P.G. (MD/MS) Fees Structure A.Y — 2026-2027

Prakash Institute of Medical Sciences & Research, Urun Ishwarpur,
(Prakash Nagar Urun Ishwarpur, Ishwarpur — Sangli Road)
Tal- Walwa and Dist- Sangli. Pin — 415409

Quota	INR (Rs.)	Fee Regulating Authority Name
STATE QUOTA		Fee Regulating Authority Mumbai
Fee	Rs.16,00,000/- Adhoc	STATE (1X) Rs.16,00,000/-

Quota	INR (Rs.)	Fee Regulating Authority Name
INSTITUTIONAL QUOTA		Fee Regulating Authority Mumbai
Fee	Rs.16,00,000- Adhoc fee * 4X	INSTITUTIONAL (4X) Rs.64,00,000/-

Quota	INR (Rs.)	Fee Regulating Authority Name
NRI QUOTA		Fee Regulating Authority Mumbai
Fee	Rs.16,00,000/- Adhoc fee * 5X	NR1(5X) Rs.80,00,000/-

P.G Degree — (MD/MS) Batch — First Year Fees Structure A.Y — 2026-2027

Subject	Sr. No	Description	State Quota (Rs.)	Institutional Quota (RS) (not more than 4X)	NRI Quota (Rs.) (not more than 5X)
11)MD General Medicine 2)MS General Surgery 3)MS Obstetrics & Gynecology 4)MS Orthopedics 5)MD Pediatrics 6)MD Radio Diagnosis 7)MD Anesthesia 8)MS Ophthalmology 9)MS ENT 10)MD Drematology Skin & VD	I	Fee	Rs.16,00,000/-	Rs.64,00,000/-	Rs.80,00,000/-
Total -			Rs.16,00,000/-	Rs.64,00,000/-	Rs.80,00,000/-

Demand Draft :- Prakash Institute of Medical Sciences & Research (PG), Urun — Ishwarpur, Payable At Ishwarpur.

. Note – The proposed (MD/MS PG fee of ₹19,76,668.29/-mentioned above is as per the fee proposal submitted by the Institute to the FRA. The fee has not yet been declared by the FRA. As the Institute is now operating under a Company Act 2013, the fee may be increased compared to the previous academic year, subject to applicable statutory provisions and approval by the competent authority.

To be Notarized OR Affidavit from Tahsildar

ANNEXURE-B

TO BE PRINTED ON Rs. 500 STAMP PAPER ON STUDENTS NAME

UNDERTAKING FOR TUITION FEES

I, _____ **S/D/o**

Age-_____ Years an Indian Inhabitant Residing at _____ do hereby state on solemn affirmation as under:

1. I say that, I have appeared for the **NEET PG-2026** Examination, to secure admission in the academic year 2026-27 in Medical Colleges.
2. I say that solely on the basis of merit I have been admitted to the **PRAKASH INSTITUTE OF MEDICAL SCIENCES AND RESEARCH PG URUN-ISHWARPUR** in 1st year PG MD /MS Course for the A. Y. 2026-27.
3. I say that at the time of obtaining my admission I have paid a sum of Rs._____/- as Interim Tuition fees for 1st year PG MD /MS course.
4. I say that I am fully aware that the aforesaid fees Paid by me is interim fees and are subject to revision at any time. In event of the fees being increased by the **Fee Regulating Authority, Mumbai**, I hereby undertake to pay the difference amount of the fees within a period of 7 days from being notified.

Solemnly affirmed at

This ____day of _____2026 Before Me

Identified me:_____

Signature of the Student **Signature of the Parent**

Witness:

Date: / /2026
Place: