UNITED INSTITUTE OF MEDICAL SCIENCES & UNITED MEDICITY
MEDICAL COLLEGE & HOSPITAL

Check List & Important Instructions for Post Graduation (MD/MS) 2026-27

All the candidates who have been allotted seats through UP NEET PG – 2026 in MD/MS Program for the Academic session 2026-2027 in **United Institute of Medical Sciences, Prayagraj** are hereby informed that after the submission of Tuition fee to DGME through DD favouring of "Director General, Medical Education & Training, U.P." payable at Lucknow.

Sr. No.	Name of Documents
1	UP NEET PG Seat Allotment Letter.
2	UP NEET PG Admit Card
3	UP NEET PG Score Card/ Rank Letter
4	UP NEET PG Online registration proof.
5	UP NEET PG Registration Amount Slip
6	UP NEET PG Document Verification Slip
7	Fee Receipt of Security Money (UP NEET PG)
8	Photocopy of DD Submitted in Nodal Center
9	MLN VERIFICATION RECEIPT (DOC. & DD)
10	High School (10^{th}) Mark-sheet & Certificate
11	Inter Mediate (10^{th} +2^{nd}) Mark-sheet & Certificate
12	Migration Certificate
13	Character Certificate
14	Transfer Certificate
15	MBBS Mark sheets of all professional examinations.
16	MBBS passing out Certificate or degree.
17	Compulsory Rotatory Internship completion certificate.
18	MBBS Attempt Certificate
19	Permanent Registration Certificate (U.P. State/MCI/DCI)
20	Employers relieving certificate & AEBAS ID Free Pool **if employed**
21	S.C./S.T./O.B.C./Person with Disability certificate **If applicable**
22	Pan Card Copy of Student and Parents
23	Aadhar Card Copy of Student and Parents
24	Medical Fitness Certificate from United Medicity, Prayagraj
25	All Affidavit Req. by College including SR's ship Affidavit & Fee fixation Affidavit.
26	Two Post Dated Cheque for 1^{st} & 2^{nd} Year (Date:- 31^{st} 2027 & 2028)
27	Passport size 20 Recent Photo Graph (White Back Ground & Without Spectacles)
28	Any Other Documents as notified by counselling Authority/Institution

Note:

1. Send a copy of all documents to college Email ID studentsection@unitedmedicity.com
2. After completion of PG Course, one year SR Ship is compulsory in concerned department. Salary will be effective as per prevailing rate.

UNITED INSTITUTE OF MEDICAL SCIENCES

Knowledge City, Rawatpur, Prayagraj (Uttar Pradesh), Website: www.unitedmedicity.com

Fee Structure for Post Graduate (M.D. / M.S.) Batch *2026-2027

(As per DGME U.P. Letter No. ME-3/2025/3007 dated 16 December 2025- Medical Education Section-4- Medical Education Department)

