

**DR. N.T.R. UNIVERSITY OF HEALTH SCIENCES:A.P.:VIJAYAWADA- 8
ADMISSION INTO MBBS & BDS COURSES – 2026-27**

**NOTIFICATION FOR CHANGE OF STATUS FROM CATEGORY ‘B’ TO CATEGORY
‘C’ (NRI -Lapsed) FOR ALREADY REGISTERED CANDIDATES AND ALSO FOR NEW
REGISTRATION FOR MBBS - STRAY ROUND OF COUNSELLING & FOR BDS -
PHASE III (MOPUP) ONWARDS COUNSELING FOR CAT B & C (NRI- Lapsed)
(Common Application for MBBS & BDS Courses)**

1. In continuation to this office notifications dt: 1-9-2026 & 13-9-2026, **new online applications** are invited from the eligible and interested candidates for the seats available under **Management Quota** Category- B & C (NRI Lapsed) in MBBS (Stray round)/BDS (Phase III and subsequent phase) courses for the academic year 2026-27 as per the following schedule.
2. The **Candidates who are already found in the Merit List displayed** on the Website on 2-10-2026 for Category-B1 / B2 seats only [not registered under NRI Category] and who wish to apply **now for NRI (Lapsed) category seats** can upload relevant Notarized affidavit signed by the parent and candidate through their login with Late Fee of Rs.6,000/- as per the following schedule:

Availability of Online Application	From 9.00 PM on 19-10-2026 upto 11.00 AM on 21-10-2026
Website	https://drntr.uhsap.in OR https://apuhs-ugadmissions.aptonline.in/MBBSMQ/Home/Home
Fee Particulars	Rs. 6,000/- from Category B to NRI (Lapsed) status change. Rs.31,000/- For New Registration (Application and Processing fee Rs.11,000 + Late Fee Rs.20,000) for Category B / Category C (NRI – Lapsed).  Seats under Category-B, subject to availability.

- NOTE:** a) **Application and Processing Fee including Late Fee once paid will not be refunded or adjusted to future date under any circumstances.** Hence, candidates are advised to go through Prospectus / Regulations Dt:1-9-2026 & notification dt:13-9-2026 before applying and ensure their eligibility.
- b) As already notified, **Payment of Security Deposit** of **Rs. 3,00,000/- for MBBS** course and **Rs. 1,00,000/- for BDS** course is compulsory before exercising web options.

Contd..2

LIST OF SCANNED ORIGINAL CERTIFICATES AND DOCUMENTS REQUIRED TO UPLOAD FOR NEW REGISTRATION:

Sl.No	Details of Certificate	File Type	File Size
1.	NEET UG 2026 Rank Card. (Mandatory)	pdf	500 KB
2.	Birth Certificate (SSC Marks Memo). (Mandatory)	pdf	500 KB
3.	Qualifying Exam Certificate (Intermediate Marks Memo OR Equivalent – Grade Certificate not Accepted) (Mandatory)	pdf	500 KB
4.	Study Certificates from 6th class to 10+2 in respect of the local candidates of Andhra Pradesh State who are claiming Category-B2 seats.	pdf	500 KB
5.	Transfer Certificate / Migration Certificate (10+2)	pdf	500 KB
6.	Caste Certificate (If qualified under category)	pdf	500 KB
7.	Minority Certificate (Muslim Only) (If applicable)	pdf	500 KB
8.	<u>For NRI Lapsed Category</u> Notarized Affidavit of Parental Financial Status duly signed by the Parent & Candidate (Refer Annexure-II)	pdf	2000 KB
9.	Photo identity proof (Aadhar)	pdf	500 KB
8.	PwD Certificate (If applicable)	pdf	500 KB
9.	Candidate's Latest passport size Photo (Mandatory)	jpg OR jpeg	100 KB
10.	Specimen Signature of the Candidate (Mandatory)	jpg OR jpeg	100 KB

