

ANNEXURE - II

DECLARATION

(This declaration is to be given by a student / ward as well as his/her NRI
Guardian for admission under NRI Category -C (S2)

I, Dr. NEET Roll
Number----- and NEET-2023 Rank (PG/MDS) -----
ward/S/o or D/o offor admission into Post Graduate
course in Category-C- S2 (NRI Quota) for the academic year 2023-24 in a Unaided
Private Medical & Dental Colleges affiliated to Dr. YSR UHS in the State of Andhra
Pradesh do hereby declare and state as under:

I declare that I am a ward S/o or D/o of /under Guardianship of
Mr/Ms.....S/o.....
.....R/o.....
..... (here incorporate the
complete address of NRI of whom the candidate/declarant is a ward).

I declare that the said NRI shall pay my entire fee and other expenses for pursuing
MD/MS/MDS course and I further declare that the above facts stated are true and
correct and I am liable for any action in the event of concealment of facts.

(Signature of the Candidate)

Declaration of NRI:

I, S/o (or)
D/o here by declare and confirm that the above
declarant i.e., Dr.....is my ward and is
under my Guardianship and I hereby irrevocably agree and undertake to provide
financial support to him/her for payment of entire fee and other expenses for
pursuing MD/MS/MDS course for the academic year 2023-24 in any Unaided Private
Medical/Dental Colleges affiliated to Dr. YSR UHS in the State of Andhra Pradesh.

Date:

(Name and Signature of the Guardian)