*The below mentioned fee structure for all PG courses is Provisional as the Fee for session 2026-27 is yet to be finalised by State Government. Any changes in fee will be applicable accordingly.									*TOTAL FEES FOR 1st Year			
S.No	Course	No of Seats	*Tuition Fee (Rs.)	Double Occupancy		Single Occupancy		Other Charges (Rs.)	One Time Refundable Security Fee (Rs.)	Double Occupancy		Single Occupancy	
				A C. Hostel with Mess Fee (Rs.)	N O N - A C. Hostel with Mess Fee (Rs.)	A C. Hostel with Mess Fee (Rs.)	N O N - A C. Hostel with Mess Fee (Rs.)			TOTAL FEE AC HOSTEL	TOTAL FEE NON AC HOSTEL	TOTAL FEE AC HOSTEL	TOTAL FEE NON AC HOSTEL
1	MD- General Medicine	8	*25,08,698	2,42,550	2,02,225	3,46,500	2,88,750	1,41,240	5,00,000	**33,92,488**	**33,52,163**	**34,96,438**	**34,38,688**
2	MD- Dermatology, V&L	2	*25,08,698	2,42,550	2,02,225	3,46,500	2,88,750	1,41,240	5,00,000	**33,92,488**	**33,52,163**	**34,96,438**	**34,38,688**
3	MD- Psychiatry	3	*25,08,698	2,42,550	2,02,225	3,46,500	2,88,750	1,41,240	5,00,000	**33,92,488**	**33,52,163**	**34,96,438**	**34,38,688**
4	MS- General Surgery	8	*25,08,698	2,42,550	2,02,225	3,46,500	2,88,750	1,41,240	5,00,000	**33,92,488**	**33,52,163**	**34,96,438**	**34,38,688**
5	MS- Orthopedics	7	*25,08,698	2,42,550	2,02,225	3,46,500	2,88,750	1,41,240	5,00,000	**33,92,488**	**33,52,163**	**34,96,438**	**34,38,688**
6	MS- Ophthalmology	4	*25,08,698	2,42,550	2,02,225	3,46,500	2,88,750	1,41,240	5,00,000	**33,92,488**	**33,52,163**	**34,96,438**	**34,38,688**
7	MS- Otorhinolaryngology(ENT)	7	*25,08,698	2,42,550	2,02,225	3,46,500	2,88,750	1,41,240	5,00,000	**33,92,488**	**33,52,163**	**34,96,438**	**34,38,688**
8	MD- Anaesthesiology	8	*25,08,698	2,42,550	2,02,225	3,46,500	2,88,750	1,41,240	5,00,000	**33,92,488**	**33,52,163**	**34,96,438**	**34,38,688**
9	MD- Radio Diagnosis	7	*25,08,698	2,42,550	2,02,225	3,46,500	2,88,750	1,41,240	5,00,000	**33,92,488**	**33,52,163**	**34,96,438**	**34,38,688**
10	M.D. Pathology	4	*11,96,543	2,42,550(optional)	2,02,225(optional)	----------	----------	1,41,240	5,00,000	**18,37,783**	**18,37,783**	----------	----------
11	MD- Microbiology	4	*55,000	2,42,550(optional)	2,02,225(optional)	----------	----------	1,41,240	2,00,000	**3,96,240**	**3,96,240**	----------	----------
12	M.D. Physiology	3	*55,000	2,42,550(optional)	2,02,225(optional)	----------	----------	1,41,240	2,00,000	**3,96,240**	**3,96,240**	----------	----------
13	M.D. Biochemistry	4	*55,000	2,42,550(optional)	2,02,225(optional)	----------	----------	1,41,240	2,00,000	**3,96,240**	**3,96,240**	----------	----------
14	M.D. Pharmacology	4	*55,000	2,42,550(optional)	2,02,225(optional)	----------	----------	1,41,240	2,00,000	**3,96,240**	**3,96,240**	----------	----------
15	M.D Community Medicine	4	*55,000	2,42,550(optional)	2,02,225(optional)	----------	----------	1,41,240	2,00,000	**3,96,240**	**3,96,240**	----------	----------

Mode of Payment:

Fee is payable by Demand Draft payable in favor of "United Institute of Medical Sciences" payable at Prayagraj" Or NEFT/RTGS in the below mention account detail.

Bank Name : HDFC Bank, Civil Lines.
Account Number : 50100390755262
Account Name : United Institute of Medical Sciences
IFSC Code : HDFC0006735

Note: 1 Pan Card is mandatory.
2 Tuition fee of 1st Year To be paid at the Nodal Centre (MLN Medical College, Prayagraj) via DD favouring "Director General, Medical Education & Training, U.P." payable at Lucknow.
3 Remaining College fees of 1st Year To be paid at the institute via: DD in favor of "United Institute of Medical Sciences" payable at Prayagraj or Via RTGS/NEFT/IMPS OR ANY OTHER ONLINE MODE in the above following account:
4 The fees for the second and third year will have to be paid after deducting the security money deposited in the first year.
5 After completion of PG Course, one year SR Ship is compulsory in concerned department. Salary will be effective as per prevailing rate.
6 Stipend will be paid to Ist Year, Rs. 55000/-, for IInd Year, Rs. 60000/- & for IIIrd Year, Rs. 65000/-.
7 *Single occupancy will be provided on a first-come, first-served basis, subject to availability.
8 **For any help and Document Related Queries please Contact U.I.M.S Student Section, Mobile Number:- 92364 02919.**

