





ADDRESS | 1021 Thomas Spratt Place Ottawa,  
ON CANADA K1G 5L5

CONTACT | Tel: 613-521-6012  
Fax: 613-248-5234  
MCC.CA | Email: service@mcc.ca

Purpose of the Consent to release of information: All candidates submitting a Source Verification Request ("SVR") are required to consent to the Release of Information for Credentials Verification. The signature and photo on your account will be added to the consent form below and sent with your SVR.

#### CONSENT TO RELEASE OF INFORMATION FOR CREDENTIALS VERIFICATION

##### Verification of credentials:

I hereby authorize MCC to provide any documentation and information submitted to MCC by me or on my behalf in support of my medical credentials, including personal information as defined in MCC's Privacy Policy (in this Consent "Personal Information"), to the Educational Commission for Foreign Medical Graduates ("ECFMG") for the purpose of verification, source verification, and/or investigations related to the validity of the information submitted. I also authorize ECFMG to retain such information as described in ECFMG's Privacy Notice at <https://www.ecfm.org/ann/privacy.html>.

I request and authorize every person, medical school, university, hospital, licensing, regulatory, educational, training and credentials verification authorities of any state, province or country in which I hold or may have held a license to practice my profession, hospital, clinic, and other medical facilities, government agency (local, state, provincial, federal or foreign), law enforcement agency or other third parties and organizations, and their representatives, to release any information, including, but not limited to, records, diplomas, transcripts, and other documents concerning my professional qualifications and competence, ethics, character, identity, educational, academic or professional history, status or enrollment and other Personal Information to MCC or ECFMG directly at 3624 Market Street, Philadelphia, PA19104, U.S.A. For greater certainty, any of my Personal Information, documents or records already in the possession of MCC or ECFMG, may be used for credentials verification purposes and be subject to the terms and conditions of this Consent.

I acknowledge and agree that information, documents and records requested by MCC or ECFMG, to be furnished by any other organization, educational institution, hospital, individual or any person or groups of persons must be sent directly by such persons or organizations to MCC or ECFMG and that MCC and ECFMG will not accept such information, records or documents forwarded by me.

(2021-08-10) I agree.

##### Immunity and Release:

I hereby extend absolute immunity to, and release, discharge and hold harmless from any and all liability:

- (1) ECFMG and MCC and their respective employees, representatives, members, directors, and officers, Boards, and the agents of each of them;
  - (2) any person, licensing, regulatory, educational, training or credentials verification entity and any hospital, clinic or other medical facility, government agency (local, state, provincial, federal or foreign) and law enforcement agency providing information pursuant to the terms and conditions of this Consent, and their respective employees, agents, representatives, members, directors and officers; and
  - (3) any third parties and organizations and their respective employees, agents, representatives, members, directors and officers.
- (the persons and entities in items (1) through (3) are collectively known as the "MCC Group"), for or in respect of any acts, communications, reports, records, diplomas, transcripts, statements, documents, recommendations or disclosures involving me, made in good faith and without malice, requested or received by any member of the MCC Group.

(2021-08-10) I agree.

##### Signature and photo:

I understand and agree that the MCC will send my certified photo and signature on account to ECFMG for the purposes of credential verification.

(2021-08-10) I agree.

I have read and agree to the Consent to Release of Information for Credentials Verification.



Name: **Asfiya Begam Shaffi Mohamed Sadiq**

Date of consent: 2021-08-10

# EICS



30 January 2023

EICS Identification Number: 02325520 Physician Name: **ASFIYA BEGAM S**

**INSTRUCTIONS**

The physician identified on this verification form has authorized the Educational Commission for Foreign Medical Graduates (ECFMG) International Credentials Services (EICS) to contact your institution for primary source verification of the authenticity of the attached credential. EICS has provided a photocopy of the original credential. Please complete the appropriate section on the verification form and return directly to EICS along with the attached credential. A pre-paid international reply envelope is enclosed for your convenience.

I hereby certify that the attached credential is authentic and correct and that I am authorized to certify this on behalf of this institution.

*[Handwritten Signature]*

Signature

10<sup>th</sup> FEBRUARY 2023

Date of Signature

Dr. H. R. KRISHNA RAO

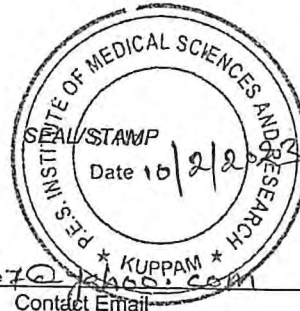
Print Name

PRINCIPAL

Official Title

PES INSTITUTE OF MEDICAL SCIENCES & RESEARCH

Name of Institution



(+91) 9391833752

Contact Phone Number

Pesmed2007@gmail.com

Contact Email

I cannot certify that the attached credential is authentic and correct because:

\_\_\_\_\_  
\_\_\_\_\_

*(Attach additional pages if necessary)*

Signature

Date of Signature

Print Name

Official Title

SEAL/STAMP

Name of Institution

Contact Phone Number

Contact Email

Return completed form directly to: ECFMG International Credentials Services

Postal Address: P.O. Box 13795, Philadelphia, PA, 19101-3795, USA

Courier Street Address: 3624 Market Street, 4<sup>th</sup> Floor, Philadelphia, PA, 19104-2685, USA

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124329



DR. NTR UNIVERSITY OF HEALTH SCIENCES  
ANDHRA PRADESH  
FACULTY OF MODERN MEDICINE



This is to certify that

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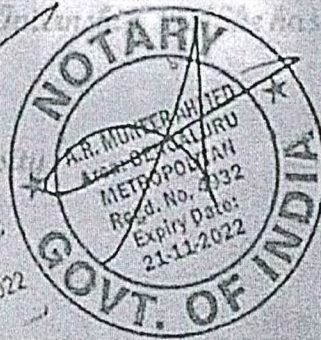
He/She having been declared to have qualified in the Examination  
prescribed therefor, of this University held in **March 2015**

and on completion of one year Compulsory Rotatory Internship has  
been placed in **Second** Division

Given under the Seal

Regd. No. **1060009**

TRUE COPY ATTESTED BY ME  
A. B. MUNNEER AHMED  
Notary Public  
Ad 25/2017, 2018, 2019, 2020, 2021, 2022  
Office: 17/1, Chittoor Bypass, Chittoor, Andhra Pradesh - 517425  
Mobile: 9645712075



*(Signature)*

PRINCIPAL

PES Institute of Medical Sciences & Research  
Kuppam-517425, Chittoor Dist. A.P.

VIJAYAWADA

Dated 28-06-2016





ADDRESS | 1021 Thomas Spratt Place Ottawa,  
ON CANADA K1G 5L5

CONTACT | Tel: 613-521-6012  
Fax: 613-248-5234  
MCC.CA | Email: service@mcc.ca

Purpose of the Consent to release of information: All candidates submitting a Source Verification Request ("SVR") are required to consent to the Release of Information for Credentials Verification. The signature and photo on your account will be added to the consent form below and sent with your SVR.

#### CONSENT TO RELEASE OF INFORMATION FOR CREDENTIALS VERIFICATION

##### Verification of credentials:

I hereby authorize MCC to provide any documentation and information submitted to MCC by me or on my behalf in support of my medical credentials, including personal information as defined in MCC's Privacy Policy (in this Consent "Personal Information"), to the Educational Commission for Foreign Medical Graduates ("ECFMG") for the purpose of verification, source verification, and/or investigations related to the validity of the information submitted. I also authorize ECFMG to retain such information as described in ECFMG's Privacy Notice at <https://www.ecfm.org/anncl/privacy.html>.

I request and authorize every person, medical school, university, hospital, licensing, regulatory, educational, training and credentials verification authorities of any state, province or country in which I hold or may have held a license to practice my profession, hospital, clinic, and other medical facilities, government agency (local, state, provincial, federal or foreign), law enforcement agency or other third parties and organizations, and their representatives, to release any information, including, but not limited to, records, diplomas, transcripts, and other documents concerning my professional qualifications and competence, ethics, character, identity, educational, academic or professional history, status or enrollment and other Personal Information to MCC or ECFMG directly at 3624 Market Street, Philadelphia, PA 19104, U.S.A. For greater certainty, any of my Personal Information, documents or records already in the possession of MCC or ECFMG, may be used for credentials verification purposes and be subject to the terms and conditions of this Consent.

I acknowledge and agree that information, documents and records requested by MCC or ECFMG, to be furnished by any other organization, educational institution, hospital, individual or any person or groups of persons must be sent directly by such persons or organizations to MCC or ECFMG and that MCC and ECFMG will not accept such information, records or documents forwarded by me.

(2021-08-10) I agree.

##### Immunity and Release:

I hereby extend absolute immunity to, and release, discharge and hold harmless from any and all liability:

- (1) ECFMG and MCC and their respective employees, representatives, members, directors, and officers, Boards, and the agents of each of them;
  - (2) any person, licensing, regulatory, educational, training or credentials verification entity and any hospital, clinic or other medical facility, government agency (local, state, provincial, federal or foreign) and law enforcement agency providing information pursuant to the terms and conditions of this Consent, and their respective employees, agents, representatives, members, directors and officers; and
  - (3) any third parties and organizations and their respective employees, agents, representatives, members, directors and officers,
- (the persons and entities in items (1) through (3) are collectively known as the "MCC Group"), for or in respect of any acts, communications, reports, records, diplomas, transcripts, statements, documents, recommendations or disclosures involving me, made in good faith and without malice, requested or received by any member of the MCC Group.

(2021-08-10) I agree.

##### Signature and photo:

I understand and agree that the MCC will send my certified photo and signature on account to ECFMG for the purposes of credential verification.

(2021-08-10) I agree.

I have read and agree to the Consent to Release of Information for Credentials Verification.



Name: Asfiya Begam Shaffi Mohamed Sadiq  
Date of consent: 2021-08-10

Version 1



EDUCATIONAL COMMISSION FOR FOREIGN MEDICAL GRADUATES

3624 Market Street  
Philadelphia PA 19104-2685 USA  
215-386-5900 | 215-386-9767 Fax  
www.ecfmg.org

21 June 2023



00000239367

Name of Record: **Balaji Bashyam**  
Name on Document: BALAJI B

Date of Birth: 07 SEPTEMBER 1987  
EPIC ID: C-BB170483

**INSTRUCTIONS**

The individual identified on this verification form has authorized ECFMG to contact your institution to request verification of the authenticity of the attached credential(s). Please complete this verification form and return the original, completed form and attached credential(s) directly to ECFMG. A pre-paid reply envelope is enclosed for your convenience.

I hereby certify that the attached credential is authentic and correct as of the date of its issuance, and that I am authorized to certify this on behalf of this institution.

*[Handwritten Signature]*  
Signature

07<sup>th</sup> JULY 2023  
Date of Signature

Dr. H. R. KRISHNA RAO  
Printed Name

PRINCIPAL  
Title of Your Position at Institution

PES INSTITUTE OF MEDICAL SCIENCES & RESEARCH  
Name of Your Institution

pesmed2007@yahoo.com  
Your Contact E-mail



I cannot certify that the attached document is authentic and correct because (attach additional sheet(s) if necessary):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature

Date of Signature

Printed Name

Title of Your Position at Institution

SEAL

Name of Your Institution

Your Contact E-mail

Contact ECFMG at [deansbox@ecfmg.org](mailto:deansbox@ecfmg.org) if you have any questions about this verification form.