INSTRUCTIONSTOTHECANDIDATES:

- For complete details visit University website <https://drntr.uhsap.in> and the candidates are advised to ensure the eligibility before applying.
- NOT ELIGIBLE:** The following candidates are not eligible to participate under Stray Round(s) of Counselling of Dr. NTRUHS.
 - Candidates who were joined in MBBS course under Phase-1 / Phase-2 counselings (both under CQ & MQ) of Dr. NTRUHS;
 - Candidates who were availed Free Exit Facility under Dr. NTRUHS.
 - Candidates who were allotted MBBS seats under Phase III (Mopup) counselings both (CQ & MQ) of Dr NTRUHS;
 - Candidates whose names are found in the list shared by Medical Counselling Committee upto Stray Round.
- The fee is non-refundable. Hence, candidates are advised to check their eligibility before applying under this notification.
- Notification for exercising web options will be issued separately. Therefore, the candidates are advised to visit University website <https://drntr.uhsap.in> **regularly** for further notifications/notices.
- The Candidates are hereby informed that if they have secured admission in medical colleges of other States, joined the course and if they are involved in blocking of seats under Management / NRI quota of Dr. NTRUHS, the University will initiate legal action and same will be informed to the National Medical Commission for further course of action.

6. If the information furnished by the candidate in the application is incorrect or false or found fake documents or ineligible during the admission process or later, then the university will disqualify the candidate from the counseling and will take action that deems fit as per the rules against the candidate including cancellation of seat, in case already admitted, without any notice.

7. An ineligible candidate obtaining merit position does not make the candidate eligible for admission.

8. HELPLINE NUMBERS:

a.	For clarifications on Regulations	8978780501, 7997710168	} 10.00 AM to 6.00PM only
b.	For Technical difficulties	9000780707	
c.	For clarifications on payment gateway	Email: ap.uhs.support@aptonline.in	

Place: Vijayawada

Date: 19-10-2026

Sd/- REGISTRAR

ANNEXURE I

UNFILLED SEATS UNDER MANAGEMENT QUOTA AFTER PHASE-III

SI No	College Code	College Name	Govt\Pvt	B1	B2	C	Total
1	AGMP	Anna Gowri Medical College & Hospital, Tirupati	Private	0	0	23	23
2	APLC	Apollo Institute of Medical Sciences & Research, Chittoor	Private	0	0	2	2
3	ASRA	Alluri Sitaramaraju Academy of Medical Sciences, Eluru	Private	0	0	7	7
4	BMCT	Sri Balaji Medical College Hospital & Research Institute, Renigunta, Tirupati.	Private	0	0	11	11
5	FIMS	Fathima Institute of Medical Sciences, Kadapa	Minority	0	0	15	15
6	GEMS	Great Eastern Medical School, Srikakulam	Private	0	0	11	11
7	GMCE	Government Medical College, Eluru	Govt	0	0	0	0
8	GMCM	Government Medical College, Machilipatnam	Govt	0	0	0	0
9	GMCN	Government Medical College, Nandyal	Govt	0	0	0	0
10	GMCP	Government Medical College, Paderu	Govt	0	0	7	7
11	GMCR	Government Medical College, Rajahmundry	Govt	0	0	0	0
12	GMCV	Government Medical College, Vizianagaram	Govt	0	0	3	3
13	GMPD	Government Medical College, Piduguralla	Govt	0	0	0	0
14	GSLR	G.S.L. Medical College, Rajahmundry	Private	0	0	3	3
15	GVPT	Gayatri Vidya Parishad Institute of Health Care And Medical Technology, Visakhapatnam	Private	0	0	10	10
16	KATR	Katuri Medical College, Guntur	Private	0	0	19	19
17	KONA	Konaseema Inst. of Medical Sciences, Amalapuram	Private	0	0	11	11
18	MAHA	Maharaja Inst., of Medical Sciences, Vizianagaram	Private	0	0	1	1
19	NARN	Narayana Medical College, Nellore	Private	0	0	3	3
20	NIMR	NIMRA Institute of Medical Sciences, Jupudi, Ibrahimpattam	Minority	0	0	17	17
21	NRIM	NRI Academy of Medical Sciences, Chinakakani, Guntur	Private	0	0	4	4
22	NRVP	NRI Inst., of Medical Sciences, Visakhapatnam	Private	0	0	12	12
23	PADT	Sri Padmavathi Medical College for Women	Govt	0	0	10	10
24	PESK	PES Institute of Medical Sciences, Kuppam	Private	0	0	6	6
25	PSIM	Pinnamaneni Siddhartha Inst., of Medical Sciences, Gannavaram	Private	0	0	12	12
26	RVSC	Rvs Inst Of Medical Sciences, Chittoor	Private	0	0	6	6
27	SRMC	Santhiram Medical College, Nandyal, Kurnool	Private	0	0	10	10
28	VMCK	Viswabharati Medical College, Kurnool	Private	0	0	19	19
				0	0	222	222

