



Important Information	
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For more information visit <a href="http://www.santosh.ac.in">www.santosh.ac.in</a>	

### 1. General Category

PG Courses 2022-23 *	Schedule Of Annual Course Fee Payable Quarterly (INR)				Fee per annum (A+B+C+D)	Course Duration
	1 <sup>st</sup> Qtr Instalment (A)	2 <sup>nd</sup> Qtr Instalment (B)	3 <sup>rd</sup> Qtr Instalment (C)	4 <sup>th</sup> 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	1,75,000	1,75,000	1,75,000	1,75,000	7,00,000	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

### 2. Mode of Payment: Quarter mode as shown in above Fee structure in (INR)

	NEFT / RTGS / IMPS / Online Transfer
Beneficiary Name	SANTOSH TRUST
Beneficiary Bank Details	Indian Bank, No. 3, Navyug Market, Ghaziabad
Current Account No.	7079504075
RTGS / NEFT / IFS Code	IDIB000G007
Remittance details to be mailed at	accounts@santosh.ac.in and admissioncell@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

	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 Accommodation (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 detail's refer to Institution's Hostel policy.



#### 4. STIPEND

All the students are eligible for a monthly stipend as below

Year	Year 1	Year 2	Year 3
Amount (INR)	10,000 per month	11,000 per month	12,000 per month
3 years for MDS programs			* Excluding Para Clinical courses

#### 5. Document checklist for candidates

No.	Document Name
1	DGHS Allotment Letter
2	NEET 2022 Hall Ticket / Admit Card issued by NBE
3	NEET 2022 Result / Rank Letter issued by NBE
4	BDS Mark sheets (1 <sup>st</sup> , 2 <sup>nd</sup> & 3 <sup>rd</sup> Professional Examinations)
5	BDS Degree Certificate
6	Migration Certificate
7	BDS Internship Completion Certificate (Date of Completion should be on before 31 <sup>st</sup> March 2021)
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 of birth
13	Fee Remittance Details (Refer Table 1B for Payment Mode)
14	Pan Card Copy (Parent & Candidate)
15	Aadhar Card Copy (Candidate)
16	1 set of self-attested Photocopies, of all of the above documents
17	4 recent Identical Passport sized photographs
18	Post Dated Cheques for whole course fees to be submitted at the time of admission
19	Undertaking on 100 Rupees stamp for cheque presentation, Clearance and Fee schedule

The allotted candidates must report to Admission Venue by 5 PM, on or before the last date mentioned in the DGHC 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](http://www.santosh.ac.in)



### 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 1 st 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 Counselling 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 1 st 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 \_\_\_\_\_ / \_\_\_\_\_ / 2022 at, Uttar Pradesh state.

Signature of the Candidate

Name: .....  
Mobile No.: .....  
Email Id : .....

Signature of the Parent / Guardian

Name: .....  
Mobile No.: .....  
Email Id : .....

Witness Signature

Name: .....  
Mobile No.: .....  
Email Id : .....

Witness Signature

Name: .....  
Mobile No.: .....  
Email Id : .....

[To be notarized]