103876



DR. NTR UNIVERSITY OF HEALTH SCIENCES

ANDHRA PRADESH



FACULTY OF MODERN MEDICINE

This is to certify that

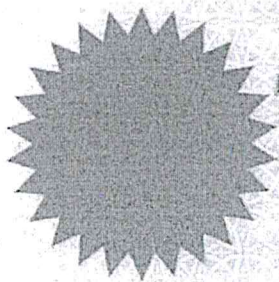
**BALAJI B**

has been awarded the Degree of  
 Bachelor of Medicine  
 and  
 Bachelor of Surgery

He/She having been declared to have qualified in the Examination prescribed therefor, of this University held in SEPTEMBER, 2010 and on completion of one year Compulsory Rotatory Internship. He/She has been placed in SECOND Division.

Given under the Seal of the University

Regd. No. 0560013



PRINCIPAL  
 PES Institute of Medical Sciences & Research  
 Kuppam-517425, Chittoor Dist. A.P.

Registrar

VIJAYAWADA

Dated 27-10-2011

Electronic Portfolio of International Credentials (EPIC) IDENTIFICATION FORM  
Educational Commission for Foreign Medical Graduates ECFMG®  
3624 Market Street, Philadelphia, PA 19104 (215) 966-3900 [info@ecfmgepic.org](mailto:info@ecfmgepic.org)



170483 P0000186658

Name: Balaji Bashyam  
Date of Birth: 07-Sep-1987

Gender: MALE

IMPORTANT NOTE: When completed and submitted to ECFMG this EPIC Identification Form will become part of your ECFMG record. All information on the EPIC Identification Form is subject to verification and acceptance by ECFMG.



Official: Seal/stamp must cover a portion of the photo and of the passport.

**CERTIFICATION OF IDENTIFICATION BY OFFICIAL** (To be completed by official)

I certify that on the date set forth below the individual named above did appear personally before me and that I did identify this applicant by: (a) comparing his/her physical appearance with the photograph printed hereto, (b) comparing his/her physical appearance with the passport photograph, and (c) comparing his/her original passport with the copy of the attached passport.

The statements in this document are subscribed and sworn to before me by the individual on this 4 day, of the month of April in the year 2023.

x

Notary Public Roanoke County, VA

Title (with English translation, if not in English)

ANDREA RENEA WILHELM  
Electronic Notary Public  
Commonwealth of Virginia  
Registration No. 7827577

Completed via Remote Online Notarization using 2-way Audio/Video technology

**APPLICANT RELEASE OF INFORMATION AND CERTIFICATION** (To be completed by physician)

**Release of Information Authorization**

I request and authorize every person, medical school, university, hospital, government agency, or other entity to release information to ECFMG bearing on the content of my request or any document submitted to ECFMG, including, but not limited to, records, diplomas, transcripts, and other documents concerning my identity, citizenship or immigration status, educational, academic or professional history and status, or enrollment.

I hereby authorize ECFMG to transmit any information in its possession, or that may otherwise become available to ECFMG, bearing on the content of my request or any other document submitted to ECFMG, including, but not limited to, records, diplomas, transcripts, and other documents concerning my identity, citizenship or immigration status, educational, academic or professional history and status, or enrollment, to any federal, state, or local governmental department or agency, to any hospital or to any other organization or individual who, in the judgment of ECFMG, has a legitimate interest in such information.

I also extend absolute immunity to, and release, other agencies, medical schools, universities, institutions, hospitals and clinics, and registration and licensing authorities providing information, their employees, representatives, directors, and officers, and any third parties and organizations for their acts, communications, reports, records, diplomas, transcripts, statements, documents, recommendations, or disclosures involving me, made in good faith and without malice, requested by ECFMG.

I HAVE READ, UNDERSTOOD AND AGREE TO THIS RELEASE OF INFORMATION AUTHORIZATION.

**Certification**

I certify that I am the individual named above, am represented in the attached photograph, the attached passport is a copy of the passport that was issued to me, and that the signature below is my signature.

I hereby certify that I have read, understood, and agree to all of the above statements. I also certify that I have read, understood, and agree to the ECFMG Privacy Notice. I also certify that I have read the *ECFMG Policies and Procedures Regarding Irregular Behavior* and agree to abide by these policies and procedures. I certify I understand that, as provided in the *ECFMG Policies and Procedures Regarding Irregular Behavior*, among other things, ECFMG may find that submission of falsified documents to ECFMG through EPIC constitutes irregular behavior, which could result in actions including permanent revocation of or permanent bar to ECFMG Certification, among other things.

x Balaji Bashyam  
Signature of Applicant

April 4th, 2023  
Date

Applicant's Passport Withheld

For security reasons, ECFMG does not provide applicants' passport information to third-parties.

Notary Public: This EPIC Identification Form was submitted to ECFMG by 24-Sep-2023



N0000186658



**Educational Commission for Foreign Medical Graduates (ECFMG®)**  
**VERIFICATION OF MEDICAL EDUCATION**  
 (This form must be completed by the medical school)

**VERIFICATION OF MEDICAL EDUCATION**

**INSTRUCTIONS TO THE DEAN**

The individual identified on the attached *Medical School Release Request, Certification of Identification Form, or Certification Statement* has authorized your medical school to provide to the Educational Commission for Foreign Medical Graduates (ECFMG) any and all information pertaining to his/her education at your institution. Please complete this VERIFICATION OF MEDICAL EDUCATION form and return it to ECFMG with the attached medical diploma and a final medical school transcript in the enclosed, addressed envelope.

RE: **Maheswari Bommepalli**  
 1-173-304-5  
 P.E.S. Institute of Medical Sciences and Research  
 Chittoor Distt  
 Kuppam, Andhra Pradesh  
 Kuppam, INDIA

Please notify ECFMG if the name of your institution has changed or is different from the name displayed.

**SECTION 1: MEDICAL SCHOOL TRANSCRIPT**

Attach an official medical school transcript in the original language that displays course grades or marks, not just hours, to this Verification of Medical Education form and return to ECFMG – Affix your official stamp to the transcript – Non-English language transcripts must include a word-for-word English language translation prepared by a recognized translator – An official English language version medical school transcript is also acceptable – Transcripts returned to ECFMG under separate cover must include the individual's ECFMG Identification Number to prevent processing delays.

**SECTION 2A: CERTIFICATION**

By my signature below, I certify: (1) the information provided on this form is an accurate account of the above named individual's official records maintained in this medical school and is true and correct to my knowledge, and, (2) that I am authorized to certify this on behalf of this institution as reported to ECFMG on an Authorized Signature List for Medical School Officials or other official notification from this institution.

Signature, Printed Name, Title and Official Seal must match samples provided to ECFMG by the medical school



Signature: \_\_\_\_\_  
 Printed Name: Dr. H. R. KRISHNA RAO  
 Title: PRINCIPAL  
 Date of Signature: 20th JUNE 2023  
 Phone: +91 9391833752 Fax: ( ) \_\_\_\_\_  
 Email: pesmed2007@yahoo.com

**SECTION 2B: DEGREE CERTIFICATION**

This individual:

Was conferred/issued the degree of MBBS on 18 106 12020 (dd/mm/yyyy) and the attached medical diploma is authentic and correct.

-- Or --

Was not conferred/issued a degree or the attached medical diploma is not authentic and correct because:

(Please explain - Attach additional sheets if needed)



**Educational Commission for Foreign Medical Graduates (ECFMG®)**  
**VERIFICATION OF MEDICAL EDUCATION**  
 (continued)

**SECTION 3A: PRE-MEDICAL EDUCATION**

Years of education required for admission to your medical school: 12 years

Credential/degree presented by the applicant for admission to your medical school: BOARD OF INTERMEDIATE EDUCATION, A.P

Did this individual transfer credits to your medical school from another institution? YES ( ) NO ()

If you checked 'YES' please print the name of the institution(s) from where the credits were transferred:

\_\_\_\_\_

(Attach additional sheets if needed)

**SECTION 3B: MEDICAL EDUCATION**

**Enrollment and Participation:** Our records indicate that Maheswari Bommepalli attended our medical school for total of 290 weeks of medical education on the following dates:

From 04/09/2014 (dd/mm/yyyy) To 27/10/2020 (dd/mm/yyyy)

**SECTION 4: UNUSUAL CIRCUMSTANCES**

The following questions apply to unusual circumstances that occurred during any part of the individual's medical education. Please provide dates and requested information or attach a copy of explanatory records or a written explanation if you check "YES" to questions 1-5.

1. Does this individual's official record reflect (an) interruption(s) or extension(s) in his/her medical education? YES ( ) NO ()

If you checked "YES" please select the reason(s) for, indicate the dates of the interruption(s) or extension(s) and check whether the interruption/extension was approved or unapproved.

	<u>From Mo/Yr</u>	<u>To Mo/Yr</u>	<u>Approved</u>	<u>Unapproved</u>
Personal/Family	_____	_____	( )	( )
Academic remediation	_____	_____	( )	( )
Health	_____	_____	( )	( )
Financial	_____	_____	( )	( )
Participation in joint degree Program (e.g., MD/PhD)	_____	_____	( )	( )
Participation in non-research special study (e.g., fellowship, international experience)	_____	_____	( )	( )
Participation in non-degree research	_____	_____	( )	( )
Other	_____	_____	( )	( )

Please Specify: \_\_\_\_\_



Educational Commission for Foreign Medical Graduates (ECFMG®)  
VERIFICATION OF MEDICAL EDUCATION  
(continued)

2. Does this individual's official record reflect that he/she was ever placed on academic or disciplinary probation during his/her medical education? YES ( ) NO

If you checked "YES" please select the reason(s) for the probation, indicate the date(s) of placement on and removal from probation and attach additional documentation to this report.

From Mo/Yr To Mo/Yr

Academic Probation \_\_\_\_\_

Probation for unprofessional conduct/behavioral \_\_\_\_\_

Probation for other reason \_\_\_\_\_

Please specify reason: \_\_\_\_\_

3. Does this individual's official record reflect that he/she was ever disciplined for unprofessional conduct/behavioral reasons by the medical school or parent university? YES ( ) NO

If you checked "YES" please provide detailed documentation/information about the circumstances and outcome(s):

\_\_\_\_\_  
\_\_\_\_\_

4. Does this individual's official record reflect that he/she was ever the subject of negative reports or an investigation by the medical school or parent university? YES ( ) NO

If you checked "YES" please provide detailed documentation/information about the circumstances and outcome(s):

\_\_\_\_\_  
\_\_\_\_\_

5. Does this Individual's official record reflect that there were any limitations or special requirements imposed on the individual because of questions of academic incompetence, disciplinary problems, or any other reason? YES ( ) NO

If you checked "YES" please provide detailed documentation/information about the nature of the limitations or special requirements.

\_\_\_\_\_  
\_\_\_\_\_

If you have any questions about this verification packet, please contact ECFMG at  
[EICSVerif@ecfm.org](mailto:EICSVerif@ecfm.org).



Educational Commission for Foreign Medical Graduates (ECFMG®)  
SUPPLEMENT to Verification of Medical Education form 327-A  
(This checklist is provided for your convenience only - Do not return to ECFMG)

The following actions must be completed for ECFMG to process this verification packet. Not completing all actions may invalidate this verification packet and require a new verification packet to be sent to the medical school.

- \_\_\_ **Section 1: Medical School Transcript** - Attach official medical school transcript to the Verification of Medical Education form as detailed in **Section 1**.
  
- \_\_\_ **Section 2A: Certification** - Complete all fields and affix official institution seal. The official completing **Section 2A** must be authorized to sign ECFMG verification forms as reported to ECFMG on an Authorized Signature List for Medical School Officials or other official correspondence.
  
- \_\_\_ **Section 2B: Degree Certification** - Complete all fields. Attach additional sheets if needed.
  
- \_\_\_ **Section 3A: Pre-Medical Education** - Complete all fields and questions.
  
- \_\_\_ **Section 3B: Medical Education** - Complete all fields and questions.
  
- \_\_\_ **Section 4: Unusual Circumstances** - Complete questions **1-5**.
  
- \_\_\_ **Medical Diploma** - Affix official institution seal on photocopy of medical diploma attached to the Verification of Medical Education form.
  
- \_\_\_ **Return Envelope** - Return the verification form, attached medical diploma, and medical school transcript in the enclosed envelope directly to ECFMG. If you use an envelope different from the ECFMG provided envelope, the medical school return address must be present on the envelope.

For fastest processing, please complete all fields in English if possible.

If you have any questions about this verification packet, please contact ECFMG at [EICSVerif@ecfm.org](mailto:EICSVerif@ecfm.org).

S. No. UM 005343

Dr. NTR UNIVERSITY OF HEALTH SCIENCES  
ANDHRA PRADESH, INDIA



Dr. NTR UNIVERSITY OF HEALTH SCIENCES  
ANDHRA PRADESH, INDIA  
FACULTY OF MODERN MEDICINE  
This is to certify that  
**BOMMEPALLI MAHESWARI**  
has been awarded the Degree of  
Bachelor of Medicine  
and  
Bachelor of Surgery  
He/She having been declared to have qualified in the Examination  
prescribed therefor, of this University held in MARCH, 2019  
and on completion of one year Compulsory Rotatory Internship  
He/She has been placed in FIRST Division  
Regd. No. 14060025  
Vijayawada  
Dated : 18<sup>TH</sup> JUNE 2020  
Given under the Seal of the University  
Principal  
Registrar  
PES Institute of Medical Sciences & Research  
Kuppam-517425, Chittoor Dist. A.P.

FACULTY OF MODERN MEDICINE

This is to certify that

**BOMMEPALLI MAHESWARI**

has been awarded the Degree of  
Bachelor of Medicine  
and  
Bachelor of Surgery

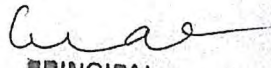
RECEIVED  
JUN 09 2023  
ECFMG  
MAILROOM MB

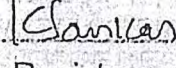
He/She having been declared to have qualified in the Examination  
prescribed therefor, of this University held in MARCH, 2019  
and on completion of one year Compulsory Rotatory Internship  
He/She has been placed in FIRST Division

Regd. No. 14060025  
Vijayawada  
Dated : 18<sup>TH</sup> JUNE 2020

Given under the Seal of the University



  
PRINCIPAL  
PES Institute of Medical Sciences & Research  
Kuppam-517425, Chittoor Dist. A.P.

  
Registrar  
PRINCIPAL  
PES Institute of Medical Sciences & Research  
Kuppam-517425, Chittoor Dist. A.P.

**Dr. NTR UNIVERSITY OF HEALTH SCIENCES**  
ANDHRA PRADESH, INDIA.

SL.No: **005752**

RC.No: **EIC/EXAMS/MBBS/09**

DATE: **15/06/2020**



**OFFICIAL TRANSCRIPT OF THE EXTRACT OF  
MEMORANDUM OF MARKS & THE DETAILS OF EXAMINATIONS PASSED IN  
M.B.B.S. (BACHELOR OF MEDICINE & BACHELOR OF SURGERY) COURSE**

NAME OF THE CANDIDATE : **BOMMEPALLI MAHESWARI**

COLLEGE STUDIED : **PES. INSTITUTE OF MEDICAL SCIENCES & RESEARCH, KUPPAM**

PERIOD OF STUDY : **2014 TO 27-03-2020** (Including Internship)

Course	Subject	Maximum Marks	Passing Marks	Marks Awarded	No. of Attempts	Remarks
I MBBS	Biochemistry	200	100	163	1	
I MBBS	Anatomy	200	100	158	1	
I MBBS	Physiology	200	100	150	1	
II MBBS	Pharmacology	150	75	108	1	
II MBBS	Microbiology	150	75	109	1	
II MBBS	Pathology	150	75	115	1	
II MBBS	Forensic Medicine	100	50	69	1	
FINAL MBBS Part-I	Oto-rhino-laryngology (E.N.T.)	100	50	72	1	
FINAL MBBS Part-I	Ophthalmology	100	50	74	1	
FINAL MBBS Part-I	Community Medicine (S.P.M.)	200	100	142	1	
FINAL MBBS Part-II	Medicine	300	150	207	1	
FINAL MBBS Part-II	Surgery	300	150	200	1	
FINAL MBBS Part-II	Obstetrics & Gynaecology	200	100	150	1	
FINAL MBBS Part-II	Paediatrics	100	50	69	1	

Final MBBS Completed by **MARCH, 2019** with H.T.No. **14060025**  
Compulsory rotatory Internship of 12 months completed by **27-03-2020**  
The course completed successfully in **FIRST** Division.

NB : 1. Passing Marks : 50% 1st class : 65% & Distinction : 75%

2. Classification shall not be awarded if not completed all subjects in 1st attempt.

3. Any discrepancy in the above entry must be brought to the notice of the Undersigned Immediately.

**PRINCIPAL**  
PES Institute of Medical Sciences & Research  
Kuppam-517425, Chittoor Dist. A.P.

Prepared by : Supdt. Asst. Reg. Deputy Reg. (Exams) Joint Registrar / Controller of Examinations

ECFMG CERTIFICATION OF IDENTIFICATION FORM (FORM 186)



ECFMG ID® Number: 1-173-304-5  
Name: Maheswari Bommepalli  
Date of Birth: 19 Jun 1997  
Gender: Female



KELLEY MARICA WILLIAMS  
Electronic Notary Public  
Commonwealth of Virginia  
Registration No. 7961837  
My Commission Expires Aug 31, 2025

part of form

**IMPORTANT NOTE:** When completed and submitted to ECFMG, this Certification of Identification Form will become part of your ECFMG record. All information on the Certification of Identification Form is subject to verification and acceptance by ECFMG. This form will be used to identify you when you submit an application to ECFMG for any of its programs or services, including an application for a USMLE® Step or Step Component.

**CERTIFICATION OF IDENTIFICATION BY OFFICIAL (To be completed by official)**

I certify that on the date set forth below the individual named above did appear personally before me and that I did identify this applicant by: (a) comparing his/her physical appearance with the photograph printed hereto, (b) comparing his/her physical appearance with the passport photograph, and (c) comparing his/her original passport with the copy of the attached passport.

The statements in this document were subscribed and sworn to before me by the individual.

x Kelley Williams August 16th, 2022  
Signature of Official Notary Public of Chesterfield County, VA Date (mm/dd/yyyy)

**Completed via Remote Online Notarization using 2 way Audio/Video technology.**

**APPLICANT RELEASE OF INFORMATION AND CERTIFICATION (To be completed by physician)**

**Release of Information Authorization**

I request and authorize every person, medical school, university, hospital, government agency, or other entity to release information to ECFMG bearing on the content of my request or any document submitted to ECFMG, including, but not limited to, records, diplomas, transcripts, and other documents concerning my identity, citizenship or immigration status, educational, academic or professional history and status, or enrollment.

I hereby authorize ECFMG to transmit any information it may hold, or that may otherwise become available to ECFMG, bearing on the content of my request or any other document submitted to ECFMG, including, but not limited to, records, diplomas, transcripts, and other documents concerning my identity, citizenship or immigration status, educational, academic or professional history and status, or enrollment, determinations of irregular behavior and/or removal of J-1 visa sponsorship to any federal, state, or local governmental department or agency, to any hospital or to any other organization or individual who, in the judgment of ECFMG, has a legitimate interest in such information.

I also extend absolute immunity to, and release, other agencies, medical schools, universities, institutions, hospitals and clinics, and registration and licensing authorities providing information, their employees, contractors, representatives, trustees, directors, and officers, and any third parties and organizations for their acts, communications, reports, records, diplomas, transcripts, statements, documents, recommendations, or disclosures involving me, made in good faith and without malice, requested by ECFMG.

I HAVE READ, UNDERSTOOD, AND AGREE TO THIS RELEASE OF INFORMATION AUTHORIZATION AND I INTEND TO BE LEGALLY BOUND BY IT.

**Certification**

I certify that I am the individual named above, am represented in the attached photograph, the attached passport is a copy of the passport that was issued to me, and that the signature below is my signature.

I hereby certify that I have read, understood, and agree to all of the above statements. I also certify that I have read the *Policies and Procedures Regarding Irregular Behavior* and agree to abide by these policies and procedures. I certify I understand that, as provided in the *Policies and Procedures Regarding Irregular Behavior*, among other things, ECFMG may find that submission of falsified documents to ECFMG during the certification process constitutes irregular behavior, which could result in actions including permanent revocation of or permanent bar to ECFMG Certification, and permanent annotation of my ECFMG record, among other things. I also certify that I have read and understood the ECFMG Privacy Notice, which is available on the ECFMG website at <https://www.ecfm.org/ann/privacy.html>, and consent to the collection and use of my personal information in the matter described therein.

x Maheswari Bommepalli August 16th, 2022  
Signature of Applicant Date (mm/dd/yyyy)



EDUCATIONAL COMMISSION FOR  
FOREIGN MEDICAL GRADUATES

3624 Market Street  
Philadelphia PA 19104-2685 USA  
215-386-5900 | 215-386-9767 Fax  
www.ecfmg.org

25 January 2023



00000222280

Name of Record: **Mercy Priyanka Bandela**  
Name on Document: E Mercy Priyanka

Date of Birth: 06 JUNE 1992  
EPIC ID: C-BM155249

**INSTRUCTIONS**

The individual identified on this verification form has authorized ECFMG to contact your institution to request verification of the authenticity of the attached credential(s). Please complete this verification form and return the original, completed form and attached credential(s) directly to ECFMG. A pre-paid reply envelope is enclosed for your convenience.

I hereby certify that the attached credential is authentic and correct as of the date of its issuance, and that I am authorized to certify this on behalf of this institution.

*[Handwritten Signature]*

28<sup>TH</sup> JANUARY 2023

Signature

Date of Signature

Dr. H. R. KRISHNA RAO

Printed Name

PRINCIPAL

Title of Your Position at Institution

PES INSTITUTE OF MEDICAL SCIENCES AND RESEARCH

Name of Your Institution

pesmed2007@yahoo.com

Your Contact E-mail



I cannot certify that the attached document is authentic and correct because (attach additional sheet(s) if necessary):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature

Date of Signature

Printed Name

Title of Your Position at Institution

SEAL

Name of Your Institution

Your Contact E-mail

Contact ECFMG at [deansbox@ecfmg.org](mailto:deansbox@ecfmg.org) if you have any questions about this verification form.

121511



Dr. NTR UNIVERSITY OF HEALTH SCIENCES  
ANDHRA PRADESH  
FACULTY OF MODERN MEDICINE



This is to certify that

E Mercy Priyanka

has been awarded the Degree of  
Bachelor of Medicine  
and  
Bachelor of Surgery

He/She having been declared to have qualified in the Examination prescribed therefor, of this University held in March, 2014 and on completion of one year Compulsory Rotatory Internship. He/She has been placed in Second Division.

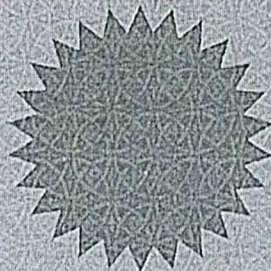
Given under the Seal of the University

Regd. No. 0960032

PRINCIPAL  
PES Institute of Medical Sciences & Research  
Koopam-517425, Chittoor Dist. A.P.

VIJAYAWADA

Dated 20-6-2015



Registrar



Electronic Portfolio of International Credentials (EPIC) IDENTIFICATION FORM  
Educational Commission for Foreign Medical Graduates ECFMG®  
3624 Market Street, Philadelphia, PA 19104 (215) 966-3900 info@ecfmgepic.org



Name: Mercy Priyanka Bandela  
Date of Birth: 06-Jun-1992 Gender: FEMALE

IMPORTANT NOTE: When completed and submitted to ECFMG this EPIC Identification Form will become part of your ECFMG record. All information on the EPIC Identification Form is subject to verification and acceptance by ECFMG.



Official: Seal/stamp must cover a portion of the photo and of the passport.

**CERTIFICATION OF IDENTIFICATION BY OFFICIAL** (To be completed by official)  
I certify that on the date set forth below the individual named above did appear personally before me and that I did identify this applicant by: (a) comparing his/her physical appearance with the photograph printed hereto, (b) comparing his/her physical appearance with the passport photograph, and (c) comparing his/her original passport with the copy of the attached passport.  
The statements in this document are subscribed and sworn to before me by the individual on this 2 day, of the month of November, in the year 2022.  
*[Signature]*  
Signature of Official  
Notary Public - Bedford County, Virginia  
Title (with English translation, if not in English)



Completed via Remote Online Notarization using 2 way Audio/Video technology.

**APPLICANT RELEASE OF INFORMATION AND CERTIFICATION** (To be completed by physician)  
**Release of Information Authorization**  
I request and authorize every person, medical school, university, hospital, government agency, or other entity to release information to ECFMG bearing on the content of my request or any document submitted to ECFMG, including, but not limited to, records, diplomas, transcripts, and other documents concerning my identity, citizenship or immigration status, educational, academic or professional history and status, or enrollment.  
I hereby authorize ECFMG to transmit any information in its possession, or that may otherwise become available to ECFMG, bearing on the content of my request or any other document submitted to ECFMG, including, but not limited to, records, diplomas, transcripts, and other documents concerning my identity, citizenship or immigration status, educational, academic or professional history and status, or enrollment, to any federal, state, or local governmental department or agency, to any hospital or to any other organization or individual who, in the judgment of ECFMG, has a legitimate interest in such information.  
I also extend absolute immunity to, and release, other agencies, medical schools, universities, institutions, hospitals and clinics, and registration and licensing authorities providing information, their employees, representatives, directors, and officers, and any third parties and organizations for their acts, communications, reports, records, diplomas, transcripts, statements, documents, recommendations, or disclosures involving me, made in good faith and without malice, requested by ECFMG.  
I HAVE READ, UNDERSTOOD AND AGREE TO THIS RELEASE OF INFORMATION AUTHORIZATION.  
**Certification**  
I certify that I am the individual named above, am represented in the attached photograph, the attached passport is a copy of the passport that was issued to me, and that the signature below is my signature.  
I hereby certify that I have read, understood, and agree to all of the above statements. I also certify that I have read, understood, and agree to the ECFMG Privacy Notice. I also certify that I have read the *ECFMG Policies and Procedures Regarding Irregular Behavior* and agree to abide by these policies and procedures. I certify I understand that, as provided in the *ECFMG Policies and Procedures Regarding Irregular Behavior*, among other things, ECFMG may find that submission of falsified documents to ECFMG through EPIC constitutes irregular behavior, which could result in actions including permanent revocation of or permanent bar to ECFMG Certification, among other things.  
*mercy priyanka bandela*  
X \_\_\_\_\_  
Signature of Applicant Date November 2nd, 2022

Applicant's Passport Withheld  
For security reasons, ECFMG does not provide applicants' passport information to third-parties.

Notary Public ID: 4682200-6200-4032-917651 Pa 06/12/2025 by 25-Apr-2023





EDUCATIONAL COMMISSION FOR  
FOREIGN MEDICAL GRADUATES

3624 Market Street  
Philadelphia PA 19104-2685 USA  
215-386-5900 | 215-386-9767 Fax  
www.ecfm.org

2 August 2023



00000243323

Name of Record: **Lokeswari Bai Karamsi**  
Name on Document: KARAMSI LOKESWARI BAI

Date of Birth: 06 NOVEMBER 1995  
EPIC ID: C-KL173338

**INSTRUCTIONS**

The individual identified on this verification form has authorized ECFMG to contact your institution to request verification of the authenticity of the attached credential(s). Please complete this verification form and return the original, completed form and attached credential(s) directly to ECFMG. A pre-paid reply envelope is enclosed for your convenience.

I hereby certify that the attached credential is authentic and correct as of the date of its issuance, and that I am authorized to certify this on behalf of this institution.

*[Handwritten Signature]*

Signature

04<sup>th</sup> August 2023

Date of Signature

Dr. H.R. KRISHNA RAO  
Printed Name

PRINCIPAL  
Title of Your Position at Institution

P.E.S INSTITUTE OF MEDICAL SCIENCES & RESEARCH  
Name of Your Institution

pesmed2007@yahoo.com  
Your Contact E-mail



I cannot certify that the attached document is authentic and correct because (attach additional sheet(s) if necessary):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature Date of Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title of Your Position at Institution

\_\_\_\_\_  
Name of Your Institution

\_\_\_\_\_  
Your Contact E-mail

SEAL

Contact ECFMG at [deansbox@ecfm.org](mailto:deansbox@ecfm.org) if you have any questions about this verification form.



**Dr. NTR UNIVERSITY OF HEALTH SCIENCES**  
ANDHRA PRADESH, INDIA.

SL.No: **036025**

RC.No: **ELC/EXAMS/MBBS/09**

DATE: **09/09/2021**



**OFFICIAL TRANSCRIPT OF THE EXTRACT OF  
MEMORANDUM OF MARKS & THE DETAILS OF EXAMINATIONS PASSED IN  
M.B.B.S. (BACHELOR OF MEDICINE & BACHELOR OF SURGERY) COURSE**

NAME OF THE CANDIDATE: **KARAMSI LOKESWARI BAI**

COLLEGE STUDIED: **PES INSTITUTE OF MEDICAL SCIENCES & RESEARCH, KUPPAM**

PERIOD OF STUDY: **2014 TO 16-05-2021** (Including Internship)

Course	Subject	Maximum Marks	Passing Marks	Marks Awarded	No. of Attempts	Remarks
I MBBS	Biochemistry	200	100	116	1	
I MBBS	Anatomy	200	100	122	1	
I MBBS	Physiology	200	100	117	2	
II MBBS	Pharmacology	150	75	90	1	
II MBBS	Microbiology	150	75	97	2	
II MBBS	Pathology	150	75	94	2	
II MBBS	Forensic Medicine	100	50	57	1	
FINAL MBBS Part-I	Oto-rhino-laryngology (E.N.T.)	100	50	59	2	
FINAL MBBS Part-I	Ophthalmology	100	50	68	3	
FINAL MBBS Part-I	Community Medicine (S.P.M.)	200	100	109	1	
FINAL MBBS Part-II	Medicine	300	150	152	2	
FINAL MBBS Part-II	Surgery	300	150	174	1	
FINAL MBBS Part-II	Obstetrics & Gynaecology	200	100	100	1	
FINAL MBBS Part-II	Paediatrics	100	50	58	1	

Final MBBS Completed by **MARCH, 2020** with H.T.No. **14060062**  
Compulsory rotatory Internship of 12 months completed by **16-05-2021**  
The course completed successfully in **SECOND** Division.

- NB : 1. Passing Marks : 50% 1st class : 65% & Distinction : 75%  
2. Classification shall not be awarded if not completed all subjects in 1st attempt.  
3. Any discrepancy in the above entry must be brought to the notice of the Undersigned Immediately.

**PES Institute of Medical Sciences & Research**  
Kuppam-517425, Chittoor Dist. A.P

Prepared by:  Supdt.  Asst.Reg.  Deputy Reg. (Exams)  Joint Registrar /  
Controller of Examinations

Electronic Portfolio of International Credentials (EPIC) IDENTIFICATION FORM  
Educational Commission for Foreign Medical Graduates ECFMG®  
3624 Market Street, Philadelphia, PA 19104 (215) 966-3900 [info@ecfmgepic.org](mailto:info@ecfmgepic.org)



Name: Lokeswari Bai Karamsi  
Date of Birth: 06-Nov-1995

Gender: FEMALE

IMPORTANT NOTE: When completed and submitted to ECFMG this EPIC Identification Form will become part of your ECFMG record. All information on the EPIC Identification Form is subject to verification and acceptance by ECFMG.



Official: Seal/stamp must cover a portion of the photo and of the passport.

KENDRA RAE ALARCON  
Notary Public - State of Florida  
Commission # HH 271338  
My Comm. Expires Jun 4, 2026

**CERTIFICATION OF IDENTIFICATION BY OFFICIAL** (To be completed by official)  
I certify that on the date set forth below the individual named above did appear personally before me and that I did identify this applicant by: (a) comparing his/her physical appearance with the photograph printed hereto, (b) comparing his/her physical appearance with the passport photograph, and (c) comparing his/her original passport with the copy of the attached passport.

The statements in this document are subscribed and sworn to before me by the individual on this 5 day, of the month of May in the year 2023.

X   
Signature of Official

Notary Public of Osceola County, FL  
Title (with English translation, if not in English)

Completed via Remote Online Notarization using 2-way Audio/Video technology.

**APPLICANT RELEASE OF INFORMATION AND CERTIFICATION** (To be completed by physician)

**Release of Information Authorization**

I request and authorize every person, medical school, university, hospital, government agency, or other entity to release information to ECFMG bearing on the content of my request or any document submitted to ECFMG, including, but not limited to, records, diplomas, transcripts, and other documents concerning my identity, citizenship or immigration status, educational, academic or professional history and status, or enrollment.

I hereby authorize ECFMG to transmit any information in its possession, or that may otherwise become available to ECFMG, bearing on the content of my request or any other document submitted to ECFMG, including, but not limited to, records, diplomas, transcripts, and other documents concerning my identity, citizenship or immigration status, educational, academic or professional history and status, or enrollment, to any federal, state, or local governmental department or agency, to any hospital or to any other organization or individual who, in the judgment of ECFMG, has a legitimate interest in such information.

I also extend absolute immunity to, and release, other agencies, medical schools, universities, institutions, hospitals and clinics, and registration and licensing authorities providing information, their employees, representatives, directors, and officers, and any third parties and organizations for their acts, communications, reports, records, diplomas, transcripts, statements, documents, recommendations, or disclosures involving me, made in good faith and without malice, requested by ECFMG.

I HAVE READ, UNDERSTOOD AND AGREE TO THIS RELEASE OF INFORMATION AUTHORIZATION.

**Certification**

I certify that I am the individual named above, am represented in the attached photograph, the attached passport is a copy of the passport that was issued to me, and that the signature below is my signature.

I hereby certify that I have read, understood, and agree to all of the above statements. I also certify that I have read, understood, and agree to the ECFMG Privacy Notice. I also certify that I have read the *ECFMG Policies and Procedures Regarding Irregular Behavior* and agree to abide by these policies and procedures. I certify I understand that, as provided in the *ECFMG Policies and Procedures Regarding Irregular Behavior*, among other things, ECFMG may find that submission of falsified documents to ECFMG through EPIC constitutes irregular behavior, which could result in actions including permanent revocation of or permanent bar to ECFMG Certification, among other things.

X Lokeswari Bai Karamsi  
Signature of Applicant

Date May 5th, 2023

Applicant's Passport Withheld

For security reasons, ECFMG does not provide applicants' passport information to third-parties.

Notary Public ID: 2008900052984009-BAW-SAR-FC-003a  
This FILE must be completed and submitted to ECFMG by 16-Oct-2023





**Educational Commission for Foreign Medical Graduates (ECFMG®)**  
**VERIFICATION OF MEDICAL EDUCATION**  
 (This form must be completed by the medical school)

**VERIFICATION OF MEDICAL EDUCATION**

**INSTRUCTIONS TO THE DEAN**

The individual identified on the attached *Medical School Release Request, Certification of Identification Form, or Certification Statement* has authorized your medical school to provide to the Educational Commission for Foreign Medical Graduates (ECFMG) any and all information pertaining to his/her education at your institution. **Please complete this VERIFICATION OF MEDICAL EDUCATION form and return it to ECFMG with the attached medical diploma and a final medical school transcript in the enclosed, addressed envelope.**

RE: **Zayed Shaik**  
 1-167-612-9  
 P.E.S. Institute of Medical Sciences and Research  
 Chittoor Dist  
 Kuppam, Andhra Pradesh  
 Kuppam, INDIA

Please notify ECFMG if the name of your institution has changed or is different from the name displayed.

**SECTION 1: MEDICAL SCHOOL TRANSCRIPT**

Attach an official medical school transcript in the original language that displays course grades or marks, not just hours, to this Verification of Medical Education form and return to ECFMG -- Affix your official stamp to the transcript -- Non-English language transcripts must include a word-for-word English language translation prepared by a recognized translator -- An official English language version medical school transcript is also acceptable -- Transcripts returned to ECFMG under separate cover must include the individual's ECFMG Identification Number to prevent processing delays.

**SECTION 2A: CERTIFICATION**

By my signature below, I certify: (1) the information provided on this form is an accurate account of the above named individual's official records maintained in this medical school and is true and correct to my knowledge, and, (2) that I am authorized to certify this on behalf of this institution as reported to ECFMG on an Authorized Signature List for Medical School Officials or other official notification from this institution.

Signature, Printed Name, Title and Official Seal must match samples provided to ECFMG by the medical school



Signature: \_\_\_\_\_  
 Printed Name: Dr. H. R. KRISHNA RAO  
 Title: PRINCIPAL  
 Date of Signature: 13/06/2023  
 Phone: +91, 9391833752 Fax: ( )  
 Email: pesmed2007@yahoo.com

**SECTION 2B: DEGREE CERTIFICATION**

This individual:

Was conferred/issued the degree of M.B.B.S on 15/02/2023 (dd/mm/yyyy) and the attached medical diploma is authentic and correct.

-- Or --

Was not conferred/issued a degree or the attached medical diploma is not authentic and correct because:

(Please explain - Attach additional sheets if needed)



**Educational Commission for Foreign Medical Graduates (ECFMG®)**  
**VERIFICATION OF MEDICAL EDUCATION**  
 (continued)

**SECTION 3A: PRE-MEDICAL EDUCATION**

Years of education required for admission to your medical school: 12 years

Credential/degree presented by the applicant for admission to your medical school: BOARD OF INTERMEDIATE EDUCATION, A.P

Did this individual transfer credits to your medical school from another institution? YES ( ) NO ()

If you checked 'YES' please print the name of the institution(s) from where the credits were transferred:

\_\_\_\_\_ (Attach additional sheets if needed)

**SECTION 3B: MEDICAL EDUCATION**

**Enrollment and Participation:** Our records indicate that Zayed Shalk attended our medical school for total of 385 weeks of medical education on the following dates:

From 16 / 08 / 2016 (dd/mm/yyyy) To 23 / 01 / 2023 (dd/mm/yyyy)

**SECTION 4: UNUSUAL CIRCUMSTANCES**

The following questions apply to unusual circumstances that occurred during any part of the individual's medical education. Please provide dates and requested information or attach a copy of explanatory records or a written explanation if you check "YES" to questions 1-5.

1. Does this individual's official record reflect (an) interruption(s) or extension(s) in his/her medical education? YES ( ) NO ()

If you checked "YES" please select the reason(s) for, indicate the dates of the interruption(s) or extension(s) and check whether the interruption/extension was approved or unapproved.

	<u>From Mo/Yr</u>	<u>To Mo/Yr</u>	<u>Approved</u>	<u>Unapproved</u>
Personal/Family	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Academic remediation	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Health	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Financial	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Participation in joint degree Program (e.g., MD/PhD)	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Participation in non-research special study (e.g., fellowship, international experience)	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Participation in non-degree research	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Other	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Please Specify:	_____			



**Educational Commission for Foreign Medical Graduates (ECFMG®)**  
**VERIFICATION OF MEDICAL EDUCATION**  
 (continued)

2. Does this individual's official record reflect that he/she was ever placed on academic or disciplinary probation during his/her medical education? YES ( ) NO ()

If you checked "YES" please select the reason(s) for the probation, indicate the date(s) of placement on and removal from probation and attach additional documentation to this report.

From Mo/Yr                      To Mo/Yr

Academic Probation \_\_\_\_\_

Probation for unprofessional conduct/behavioral \_\_\_\_\_

Probation for other reason \_\_\_\_\_

Please specify reason: \_\_\_\_\_

3. Does this individual's official record reflect that he/she was ever disciplined for unprofessional conduct/behavioral reasons by the medical school or parent university? YES ( ) NO ()

If you checked "YES" please provide detailed documentation/information about the circumstances and outcome(s):

\_\_\_\_\_  
 \_\_\_\_\_

4. Does this individual's official record reflect that he/she was ever the subject of negative reports or an investigation by the medical school or parent university? YES ( ) NO ()

If you checked "YES" please provide detailed documentation/information about the circumstances and outcome(s):

\_\_\_\_\_  
 \_\_\_\_\_

5. Does this individual's official record reflect that there were any limitations or special requirements imposed on the individual because of questions of academic incompetence, disciplinary problems, or any other reason? YES ( ) NO ()

If you checked "YES" please provide detailed documentation/information about the nature of the limitations or special requirements.

\_\_\_\_\_  
 \_\_\_\_\_

If you have any questions about this verification packet, please contact ECFMG at  
 EICSVerif@ecfm.org.



Educational Commission for Foreign Medical Graduates (ECFMG®)  
SUPPLEMENT to Verification of Medical Education form 327-A  
(This checklist is provided for your convenience only - Do not return to ECFMG)

The following actions must be completed for ECFMG to process this verification packet. Not completing all actions may invalidate this verification packet and require a new verification packet to be sent to the medical school.

- **Section 1: Medical School Transcript** - Attach official medical school transcript to the Verification of Medical Education form as detailed in **Section 1**.
- **Section 2A: Certification** - Complete all fields and affix official institution seal. The official completing **Section 2A** must be authorized to sign ECFMG verification forms as reported to ECFMG on an Authorized Signature List for Medical School Officials or other official correspondence.
- **Section 2B: Degree Certification** - Complete all fields. Attach additional sheets if needed.
- **Section 3A: Pre-Medical Education** - Complete all fields and questions.
- **Section 3B: Medical Education** - Complete all fields and questions.
- **Section 4: Unusual Circumstances** - Complete questions 1-5.
- **Medical Diploma** - Affix official institution seal on photocopy of medical diploma attached to the Verification of Medical Education form.
- **Return Envelope** - Return the verification form, attached medical diploma, and medical school transcript in the enclosed envelope directly to ECFMG. If you use an envelope different from the ECFMG provided envelope, the medical school return address must be present on the envelope.

For fastest processing, please complete all fields in English if possible.

If you have any questions about this verification packet, please contact ECFMG at [EICSVerif@ecfm.org](mailto:EICSVerif@ecfm.org).

S. No. UM 000019

DR. YSR UNIVERSITY OF HEALTH SCIENCES  
ANDHRA PRADESH, INDIA



FACULTY OF MODERN MEDICINE

This is to certify that

**SHAIK ZAYED**

has been awarded the Degree of  
Bachelor of Medicine  
and  
Bachelor of Surgery

He/She having been declared to have qualified in the Examination  
prescribed therefor, of this University held in MARCH, 2021  
and on completion of one year Compulsory Rotatory Internship  
He/She has been placed in FIRST Division

Regd. No. 16060126

Vijayawada  
Dated : 15 FEB 2023

Given under the Seal of the University



  
Registrar

  
PRINCIPAL

PES Institute of Medical Sciences & Research  
Kuppam-517425, Chittoor Dist. A.P

ECFMG CERTIFICATION OF IDENTIFICATION FORM (FORM 186)



ECFMG ID® Number: 1-167-612-9  
Name: Zayed Shaik  
Date of Birth: 01 Dec 1997  
Gender: Male



of photo and part of form

**IMPORTANT NOTE:** When completed and submitted to ECFMG, this Certification of Identification Form will become part of your ECFMG record. All information on the Certification of Identification Form is subject to verification and acceptance by ECFMG. This form will be used to identify you when you submit an application to ECFMG for any of its programs or services, including an application for a USMLE® Step or Step Component.

**CERTIFICATION OF IDENTIFICATION BY OFFICIAL (To be completed by official)**

I certify that on the date set forth below the individual named above did appear personally before me and that I did identify this applicant by: (a) comparing his/her physical appearance with the photograph printed hereto, (b) comparing his/her physical appearance with the passport photograph, and (c) comparing his/her original passport with the copy of the attached passport.

The statements in this document were subscribed and sworn to before me by the individual.

X

06/22/2022

Signature of Official **Notary Public of Chesterfield County, VA** Date (mm/dd/yyyy)

**Completed via Remote Online Notarization using 2way Audio/Video technology**

**APPLICANT RELEASE OF INFORMATION AND CERTIFICATION (To be completed by physician)**

**Release of Information Authorization**

I request and authorize every person, medical school, university, hospital, government agency, or other entity to release information to ECFMG bearing on the content of my request or any document submitted to ECFMG, including, but not limited to, records, diplomas, transcripts, and other documents concerning my identity, citizenship or immigration status, educational, academic or professional history and status, or enrollment.

I hereby authorize ECFMG to transmit any information it may hold, or that may otherwise become available to ECFMG, bearing on the content of my request or any other document submitted to ECFMG, including, but not limited to, records, diplomas, transcripts, and other documents concerning my identity, citizenship or immigration status, educational, academic or professional history and status, or enrollment, determinations of Irregular behavior and/or removal of J-1 visa sponsorship to any federal, state, or local governmental department or agency, to any hospital or to any other organization or individual who, in the judgment of ECFMG, has a legitimate interest in such information.

I also extend absolute immunity to, and release, other agencies, medical schools, universities, institutions, hospitals and clinics, and registration and licensing authorities providing information, their employees, contractors, representatives, trustees, directors, and officers, and any third parties and organizations for their acts, communications, reports, records, diplomas, transcripts, statements, documents, recommendations, or disclosures involving me, made in good faith and without malice, requested by ECFMG.

I HAVE READ, UNDERSTOOD, AND AGREE TO THIS RELEASE OF INFORMATION AUTHORIZATION AND I INTEND TO BE LEGALLY BOUND BY IT.

**Certification**

I certify that I am the individual named above, am represented in the attached photograph, the attached passport is a copy of the passport that was issued to me, and that the signature below is my signature.

I hereby certify that I have read, understood, and agree to all of the above statements. I also certify that I have read the *Policies and Procedures Regarding Irregular Behavior* and agree to abide by these policies and procedures. I certify I understand that, as provided in the *Policies and Procedures Regarding Irregular Behavior*, among other things, ECFMG may find that submission of falsified documents to ECFMG during the certification process constitutes irregular behavior, which could result in actions including permanent revocation of or permanent bar to ECFMG Certification, and permanent annotation of my ECFMG record, among other things. I also certify that I have read and understood the ECFMG Privacy Notice, which is available on the ECFMG website at <https://www.ecfmg.org/ann/privacy.html>, and consent to the collection and use of my personal information in the matter described therein.

X

06/22/2022

Date (mm/dd/yyyy)

Signature of Applicant

Form 186, August 2021



जवाहरलाल स्नातकोत्तर आयुर्विज्ञान शिक्षा एवं अनुसंधान संस्थान  
**JAWAHARLAL INSTITUTE OF POSTGRADUATE  
MEDICAL EDUCATION AND RESEARCH (JIPMER)**

(An Institution of National Importance Under  
Ministry of Health & Family Welfare,  
Govt. of India)

Puducherry - 605 006.

**STUDENT IDENTITY CARD**



Res No : **JR8506**

Name : **Dr. BANDI ISSAC**

Desig : **JUNIOR RESIDENT**

Course : **MS**

Dept **ORTHOPAEDIC SURGERY**

Date of Issue : **16/02/2024**

DEAN (A)

JIPMER

Fax

Date of Birth

Blood Group

Resi. Address

: 0413 - 2272381 - \*3102

: 0413 - 2272066

: 11/04/1999

: **B+**

: H NO:2 - 14, INDIRA NAGAR,  
RAYACHOTI, ANDHRA PRADESH.

PIN - 516130

Mobile No 9989962440



Valid Upto : **15/02/2027**

Signature of Student

# RAJARAJESWARI MEDICAL COLLEGE & HOSPITAL

A Constituent Institution of Dr. M.G.R. Educational and Research Institute, Chennai, India  
(Deemed to be University)



Name : Dr. Sreeramineni  
Yateendranath Chowdary

Dept. : MD General Medicine

D.O.B : 24-8-1996

STUDENT ID CARD

Dean



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DR.Y.S.R UNIVERSITY OF HEALTH SCIENCES

VIJAYAWADA, ANDHRA PRADESH

Admission into Post Graduate Medical Degree / Diploma Courses

under Competent Authority Quota (CQ)

for the Academic year 2023-24

Provisional Allotment Order - Phase - II



PGCQ/2023-24/Service/P2/224

Dt: 04-10-2023

#### Candidate's Details

NEET Roll No : 23661010718

NEET Rank : 176454

Name : VASANTHI V

Gender : F

Score : 159

Category/Area : BC-B/SVU

**NOTE 1)** ALLOTMENTS OF PG(MEDIAL) SEATS FOR IN-SERVICE CANDIDATES SHALL BE AS PER THE ORDERS OF THE ORDERS OF HON'BLE HIGH COURT OF A.P. IN WRIT PETITION NUMBER W.P.No.(Main case) 20919 of 2023, dt.26-09-2023.

**NOTE 2)** ALLOTMENTS OF PG(MEDIAL) SEATS FOR IN-SERVICE CANDIDATES SHALL BE SUBJECT TO THE ORDERS OF HON'BLE SUPREME COURT OF INDIA IN SLP(CIVIL) DIARY No:39638/2023.

#### Allotment Details

Based on the options exercised, you have been allotted a seat in

COLLEGE : P.E.S. Institute of Medical Sciences and Research, Kuppam

ALLOTMENT DETAILS : : PESK - OBG - L - BC-B\_G

COURSE : : MS (Obstetrics and Gynecology)

**Tuition Fee for the College/Course (per annum) is as fixed by the Government, subject to the final orders of the Hon'ble High Court of AP in W.P. Nos 32975,33162 and 35090 of 2022**

- He / she has to physically report to the Principal of the College Concerned on or before 03:00 pm on 06-10-2023 along with provisional admission letter, all original certificates, verification form and application form and shall pay the tuition fee etc. to obtain the admission card into his / her respective PG course.
- If he / she fails to report before the Principal of the College Concerned, pay the fee and submit all the original certificates for verification on or before 03:00 pm on 06-10-2023, he / she is informed that the provisional selection shall be deemed to have been automatically cancelled without any further intimation.
- The candidate is informed that he / she will be eligible to appear for the University Examination only after completion of the prescribed duration of the Course from the date of his / her admission into the course as per the NMC and University regulations.
- If the candidate has Not Reported within the above stipulated date and time, it will be treated as Not Joined and the vacancy will be filled up in the subsequent counselling
- As per G.O.Ms Nos. 206, HM & FW (C1) Dept., Dt 11-08-2022 and 252, HM & FW (C1) Dept, Dt. 07-10-2022 of Government of A.P. all In-Service candidates should submit a bond at the time of Admission. (Bond Proforma is available in the University website.)
- Classes have already been commenced from 05-09-2023

CHAIRMAN,  
SELECTION COMMITTEE



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DR.Y.S.R UNIVERSITY OF HEALTH SCIENCES

VIJAYAWADA, ANDHRA PRADESH

Admission into Post Graduate Medical Degree / Diploma Courses  
under Management Quota (MQ)  
for the Academic year 2023-24

Provisional Allotment Order - Revised Phase - I



Udaya Lakshmi Bai C

No: PGMQ/2023-24/RP1/522

Dt: 09-09-2023

Candidate's Details

NEET Roll No : 23661141500

NEET Rank : 105933

Name : UDAYA LAKSHMI BAI C

Gender : F

Caste/Local Area : BC-B/SVU

Allotment Details

Based on the options exercised, you have been allotted a seat in

COLLEGE : P.E.S. Institute of Medical Sciences and Research, Kuppam

ALLOTMENT DETAILS : : PESK - ENT\_S3

COURSE : : MS (ENT)

**Tuition Fee for the College/Course (per annum) is as fixed by the Government, subject to the final orders of the Hon'ble High Court of AP in W.P. Nos 32975,33162 and 35090 of 2022**

- He / she has to physically report to the Principal of the College Concerned on or before 03:00 pm on 13-09-2023 along with provisional admission letter, all original certificates, verification form and application form and shall pay the tuition fee etc. to obtain the admission card into his / her respective PG course.
- If he / she fails to report before the Principal of the College Concerned, pay the fee and submit all the original certificates for verification on or before 03:00 pm on 13-09-2023, he / she is informed that the provisional selection shall be deemed to have been automatically cancelled without any further intimation.
- The candidate is informed that he / she will be eligible to appear for the University Examination only after completion of the prescribed duration of the Course from the date of his / her admission into the course as per the NMC and University regulations.
- If the candidate has Not Reported within the above stipulated date and time, it will be treated as Not Joined and the vacancy will be filled up in the subsequent counselling
- Classes were commenced from 05-09-2023.

CHAIRMAN,  
SELECTION COMMITTEE



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DR.Y.S.R UNIVERSITY OF HEALTH SCIENCES  
VIJAYAWADA, ANDHRA PRADESH

Admission into Post Graduate Medical Degree / Diploma Courses  
under Management Quota (MQ)  
for the Academic year 2023-24

Provisional Allotment Order - Revised Phase - I



No: PGMQ/2023-24/RP1/183

Dt: 09-09-2023

Candidate's Details

NEET Roll No : 23661137869

NEET Rank : 18589

Name : BOLLOJULA CHIRANJEEVI

Gender : M

Caste/Local Area : BC-B/SVU

Allotment Details

Based on the options exercised, you have been allotted a seat in

COLLEGE : P.E.S. Institute of Medical Sciences and Research, Kuppam

ALLOTMENT DETAILS : : PESK - GS\_S1B

COURSE : : MS (General Surgery)

**Tuition Fee for the College/Course (per annum) is as fixed by the Government, subject to the final orders of the Hon'ble High Court of AP in W.P. Nos 32975,33162 and 35090 of 2022**

- He / she has to physically report to the Principal of the College Concerned on or before 03:00 pm on 13-09-2023 along with provisional admission letter, all original certificates, verification form and application form and shall pay the tuition fee etc. to obtain the admission card into his / her respective PG course.
- If he / she fails to report before the Principal of the College Concerned, pay the fee and submit all the original certificates for verification on or before 03:00 pm on 13-09-2023, he / she is informed that the provisional selection shall be deemed to have been automatically cancelled without any further intimation.
- The candidate is informed that he / she will be eligible to appear for the University Examination only after completion of the prescribed duration of the Course from the date of his / her admission into the course as per the NMC and University regulations.
- If the candidate has Not Reported within the above stipulated date and time, it will be treated as Not Joined and the vacancy will be filled up in the subsequent counselling
- Classes were commenced from 05-09-2023.

CHAIRMAN,  
SELECTION COMMITTEE

*Atto*  
*Subbanna*  
Mr. K. V. Subbanna, M.S., D.L.O.  
Regd 14249  
Civil Surgeon ENT Retired



DR.Y.S.R UNIVERSITY OF HEALTH SCIENCES

VIJAYAWADA, ANDHRA PRADESH

Admission into Post Graduate Medical Degree / Diploma Courses  
under Non-Service Category of Competent Authority Quota (CQ)  
for the Academic year 2023-24

Provisional Allotment Order - STRAY VACANCY ROUND II



*Deepthi*

PG/CQ/2023-24/NS/STRAY2/005

Dt: 25-10-2023

Candidate's Details

NEET Roll No : 23661160911

NEET Rank : 117112

Name : K DEEPTHI

Gender : F

Score : 262

Category/Area : OC/SVU

Allotment Details

Based on the options exercised, you have been allotted a seat in

COLLEGE : P.E.S. Institute of Medical Sciences and Research, Kuppam

ALLOTMENT DETAILS : : PESK - Psy

COURSE : : MD (Psychiatry)

**Tuition Fee for the College/Course (per annum) is as fixed by the Government, subject to the final orders of the Hon'ble High Court of AP in W.P. Nos 32975,33162 and 35090 of 2022**

CHAIRMAN,  
SELECTION COMMITTEE

- He / she has to physically report to the Principal of the College Concerned **immediately** along with provisional admission letter, all original certificates, verification form and application form and shall pay the tuition fee etc. to obtain the admission card into his / her respective PG course.
- **If any discrepancy is noticed the allotment/admission will be cancelled.**
- The candidate is informed that he / she will be eligible to appear for the University Examination only after completion of the prescribed duration of the Course from the date of his / her admission into the course as per the NMC and University regulations.
- Classes have already been commenced from 05-09-2023



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DR.Y.S.R UNIVERSITY OF HEALTH SCIENCES  
VIJAYAWADA, ANDHRA PRADESH

Admission into Post Graduate Medical Degree / Diploma Courses  
under Management Quota (MQ)  
for the Academic year 2023-24  
Provisional Allotment Order - Phase - II



R. Harshitha

No: PGMQ/2023-24/P2/414

Dt: 21-10-2023

Candidate's Details

NEET Roll No : 23661157653

NEET Rank : 35758

Name : HARSHITHA R

Gender : F

Caste/Local Area : OC/SVU

Allotment Details

Based on the options exercised, you have been allotted a seat in

COLLEGE : P.E.S. Institute of Medical Sciences and Research, Kuppam

ALLOTMENT DETAILS : : PESK - ANES\_S1B

COURSE : : MD (Anaesthesiology)

**Tuition Fee for the College/Course (per annum) is as fixed by the Government, subject to the final orders of the Hon'ble High Court of AP in W.P. Nos 32975,33162 and 35090 of 2022**

- He / she has to physically report to the Principal of the College Concerned on or before 04:00 pm on 22-10-2023 along with provisional admission letter, all original certificates, verification form and application form and shall pay the tuition fee etc. to obtain the admission card into his / her respective PG course.
- If he / she fails to report before the Principal of the College Concerned, pay the fee and submit all the original certificates for verification on or before 04:00 pm on 22-10-2023, he / she is informed that the provisional selection shall be deemed to have been automatically cancelled without any further intimation.
- The candidate is informed that he / she will be eligible to appear for the University Examination only after completion of the prescribed duration of the Course from the date of his / her admission into the course as per the NMC and University regulations.
- If the candidate has Not Reported within the above stipulated date and time, it will be treated as Not Joined and the vacancy will be filled up in the subsequent counselling
- Classes have already been commenced from 05-09-2023.

CHAIRMAN,  
SELECTION COMMITTEE



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DR.Y.S.R UNIVERSITY OF HEALTH SCIENCES  
VIJAYAWADA, ANDHRA PRADESH



Admission into Post Graduate Medical Degree / Diploma Courses  
under Management Quota (MQ)  
for the Academic year 2023-24  
Provisional Allotment Order - Phase - II

Priyanga

No: PGMQ/2023-24/P2/415

Dt: 21-10-2023

Candidate's Details

NEET Roll No : 23661145405

NEET Rank : 123397

Name : PRIYANGA R

Gender : F

Caste/Local Area : OBC/SVU

Allotment Details

Based on the options exercised, you have been allotted a seat in

COLLEGE : P.E.S. Institute of Medical Sciences and Research, Kuppam

ALLOTMENT DETAILS : : PESK - ANES\_S3

COURSE : : MD (Anaesthesiology)

**Tuition Fee for the College/Course (per annum) is as fixed by the Government, subject to the final orders of the Hon'ble High Court of AP in W.P. Nos 32975,33162 and 35090 of 2022**

- He / she has to physically report to the Principal of the College Concerned on or before 04:00 pm on 22-10-2023 along with provisional admission letter, all original certificates, verification form and application form and shall pay the tuition fee etc. to obtain the admission card into his / her respective PG course.
- If he / she fails to report before the Principal of the College Concerned, pay the fee and submit all the original certificates for verification on or before 04:00 pm on 22-10-2023, he / she is informed that the provisional selection shall be deemed to have been automatically cancelled without any further intimation.
- The candidate is informed that he / she will be eligible to appear for the University Examination only after completion of the prescribed duration of the Course from the date of his / her admission into the course as per the NMC and University regulations.
- If the candidate has Not Reported within the above stipulated date and time, it will be treated as Not Joined and the vacancy will be filled up in the subsequent counselling
- Classes have already been commenced from 05-09-2023.

CHAIRMAN,  
SELECTION COMMITTEE



**Kaloji Narayana Rao University of Health Sciences, Telangana  
Warangal**

**PG MEDICAL ADMISSIONS - 2023-24 under Competent Authority Quota  
PROVISIONAL ALLOTMENT ORDER - MOP-UP PHASE(P3)**

Dated: 05/10/2023

**Candidate Details**

NEET Roll No: 23661009538

NEET Rank: 90054

Name: GALETI HIMA RAJNAG

Gender: MALE

Father's Name: GALETI SANKARAI AH

Caste/Region: ST/SVU

**Allotment Details**

**Based on the options exercised, you have been (re)allotted a seat in**

**COLLEGE** MEDI- MEDICITI INSTITUTE OF MEDICAL SCIENCES, GHANPUR

**COURSE** ORTHO- MS(ORTHO PAEDICS)

**under UNR-ST-GEN---P3**

**Tuition Fee fixed for the College/Course(per annum) is as notified by the Government**

- He / She has to physically report to the Principal of the allotted college **on or before 09/10/2023 by 4:00 PM** along with provisional admission order, all original certificates, Custodian certificate for sliding candidates (under KNRUHS only), receipt of certificates, bond and shall pay the tuition fee and college fee to obtain the admission card for PG course.
- If he / she fails to report before the Principal of the allotted college to pay the fee, bond and submit all the original certificates **on or before 09/10/2023 by 4:00 PM**, he / she is informed that the provisional selection shall be deemed to have been automatically cancelled without any further intimation.
- The candidate is informed that he / she will be eligible to appear for the University Examination only after completion of the prescribed duration of the Course from the date of his / her admission into the course as per the NMC/MCI and University regulations.
- The candidates admitted into private unaided non-minority Medical, Minority Medical colleges shall pay the fees as notified by the Government.
- If the candidate has **NOT REPORTED** within the above stipulated date and time it will be treated as **NOT JOINED** and the vacancy will be filled up in the subsequent counseling.
- The date of commencement of classes : **05/09/2023**.
- **NOTE 1:**Candidates have to pay Tuition Fee fixed for the respective category vide GO.MS. No.107, Dt: 28/07/2023 Health, Medical and Family Welfare Dept.
- **NOTE 2:**As notified earlier candidates are hereby informed that if they do not join the course, they will not be eligible for further counsellings.
- **NOTE 3:**All allotments are subject to final orders of Hon'ble High Court in pending writ petitions.

**CHAIRMAN, SELECTION COMMITTEE**



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DR.Y.S.R UNIVERSITY OF HEALTH SCIENCES

VIJAYAWADA, ANDHRA PRADESH

Admission into Post Graduate Medical Degree / Diploma Courses

under Competent Authority Quota (CQ)

for the Academic year 2023-24

Provisional Allotment Order - Phase - II



PGCQ/2023-24/Service/P2/224

Dt: 04-10-2023

#### Candidate's Details

NEET Roll No : 23661010718

NEET Rank : 176454

Name : VASANTHI V

Gender : F

Score : 159

Category/Area : BC-B/SVU

**NOTE 1)** ALLOTMENTS OF PG(MEDIAL) SEATS FOR IN-SERVICE CANDIDATES SHALL BE AS PER THE ORDERS OF THE ORDERS OF HON'BLE HIGH COURT OF A.P. IN WRIT PETITION NUMBER W.P.No.(Main case) 20919 of 2023, dt.26-09-2023.

**NOTE 2)** ALLOTMENTS OF PG(MEDIAL) SEATS FOR IN-SERVICE CANDIDATES SHALL BE SUBJECT TO THE ORDERS OF HON'BLE SUPREME COURT OF INDIA IN SLP(CIVIL) DIARY No:39638/2023.

#### Allotment Details

Based on the options exercised, you have been allotted a seat in

COLLEGE : P.E.S. Institute of Medical Sciences and Research, Kuppam

ALLOTMENT DETAILS : : PESK - OBG - L - BC-B\_G

COURSE : : MS (Obstetrics and Gynecology)

**Tuition Fee for the College/Course (per annum) is as fixed by the Government, subject to the final orders of the Hon'ble High Court of AP in W.P. Nos 32975,33162 and 35090 of 2022**

- He / she has to physically report to the Principal of the College Concerned on or before 03:00 pm on 06-10-2023 along with provisional admission letter, all original certificates, verification form and application form and shall pay the tuition fee etc. to obtain the admission card into his / her respective PG course.
- If he / she fails to report before the Principal of the College Concerned, pay the fee and submit all the original certificates for verification on or before 03:00 pm on 06-10-2023, he / she is informed that the provisional selection shall be deemed to have been automatically cancelled without any further intimation.
- The candidate is informed that he / she will be eligible to appear for the University Examination only after completion of the prescribed duration of the Course from the date of his / her admission into the course as per the NMC and University regulations.
- If the candidate has Not Reported within the above stipulated date and time, it will be treated as Not Joined and the vacancy will be filled up in the subsequent counselling
- As per G.O.Ms Nos. 206, HM & FW (C1) Dept., Dt 11-08-2022 and 252, HM & FW (C1) Dept, Dt. 07-10-2022 of Government of A.P. all In-Service candidates should submit a bond at the time of Admission. (Bond Proforma is available in the University website.)
- Classes have already been commenced from 05-09-2023

CHAIRMAN,  
SELECTION COMMITTEE







డా. డై.ఎస్.ఆర్. ఆరోగ్య విజ్ఞాన విశ్వవిద్యాలయం  
**DR.Y.S.R UNIVERSITY OF HEALTH SCIENCES**  
 VIJAYAWADA, ANDHRA PRADESH  
 Admission into Post Graduate Medical Degree / Diploma Courses  
 under Management Quota (MQ)  
 for the Academic year 2023-24  
 Provisional Allotment Order - Revised Phase - I



G. Chaitanya Krishna

No: PGMQ/2023-24/RP1/199

Dt: 09-09-2023

## Candidate's Details

NEET Roll No : 23661015022                      NEET Rank : 19949  
 Name : GANDIKOTA CHAITANYA                      Gender : M  
 KRISHNA                      Caste/Local Area : OC/SVU

## Allotment Details

Based on the options exercised, you have been allotted a seat in

COLLEGE : P.E.S. Institute of Medical Sciences and Research, Kuppam

ALLOTMENT DETAILS : : PESK - GS\_S1B

COURSE : : MS (General Surgery)

Tuition Fee for the College/Course (per annum) is as fixed by the Government, subject to the final orders of the Hon'ble High Court of AP in W.P. Nos 32975,33162 and 35090 of 2022

- He / she has to physically report to the Principal of the College Concerned on or before 03:00 pm on 13-09-2023 along with provisional admission letter, all original certificates, verification form and application form and shall pay the tuition fee etc. to obtain the admission card into his / her respective PG course.
- If he / she fails to report before the Principal of the College Concerned, pay the fee and submit all the original certificates for verification on or before 03:00 pm on 13-09-2023, he / she is informed that the provisional selection shall be deemed to have been automatically cancelled without any further intimation.
- The candidate is informed that he / she will be eligible to appear for the University Examination only after completion of the prescribed duration of the Course from the date of his / her admission into the course as per the NMC and University regulations.
- If the candidate has Not Reported within the above stipulated date and time, it will be treated as Not Joined and the vacancy will be filled up in the subsequent counselling
- Classes were commenced from 05-09-2023.

CHAIRMAN,  
 SELECTION COMMITTEE



**Kaloji Narayana Rao University of Health Sciences, Telangana  
Warangal**

**PG MEDICAL ADMISSIONS - 2023-24 under Competent Authority Quota  
PROVISIONAL ALLOTMENT ORDER - MOP-UP PHASE(P3)**

Dated: 05/10/2023

**Candidate Details**

NEET Roll No: 23661009538

NEET Rank: 90054

Name: GALETI HIMA RAJNAG

Gender: MALE

Father's Name: GALETI SANKARAI AH

Caste/Region: ST/SVU

**Allotment Details**

**Based on the options exercised, you have been (re)allotted a seat in**

**COLLEGE** MEDI- MEDICITI INSTITUTE OF MEDICAL SCIENCES, GHANPUR

**COURSE** ORTHO- MS(ORTHO PAEDICS)

**under UNR-ST-GEN---P3**

**Tuition Fee fixed for the College/Course(per annum) is as notified by the Government**

- He / She has to physically report to the Principal of the allotted college **on or before 09/10/2023 by 4:00 PM** along with provisional admission order, all original certificates, Custodian certificate for sliding candidates (under KNRUHS only), receipt of certificates, bond and shall pay the tuition fee and college fee to obtain the admission card for PG course.
- If he / she fails to report before the Principal of the allotted college to pay the fee, bond and submit all the original certificates **on or before 09/10/2023 by 4:00 PM**, he / she is informed that the provisional selection shall be deemed to have been automatically cancelled without any further intimation.
- The candidate is informed that he / she will be eligible to appear for the University Examination only after completion of the prescribed duration of the Course from the date of his / her admission into the course as per the NMC/MCI and University regulations.
- The candidates admitted into private unaided non-minority Medical, Minority Medical colleges shall pay the fees as notified by the Government.
- If the candidate has **NOT REPORTED** within the above stipulated date and time it will be treated as **NOT JOINED** and the vacancy will be filled up in the subsequent counseling.
- The date of commencement of classes : **05/09/2023**.
- **NOTE 1:**Candidates have to pay Tuition Fee fixed for the respective category vide GO.MS. No.107, Dt: 28/07/2023 Health, Medical and Family Welfare Dept.
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- **NOTE 3:**All allotments are subject to final orders of Hon'ble High Court in pending writ petitions.

**CHAIRMAN, SELECTION COMMITTEE**



Personal Details			
NEET PG Roll Number	2266166330	Candidate's Name	PALUKURU NIKSHITH KUMAR REDDY
Father's Name	PALUKURU VENKATA SUBBA REDDY	Mother's Name	PALUKURU KRISHNAVENI
Date of Birth	14-08-1997	Category	GENERAL-EWS
Gender	MALE	Sub Category	NO



Rank Details	
All India Rank [PG Medical]	18772

Round No.2			
Choice No.	518	Round No.	2
Seat Allocated Category	OPEN	Allotted Quota	DNB QUOTA
Institute Allocated	INDO AMERICAN HOSPITAL, INSTITUTE OF BRAIN & SPINE, AKKARAPPADAM P O, CHEMMANAKARY, VAIKOM, KOTTAYAM, KERALA, 686143	Program Allocated	(NBEMS) Neuro Surgery (Direct 6 Years Course)



Institute Contacts Details	
Nodal officer Email Id:	dnb@indoamericanhospital.in
Nodal officer Mobile number:	9447230556

**Note** The above candidate has been allotted seat during 2nd Round.

**Dear Candidate,**

Based on your merit and choices of Institutions & Programs exercised by you during online Counselling, you have been provisionally allotted a seat in the above mentioned Institute and Program. **Kindly report to allotted Medical College/ Institute within the stipulated period, as mentioned in the counselling schedule, failing which the allotted seat will be cancelled and Security Deposit will be forfeited.**

- Candidates are required to produce all original documents at the time of reporting at the Allotted Institute as mentioned in the Information Bulletin of NEET PG 2022.
- The candidate will be required to undergo a medical examination at their own cost on a notified date(s) by the allotted college.
- The candidate is advised to report and join the allotted Medical College/Institute as early as possible. In some of the allotted Colleges /Universities, 3-4 days time is required to complete admission formalities. Please also take into consideration holiday(s)/ local holiday(s). The candidates are further advised to contact the allotted college authorities for details before proceeding.**
- The candidate is requested to ensure that the Admission Letter issued by the allotted college should be generated through online submission of his/ her details by the allotted college through the portal provided by Medical Counselling Committee (MCC). Any offline admission which is not generated through the portal by the allotted institute will be treated as Null & Void.
- Once Round-2 Seat is joined the candidate will not be able to resign the seat.
- Candidate will be required to produce concerned certificate(Caste/PwD/EWS) at the time of admission.
- The Allotment Letter will be considered as e Pass/ Curfew pass to facilitate candidates along with one parent / attendant during travel for the purpose of reporting to allotted college in places under COVID related Lockdown.

**Important Instructions:**

- This Provisional Allotment Letter is based on the personal data viz. Category, Sub Category and Gender etc. submitted by the candidate. MCC /DGHS is not responsible for the truth/ factualness of the data. Neither DGHS nor MCC is responsible for any inadvertent error that may have crept in the Provisional Allotment Letter being published on the web. The allotment is purely "Provisional" and the seat of candidate is liable to cancel in case the candidate does not fulfill the eligibility criteria on verification of original documents at the time of Reporting or any time thereafter.

Instructions:- For National Board Of Examinations in Medical Sciences DNB/DrNB Fees Submission	
Notice:	The PG DNB candidates will pay 1st year fees directly to NBEMS through this link and take the receipt to the allotted PG DNB Institute at the time of reporting. For details please visit NBE website.
URL:	<a href="https://natboard.edu.in/cns/index">https://natboard.edu.in/cns/index</a>



ANNEXURE- 'A' for Joining NBEMS Course - 2023 ADMISSION SESSION  
To be printed on an OFFICIAL LETTER HEAD and should be signed & stamped by  
DEAN/ PRINCIPAL/MEDICAL SUPERINTENDENT/ HEAD OF THE  
INSTITUTION/DIRECTOR ONLY, before uploading it.

Office Dispatch Number:

Date of Issue: 23-10-2023 12:47:30

The Executive Director  
National Board of Examinations in Medical Sciences  
(Ministry of Health & Family Welfare, Govt. of India)  
Ansari Nagar, Mahatma Gandhi Marg (Ring Road)  
New Delhi-110029

Sub: Furnishing of Joining Report for **NBEMS Diploma** course for 2023 Admission Session.

Sir,

It is certified that Dr. **B.ARCHANA** Son/Daughter/Wife of **B.Rajendra prasad naik** who has appeared in **NEET-PG 2023** conducted by NBEMS vide Roll No. **23661013849** has reported for joining NBEMS course at our NBEMS accredited Medical College/Institution/Hospital on **17.10.2023** (Date of Joining NBEMS training). He/she has scored **124900** rank in **NEET-PG 2023** as per the seat allotment letter received from **MCC**.

His/her original documents have been verified for their genuineness & authenticity. It is also certified that this candidate is eligible for admission to above mentioned NBEMS course as per NBEMS guidelines published in the respective Information Bulletin.

Accorindgly, He/she has been allowed to join the **NBEMS Diploma** course in the specialty of **Anaesthesiology** w.e.f. **17.10.2023**, the Date of Joining NBEMS Training.

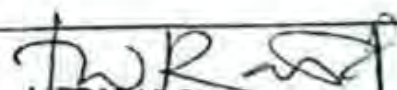
It is also certified that the candidate will be made to work during the entire NBEMS training as a resident doctor strictly in accordance with leave guidelines of NBEMS.

Yours sincerely

Signature 

Name & Designation \_\_\_\_\_

**MEDICAL SUPERINTENDENT  
DISTRICT HOSPITAL  
MADANAPALLE**

For  
  
**MEDICAL SUPERINTENDENT  
DISTRICT HOSPITAL  
MADANAPALLE/ Medical  
Superintendent / HOI of  
District Hospital, Patel Road,**



డా.వై.ఎస్.ఆర్.ఆరోగ్య విజ్ఞాన విశ్వవిద్యాలయం  
DR.Y.S.R UNIVERSITY OF HEALTH SCIENCES  
VIJAYAWADA, ANDHRA PRADESH

Admission into Post Graduate Medical Degree / Diploma Courses  
under Management Quota (MQ)  
for the Academic year 2023-24  
Provisional Allotment Order - Phase - II



R. Harshitha

No: PGMQ/2023-24/P2/414

Dt: 21-10-2023

Candidate's Details

NEET Roll No : 23661157653

NEET Rank : 35758

Name : HARSHITHA R

Gender : F

Caste/Local Area : OC/SVU

Allotment Details

Based on the options exercised, you have been allotted a seat in

COLLEGE : P.E.S. Institute of Medical Sciences and Research, Kuppam

ALLOTMENT DETAILS : : PESK - ANES\_S1B

COURSE : : MD (Anaesthesiology)

**Tuition Fee for the College/Course (per annum) is as fixed by the Government, subject to the final orders of the Hon'ble High Court of AP in W.P. Nos 32975,33162 and 35090 of 2022**

- He / she has to physically report to the Principal of the College Concerned on or before 04:00 pm on 22-10-2023 along with provisional admission letter, all original certificates, verification form and application form and shall pay the tuition fee etc. to obtain the admission card into his / her respective PG course.
- If he / she fails to report before the Principal of the College Concerned, pay the fee and submit all the original certificates for verification on or before 04:00 pm on 22-10-2023, he / she is informed that the provisional selection shall be deemed to have been automatically cancelled without any further intimation.
- The candidate is informed that he / she will be eligible to appear for the University Examination only after completion of the prescribed duration of the Course from the date of his / her admission into the course as per the NMC and University regulations.
- If the candidate has Not Reported within the above stipulated date and time, it will be treated as Not Joined and the vacancy will be filled up in the subsequent counselling
- Classes have already been commenced from 05-09-2023.

CHAIRMAN,  
SELECTION COMMITTEE



**Kaloji Narayana Rao University of Health Sciences, Telangana  
Warangal**

**PG MEDICAL ADMISSIONS - 2023-24 under Competent Authority Quota  
PROVISIONAL ALLOTMENT ORDER - MOP-UP PHASE(P3)**

Dated: 05/10/2023

**Candidate Details**

NEET Roll No: 23661009538

NEET Rank: 90054

Name: GALETI HIMA RAJNAG

Gender: MALE

Father's Name: GALETI SANKARAI AH

Caste/Region: ST/SVU

**Allotment Details**

**Based on the options exercised, you have been (re)allotted a seat in**

**COLLEGE** MEDI- MEDICITI INSTITUTE OF MEDICAL SCIENCES, GHANPUR

**COURSE** ORTHO- MS(ORTHO PAEDICS)

**under UNR-ST-GEN---P3**

**Tuition Fee fixed for the College/Course(per annum) is as notified by the Government**

- He / She has to physically report to the Principal of the allotted college **on or before 09/10/2023 by 4:00 PM** along with provisional admission order, all original certificates, Custodian certificate for sliding candidates (under KNRUHS only), receipt of certificates, bond and shall pay the tuition fee and college fee to obtain the admission card for PG course.
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- The date of commencement of classes : **05/09/2023**.
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**CHAIRMAN, SELECTION COMMITTEE**