Note: Any vacancies due to non-joining of allotted candidates will be added and filled in subsequent phase counseling.

Annexure-II

NOTARISED AFFIDAVIT

DR. N.T.R. UNIVERSITY OF HEALTH SCIENCES, A.P., VIJAYAWADA – 520 008

ADMISSIONS INTO MBBS / BDS COURSES UNDER MANAGEMENT QUOTA, 2026-27

**NOTARISED AFFIDAVIT OF PARENTAL INCOME AND SOURCE OF FUNDS FOR ADMISSION
UNDER N.R.I. LAPSED CATEGORY**

I, **[Parent's Full Name]**, S/o or D/o **[Grandparent's Name]**, aged **[Age]** years, residing at **[Full Residential Address]**, do hereby solemnly affirm and declare as under:

1. That I am a citizen of India and the parent/guardian of **[Student's Name]**, who has qualified NEET-UG **[2026]** with NEET Roll No. **[NEET Roll Number]** and is seeking admission to the MBBS / BDS course under the NRI Lapsed Category for the academic year 2026-27 through online counselling conducted by Dr. NTR University of Health Sciences, A.P., Vijayawada.
2. That I am fully aware of the Prospectus / Regulations for admissions into MBBS and BDS Courses under Management Quota, 2026-27 and also Fee Structure notified in the Prospectus in respect of N.R.I. Lapsed Category of the respective Medical College / Dental College notified by Dr. NTRUHS, Vijayawada.
3. That the total annual income of my family from all sources for the financial year **[2025–2026]** is Rs. **[Amount in Figures]** (Rupees **[In Words]** only).
4. That the specific sources of income/funds for our family and for financing the aforementioned medical / dental education are as follows:
 - a. **Primary Occupation / Business / Profession:**
[e.g., Proprietor of XYZ firm / Agriculture / Salaried Employee at ABC]
 - b. **Annual Income from Business/Salary:** Rs. [Amount]
 - c. **Annual Income from Agricultural / Other Sources (if any):** Rs. [Amount]
 - d. **Details of Liquid Assets/Bank Support used for funding:**
[e.g., Personal savings, family business revenue, or sanctioned educational loan details from Bank Name, if applicable]
5. That I possess the financial capacity to pay the prescribed annual tuition fee and other requisite fees for the entire duration of the MBBS course (**4.5 years**) / the BDS Course (**4 years**) at the college concerned without any default.
6. That I certify that the information regarding income and sources provided above is true and correct to the best of my knowledge and belief. No material information has been concealed.
7. That if any information, statement, or document furnished by me is proved to be false, incorrect, or misleading at any stage, the admission of my ward is liable to be cancelled, and I shall be liable for legal and penal action as per the law.

Date:
Place:

(Signature of the Candidate)

(Signature of the Parent)
Name: (Full Name)_____
Aadhar Number:_____
Contact Number_____

Notarised by: