

Important Information

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For more information visit www.santosh.ac.in	

1. COURSE FEE

PG Course 2023-24	Schedule of Annual Course Fee Payable Quarterly (INR)				Fee per Annum (A+B+C+D)	Course Duration
	1st Qtr Installment (A)	2nd Qtr Installment (A)	3rd Qtr Installment (A)	4th Qtr Installment (A)		
MDS-Oral Pathology	62,500	62,500	62,500	62,500	2,50,000	3 Years
MDS-Orthodontics	2,25,000	2,25,000	2,25,000	2,25,000	9,00,000	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	2,25,000	2,25,000	2,25,000	2,25,000	9,00,000	3 Years
MDS-Conservative Dentistry	2,25,000	2,25,000	2,25,000	2,25,000	9,00,000	3 Years

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

*T&C Apply

2. 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	

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.

5. DOCUMENT CHECKLIST FOR CANDIDATES

No.	Document Name
1	DGHS Allotment Letter
2	NEET 2023 Hall Ticket / Admit Card issued by NBE
3	NEET 2023 Result / Rank Letter issued by NBE
4	BDS Marks Sheet (1st , 2nd & 3rd Professional Examinations)
5	BDS Degree Certificate
6	Migration Certificate
7	BDS Internship Completion Certificate (Date of completion should be on or before 31st March 2022)
8	Post Graduate Diploma Certificate (if any)
9	Permanent BDS Registration Certificates from Any State Dental Council / Dental Council of India
10	Conduct / Character certificate from Head of Dental College from where you have graduated
11	High School / Higher Secondary Certificate / Birth Certificate as proof of date of birth
12	Pan Card Copy (Parent & Candidate)
13	Aadhar Card Copy (Candidate)
14	1 set of self-attested Photocopies, of all of the above documents
15	4 recent Identical Passport sized photographs
16	Post Dated Cheques for whole course fees to be submitted at the time of admission
17	Undertaking for cheque presentation, Clearance and Fees schedule

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 (Delhi NCR)-201009, for more details visit www.santosh.ac.in

COURSE DISCONTINUATION BOND

(Undertaking / Bond for UG and 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 of _____ (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, Delhi NCR, A constituent
unit of Santosh Deemed to be University, Ghaziabad, Delhi NCR 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 hat 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, Delhi NCR 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, Delhi NCR.

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 balance tuition and other fees to Santosh Medical College, Ghaziabad payable
for the entire course without any demur. I also understand that the original documents submitted to the Institute
at the time of admission, will be returned to me only after the payment of balance tuition and other 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 ___/___/2023 at Ghaziabad, Uttar Pradesh state.

Signature of the Candidate

Signature of the Parent / Guardian

Name: _____

Name: _____

Mobile No.: _____

Mobile No.: _____

Email ID: _____

Email ID: _____

(1) Witness Signature

(2) Witness Signature

Name: _____

Name: _____

Mobile No.: _____

Mobile No.: _____

Email ID: _____

Email ID: _____

[To be notarized]