



SANTOSH

Deemed to be University
(Established u/s 3 of the UGC Act, 1956)

Santosh Dental College & Hospital, Ghaziabad (NCR-Delhi)

IMPORTANT INFORMATION	
1. Course Fees	2. Mode of Payment
	3. Hostel Fee Structure
	4. Document Checklist
	5. Course Discontinuation Bond
	For more information visit www.santosh.ac.in

1. General Category

PG Courses 2020-21	Schedule of Annual Course Fee payable Quarterly (INR)				Fee per annum (A+B+C+D)	Course Duration
	1st Qtr Instalment (A)	2nd Qtr Instalment (B)	3rd Qtr Instalment (C)	4th Qtr Instalment (D)		
MDS- Oral Pathology*	62,500	62,500	62,500	62,500	2,50,000	3 Years
MDS- Orthodontics*	2,00,000	2,00,000	2,00,000	2,00,000	8,00,000	3 Years
MDS- Pedodontics*	1,50,000	1,50,000	1,50,000	1,50,000	6,00,000	3 Years
MDS- Periodontics*	1,25,000	1,25,000	1,25,000	1,25,000	5,00,000	3 Years
MDS- Prosthodontics*	1,75,000	1,75,000	1,75,000	1,75,000	7,00,000	3 Years
MDS- Oral Surgery*	2,00,000	2,00,000	2,00,000	2,00,000	8,00,000	3 Years
MDS- Conservative Dentistry*	2,00,000	2,00,000	2,00,000	2,00,000	8,00,000	3 Years

Disclaimer Note- Fees can be revised as per guidelines issued by Regulatory Authorities

* T& C Apply



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2. MODE OF PAYMENT: Quarter Mode as shown in above Fee structure In (INR)

NEFT / RTGS/ IMPS/ Online Transfer

Beneficiary Name	SANTOSH SPECIALTY HOSPITALS PVT LTD
Beneficiary Bank Details	ICICI Bank, Choudhary More Branch, Ghaziabad
Current Account No:	125605001501
RTGS / NEFT/ IFS Code	ICIC0001256

Remittance details to be mailed at	accounts@santosh.ac.in and enquiry@santosh.ac.in
	NEET Roll No:
	Name of the Candidate:
	NEET All India Rank:
	Program allotted:
	Remitter Name
	Bank Name:
	UTR / Transaction Reference details:
	Date of Transaction:
Amount in (INR)	



3. Hostel fee structure

*MDS Students Hostel Facility & Fee Structure (Annual) for First Year Students joining at Santosh Medical College & Hospital, Ghaziabad (INR)

	Type of Accommodation	Total Amount Per Year (INR)
BOYS	TWIN SHARING ACCOMMODATION (NON AC)	2,00,000
	SINGLE ACCOMMODATION (NON AC)	3,00,000
	TWIN SHARING ACCOMODATION (AC)	3,00,000
	SINGLE ACCOMMODATION (AC)	4,00,000
GIRLS	TWIN SHARING ACCOMMODATION (NON AC)	2,00,000
	SINGLE ACCOMMODATION (NON AC)	3,00,000
	TWIN SHARING ACCOMMODATION (AC)	3,00,000
	SINGLE ACCOMMODATION (AC)	4,00,000

For More details refer to Institution's Hostel policy.



4. Document checklist for candidates

No.	Document Name
1	DGHS Allotment Letter
2	NEET 2020 Hall Ticket / Admit Card issued by NBE
3	NEET 2020 Result / Rank Letter issued by NBE
4	BDS Mark sheets (1 st , 2 nd & 3 rd Professional Examinations)
5	BDS Degree Certificate
6	Migration Certificate [Undergraduate]
7	BDS Internship Completion Certificate (Date of completion should be on or before 31 st March 2020)
8	Post Graduate Diploma Certificate (if any)
9	Permanent BDS Registration Certificates from Any State Dental Council / Dental Council of India
10	Permanent BDS Registration Certificate from UP Dental Council
11	Conduct / Character certificate from Head of Dental College from where you have graduated
12	High School / Higher Secondary Certificate / Birth Certificate as proof of date or birth
14	Fee Remittance Details (Refer Table 1B for Payment Mode)
15	Pan Card Copy (Parent & Candidate)
16	Aadhar Card Copy (Candidate)
17	1 set of self-attested Photocopies, of all of the above documents
18	4 recent Identical Passport sized photographs
19	Post Dated Cheques for whole course fees to be submitted at the time of admission
20	Undertaking on 100 Rupees stamp for Cheque presentation, Clearance and Fee schedule
<p>The allotted candidates must report to Admissions Venue by 5 PM, on or before the last date mentioned in the DGHS allotment letter, along with the above documents and fee paid details. Venue details is Administrative Block, 4th Floor, Santosh Deemed to be University, No. 1, Santosh Nagar, Gate No. 3, Ghaziabad (NCR- Delhi)-201009, for more details visit www.santosh.ac.in</p>	



COURSE DISCONTINUATION BOND

(Undertaking / Bond for UG & PG Medical and Dental Seats)
(To be submitted on a Rs. 200 stamp paper purchased in Uttar Pradesh)

I, Dr / Mr / Ms _____ (Name of the Candidate),
aged about _____ Years, S/D
o _____ (Name of the Parents), resident of
_____ (permanent / present
address of Parent) do hereby swear on oath as follows:

I, have been selected to the 1st year _____ [MBBS/BDS/MD/MS/MDS Course] at Santosh Medical College & Hospital / Santosh Dental College & Hospital, Ghaziabad, NCR Delhi, A constituent unit of Santosh Deemed to be University, Ghaziabad, NCR Delhi under Section 3 of the UGC Act 1956, through the Common Counseling conducted by the Directorate General of Health Services (DGHS), Government of India (GOI), New Delhi through NEET Rank No. _____ (All India Rank).

I, say that on my own will and along with my parents/guardian, took admission to the [MBBS/BDS/MD/MS/MDS Course] at Santosh Medical College & Hospital / Santosh Dental College & Hospital, Ghaziabad, NCR Delhi as per the DGHS allotment with NEET Roll No. _____ Dated _____.

I, say in consideration of admission to 1st year _____ [MBBS/BDS/MD/MS/MDS] Course, I shall complete the _____ [MBBS/BDS/MD/MS/ MDS] Course and accordingly undertake to pay all the tuition and other fees as demanded by Santosh Deemed to be University, Ghaziabad, NCR Delhi.

In the event of my discontinuation of MBBS/BDS/MD/MS/ MDS course due to any reason; I along with my parent / guardian hereby undertake to pay the balance tuition fees and other fees to Santosh Deemed to be University, Ghaziabad, NCR Delhi payable for the entire course without any demur / objection. I also understand that the full & final clearance / NOC will be given to me only after payment of all outstanding / balance fee.

What is stated above is true and correct. I along with my parent/guardian do hereby undertake to act accordingly. This, the day of ___ / _____ / 2020 at, Uttar Pradesh state.

Contd.



Signature of the Candidate

Name: _____

Mobile No.: _____

Email ID : _____

Signature of the Parent / Guardian

Name: _____

Mobile No.: _____

Email ID : _____

(1) Witness Signature

Name: _____

Mobile No.: _____

Email ID : _____

(2) Witness Signature

Name: _____

Mobile No.: _____

Email ID : _____

[To be notarized]