(To be printed on 100 Rupees non judicial stamp paper)

Submitted before the Principal, United Institute of Medical Sciences, Prayagraj

AFFIDAVIT

I,……..... (Name of Student) D/o/S/o ….....R/o.…… ……..…..…….…….... aged , do hereby solemnly affirm, undertake, and declare as under:

1. That my date of birth is.....
2. That I have been admitted to the course of .....(Name of course) at United Institute of Medical Sciences, Rawatpur, Prayagraj.
3. That the documents and other information submitted by me to the college are true to the best of my knowledge and belief. I understand that if any document or information is found false, my admission shall liable to be cancelled without any refund of the fee deposited and the full fee shall stand forfeited to the college.
4. That during the academic session, I shall try to attend all the lectures, clinics, tutorials, practical and other prescribed curricular & co-curricular activities so that my attendance is maintained as per NMC norms, else I may be debarred from appearing in College/University Examinations. I also understand that Medical leave does not allow relaxation in attendance (as per NMC Guidelines).
5. That if I leave the college/course anytime during the prescribed duration of the course, I have to deposit balance course fee for remaining year/years of the course. Also, the security money (Rupees 5,00,000/-) deposited by me at the time of admission will be forfeited.
6. That if I fail or am detained in final MD/MS examination, I shall attend classes & training

   programme regularly as regular student without stipend and promise to pay an additional training fee equal to six months fee and additional supplementary examination fee of Rs. 2 lacs.
7. That I will not pursue any other course after admission in ..... (Name of the course). In case if I am found pursuing any other course except the course ..... at United Institute of Medical Sciences, Rawatpur, Prayagraj my admission may be cancelled and fee deposited may be forfeited as well as I will be liable to pay fee for the remaining course period.
8. That I understand the duty and commitment towards patients' care. I will not engage myself in any activity, which is detrimental to the interest of the patients of the hospital.
9. That I assure that I will not refer any patient to any other hospital or nursing home without the written permission of the consultant. If I am found referring any patient to any other

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hospital or nursing home without the written permission of the consultant or the competent authority or if I am found involved in any such activity, I shall be liable to be penalized as deemed fit by management.

10. That I have been told that going on strike for what so ever reason is illegal and if I involve myself in any strike or any other illegal/indisciplinary activity, I will be liable for disciplinary action, which includes rustication from the College.
11. That I shall maintain good behavior, and shall abide by the College Regulations, University Act, Statutes, Ordinances, Regulations and other instructions issued by the College, University and other competent authorities from time to time.
12. That, I undertake to abide by all regulations in letter and spirit. I understand that my failure to abide by any of them shall make me liable to disciplinary action which may include rustication by the college authorities. I understand that the decision by the administration in this regard shall be binding and final for me.
13. This undertaking is given without any coercion, undue influence or threat and by my free consent and on my own volition.
14. PG Hostel room allotments shall be revised every year, and residents will be allotted different rooms each academic year.
15. That I hereby declare and undertake that I shall get myself duly registered with UPMC, as per the prescribed rules and regulations at the earliest and not later than 6 months.

_____

Deponent

Verification:

Verified at Prayagraj on this ..... day of ..... in the year.....that the contents of above undertaking/affidavit are true to the best of my knowledge and belief, no part of it is false and nothing material has been concealed there from.

_____ _____

Counter Sign by Parents Deponent

(To be printed on 100 Rupees non judicial stamp paper)

AFFIDAVIT FOR COMPULSORY ONE-YEAR SENIOR RESIDENCY (AFTER COMPLETION OF MD/MS (DEPARTMENT NAME)

I, Dr. _____, Son/Daughter of _____,Resident of _____, do hereby solemnly affirm and declare as under:

1. That I have got admission in Postgraduate Medical Course Department _____at the United Institute of Medical Sciences, Prayagraj through UP NEET PG 2026 Counseling .
2. That as per the institutional policy, rules and regulations, I am required to undergo one (01) year of compulsory Senior Residency in the Department of _____after completion of my MD/MS course.
3. That I hereby undertake and agree to serve as a Senior Resident for a continuous period of one year in the Department of _____at United Institute of Medical Sciences, Prayagraj, as and when posted by the competent authority.
4. That during the Senior Residency tenure, I shall abide by all academic, administrative, clinical and disciplinary rules of the institution and shall perform my duties sincerely and diligently.
5. That in the event of failure to join, resignation, abandonment, or non-completion of the mandatory one-year Senior Residency for any reason whatsoever, the institution will withhold my Provisional Pass Certificate and/or forfeit my security amount deposit at the time of admission.
6. That during the period of Senior Residency, I shall be entitled to salary and allowances applicable to Senior Residents as per institutional norms.
7. That this affidavit is executed voluntarily, without any coercion, and with full understanding of its contents.
8. That any dispute arising out of or relating to this affidavit shall be subject to the exclusive jurisdiction of the courts at Prayagraj, Uttar Pradesh.

DEPONENT
Signature: _____
Name: _____
Date: _____

VERIFICATION

I, the above-named deponent, do hereby verify that the contents of this affidavit from paragraphs 1 to 8 are true and correct to the best of my knowledge and belief and nothing material has been concealed therefrom.

Verified at Prayagraj on this day_____of __, 20.

Signature of Deponent

(To be printed on 100 Rupees non judicial stamp paper)

Submitted before the Principal, United Institute of Medical Sciences, Prayagraj

RAGGING UNDERTAKING (AFFIDAVIT) BY THE STUDENT

(Annexure 1 of UGC Regulations on curbing the Menace of Ragging in Higher Educational Institutions, 2009) (Under section 26(1)(g) of the University Grants Commission Act, 1956)

I,_____(full name of student with admission/ registration/enrolment number) S/D/o_____, having been admitted in **United Institute of Medical Sciences, Prayagraj for MD/MS** Course, have received a copy of the **UGC** Regulations on Curbing the Menace of Ragging in Higher Educational Institutions, 2009, (hereinafter called the "Regulations") and carefully read and fully understood the provisions contained in the said Regulations.

2. I have, in particular, perused clause 3 of the Regulations and am aware as to what constitutes ragging.
3. I have also, in particular, perused clause 7 and clause 9.1 of the Regulations and am fully aware of the penal and administrative action that is liable to be taken against me in case I am found guilty of or abetting ragging, actively or passively, or being part of a conspiracy to promote ragging.
4. I hereby solemnly affirm and undertake that:
   (a) I will not indulge in any behavior or act that may be constituted as ragging under clause 3 of the Regulations.
   (b) I will not participate in or abet or propagate through any act of commission or omission that may be constituted as ragging under clause 3 of the Regulations.
5. I hereby affirm that, if found guilty of ragging, I am liable for punishment according to clause 9.1 of the Regulations, without prejudice to any other criminal action that may be taken against me under any penal law or any law for the time being in force.
6. I hereby declare that I have not been expelled or debarred from admission in any institution in the country on account of being found guilty of, abetting or being part of a conspiracy to promote, ragging, and further affirm that, in case the declaration is found to be untrue, I am aware that my admission is liable to be cancelled.

Declared this _____day of _____month of_____ _ year.

Signature of deponent: _ _____

Name: _____

VERIFICATION

Verified that the contents of this affidavit are true to the best of my knowledge and no part of the affidavit is false and nothing has been concealed or misstated therein.

Verified at_____on this day of _____month of_____year.

Signature of deponent: _____

Solemnly affirmed and signed in my presence on this the_____day of_____month of _____year after reading the contents of this affidavit.

