



Important Information

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For more information visit www.santosh.ac.in		

1. GENERAL/MANAGEMENT CATEGORY

Sr. No.	PG Courses 2025-26	Course Fee		Course Duration
		General/Management Category-(INR)	NRI Category- (USD)	
		1(A) Annual Mode	1(B) Annual Mode	
1.	MD- Anaesthesiology	25,00,000		3 Years
2.	MD- Dermatology	68,00,000	\$ 90,000	3 Years
3.	MD- General Medicine	50,00,000	\$ 90,000	3 Years
4.	MD- Paediatrics	48,00,000	\$ 90,000	3 Years
5.	MD- Psychiatry	30,00,000	\$ 90,000	3 Years
6.	MD- Respiratory Medicine	42,00,000	\$ 90,000	3 Years
7.	MS- ENT	30,00,000		3 Years
8.	MS- General Surgery	40,00,000	\$ 90,000	3 Years
9.	MS- Obstetrics & Gynaecology	50,00,000	\$ 90,000	3 Years
10.	MS- Ophthalmology	32,00,000	\$ 90,000	3 Years
11.	MS- Orthopaedics	40,00,000	\$ 90,000	3 Years
12.	MD- Emergency Medicine	32,00,000		3 Years
13.	MD- Radio-Diagnosis	76,00,000	\$ 90,000	3 Years
14.	MD- Immuno-Haematology & Blood Transfusion	10,00,000		3 Years
15.	MD- Anatomy	75,000		3 Years
16.	MD- Biochemistry	2,00,000		3 Years
17.	MD- Community Medicine	3,00,000		3 Years
18.	MD- Microbiology	2,00,000		3 Years
19.	MD- Pathology	11,00,000		3 Years
20.	MD- Pharmacology	2,00,000		3 Years
21.	MD- Physiology	75,000		3 Years
22.	Diploma in Public Health	2,00,000		2 Years



Note-

- A one time fee of Rs. 45,000 towards Registration fee (Rs. 20,000 /-), SIS Process Automation (Rs. 5,000 /-) and E-Portfolio (Rs. 20,000 /-) will be charged across all specialties.
- Candidates are advised to communicate with the college/institute for admission for the total amount /fees to be paid at the time of admission. This may vary according to the subject/speciality opted.

Disclaimer Note- Fees may be revised as per guidelines issued by the Statutory Body.

1 (C). MODE OF PAYMENT: ANNUAL

Via: UPI/ RTGS/ NEFT/ IMPS

2. STIPEND

All the students are eligible for a monthly stipend as below

Year	Year 1	Year 2	Year 3
Amount (INR)	56,010 per month	56,010 per month	56,010 per month
3 years for MD/MS programs			

3. REFUND RULES #

As per University Refund Policy from time to time

4. HOSTEL FEE STRUCTURE Student Hostel Fee Structure (Annual) including mess

Type of Accommodation	(INR)
Sharing Accomodation (Non AC)	1,50,000
Single Accomodation (Non AC)	2,00,000
Single Accomodation (AC)	3,00,000

• Single attached non-AC rooms (for Girls) are limited in number

For More details refer to Institution's Hostel policy.



5. DOCUMENTS CHECKLIST FOR CANDIDATES

No.	Document Name
1.	DGHS Allotment Letter
2.	NEET 2025 Hall Ticket / Admit Card issued by NBE
3.	NEET 2025 Result / Rank Letter issued by NBE
4.	MBBS Marks Sheet (1st , 2nd & 3rd Professional Examinations)
5.	MBBS Degree Certificate / Provisional Degree Certificate
6.	Migration Certificate
7.	MBBS Internship Completion Certificate (Date of completion should be on or before 15 th August 2025)
8.	Post Graduate Diploma Certificate (if any)
9.	Permanent MBBS Registration Certificates from Any State Medical Council / Medical Council of India
10.	Conduct / Character certificate from Head of Medical College from where you have graduated
11.	10th Marksheet and Passing Certificate
12.	12th Marksheet and Passing Certificate
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.	Rs. 200 /- Stamp Paper for Course Discontinuation Bond

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



6. COURSE DISCONTINUATION BOND FORMAT

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, So / Do 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 through Common Counselling conducted by the
Directorate General of Health Services (DGHS), Government of India through NEET Rank No.
_____ (All India Rank).

I, say that I am taking 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 letter
dated _____ having NEET Roll No. _____ strictly as per my own will and that of my parents
and without any pressure, threat or coercion from anyone.

I, say that 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 prescribed 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 at any point of time, I along with my parent
/ guardian hereby undertake to pay the full tuition and allied fees for the entire duration of the course as prescribed
by the University at the time of admission, without any protest or demur. I also understand that the original
documents submitted to the Institute at the time of admission shall be returned only after settlement of all dues.

I have read and understood the contents of this bond. What is stated above is true and correct. I along with my
parent/guardian do hereby undertake to act accordingly.

This, the day of _____ 2025 at Ghaziabad, Uttar Pradesh state.

Signature of the Candidate

Name: _____

Mobile No.: _____

Email ID: _____

(1) Witness Signature

Name: _____

Mobile No.: _____

Email ID: _____

Signature of the Parent / Guardian

Name: _____

Mobile No.: _____

Email ID: _____

(2) Witness Signature

Name: _____

Mobile No.: _____

Email ID: _____