OATH COMMISSIONER

(To be printed on 100 Rupees non judicial stamp paper)

ANTI-RAGGING UNDERTAKING

(Affidavit to be filled by the Parent/Guardian)

1. I, _____(full name of the parent/guardian), have admitted my son/daughter _____(name of the student along with registration number) to the MD/MS course at United Institute of Medical Sciences, Prayagraj, and I have obtained and carefully read the Regulations on Curbing the Menace of Ragging in Higher Educational Institutions, 2009, issued by _____(UGC). I have fully understood each and every provision of these regulations.
2. I have read Clause 3 of the said regulations and have clearly understood what constitutes ragging.
3. I have also read Clauses 7 and 9.1 of the said regulations, under which I have understood that if my son/daughter indulges in ragging or is found directly or indirectly involved in ragging, or abets, aids, or encourages ragging, then what kind of legal and administrative action can be taken against him/her under the regulations.
4. I solemnly affirm and undertake that:

   (a) My son/daughter shall not indulge in any behavior or act that may be considered as ragging under Clause 3 of the regulations.

   (b) My son/daughter shall not participate in or be a part of any activity that may be termed as ragging under Clause 2 of the regulations.

5. I further solemnly state that if at any time my son/daughter is caught indulging in ragging, then action may be taken against him/her under Clause 9.1 of the regulations without any prior notice.
6. I also declare that my son/daughter has never been found involved in ragging by any institution in India, nor has he/she ever been debarred from admission by any institution. I further declare that if any information provided by me is found to be false or incorrect, then the admission of my son/daughter may be cancelled.

Declared today on Date _____Month _____Year _____.

Signature of the Deponent_____

Name, Address and Contact Number of the Deponent

……...

…….

VERIFICATION

I verify that all the statements made in this affidavit are true and correct to the best of my personal knowledge and belief, and no fact has been concealed or falsely stated.Verified today on Date _____Month _____Year _____.

Signature of the Deponent

Verified today on Date _____Month _____Year _____in my presence after reading and understanding this affidavit.

Oath Commissioner

(To be printed on 100 Rupees non judicial stamp paper)

Undertaking of Electricity Equipment's usages
(Affidavit regarding non-use of electrical equipment in the hostel)

1- I, ... (full name of student), son/daughter of ..... (mother/father's name), have taken admission in the MD/MS course at the United Institute of Medical Sciences, Prayagraj, for the academic session 20.....-.....

2- That I have thoroughly read and understood all the rules and regulations of the school.

3- That I will accept any punitive action taken against me by the Principal/Chief Warden of the school if I use any prohibited electrical equipment in the hostel.

4- That I will accept any punitive action taken against me by the Principal/Chief Warden of the school if I use any type of vehicle in the school premises/hostel.

5- I hereby declare that if I am caught committing the above act at any time, action can be taken against me without prior notice to my guardian.

Declared today, the date of .....month.....year.

Signature of Mother/Father..... Signature of the Deponent.....

This affidavit has been read out and declared before me today, the date _____.month of_____ _2026

Oath Commissioner.....

To be Printed on 100 Rupees Stamp paper

Affidavit has to be submitted for fee hike difference amount

Submitted before the Principal, United Institute of Medical Sciences, Prayagraj

I, (Name of Student) _____, D/o Or S/o _____(Name of Father), NEET Roll No._____ _____, All India Rank (AIR) _____, have been allotted admission to the **1st Year of PG Course (MD/MS)** at United Institute of Medical Sciences, Rawatpur, Prayagraj (U.P.), for the Academic Session **2026–2027**, and hereby solemnly affirm and undertake as follows:

1. That if a higher fee is fixed or the tuition fee is revised by the State Government or the competent authority at a later stage, I undertake to pay the difference amount between the fee already paid and the revised fee directly to the Institute within the stipulated time, without any objection.
2. That I hereby declare that the information and statements mentioned in this affidavit are true and correct to the best of my knowledge and belief. Nothing false has been stated, and nothing material has been concealed therein.
3. That I shall not raise any objection regarding the payment of the aforesaid difference amount and shall comply with the applicable fee instructions issued by the Institute in accordance with the directions of the competent authority.
4. That the information furnished above and the statements made in this affidavit are true and correct to the best of my knowledge and belief. Nothing material has been concealed therein.

I hereby sign this affidavit/undertaking voluntarily, with full understanding of its contents.

Signature of Deponent:_____

Name of Deponent:_____

PG Neet Roll Number:_____

Signature of Parent:_____

Name of Parent:_____

Date: