

Dear Allotted candidate

You have been allotted to UG -MBBS course in ACS Medical College and Hospital. Kindly report to the ACS Medical College Admission Office for completing the admission formalities with your original documents.

CONTACT NUMBER: 6384999111

6384999222**Address:**

ACS Medical College and Hospital

Poonamallee High Road,

Velappanchavadi,

Chennai- 600077

LOCATION:

<https://maps.google.com/maps?q=13.0576301%2C80.1270802&z=17&hl=en>

COLLEGE BANK DETAILS:

BANK NAME : CITY UNION BANK LTD.

BRANCH NAME : MADURAVOYAL

A/C NO : 246001001975132

IFSC CODE : CIUB0000246

MICR CODE : 600054027

A/C NAME : ACS Medical College and Hospital

OR

Demand Draft: "ACS Medical College and Hospital "

"Payable at Chennai"

TUITION FEES: RS.27,00,000/-PER ANNUM

Once the payment is done Kindly send the below details to this mail ID:

tuitionfeeacs@gmail.com

STUDENT NAME

AMOUNT TRANSFERRED

DATE OF TRANSFER

UTR NUMBER

ACCOUNT HOLDER NAME FROM WHICH THE AMOUNT HAS BEEN TRANSFERRED

Kindly bring the original documents along with two sets of xerox copy. Kindly check the document attachment below

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FEES CAN BE PAID THROUGH RTGS / NET BANKING

NEFT / DEMAND DRAFT

TUITION FEE DETAILS : 27,00,000/- PER ANNUM * 4.5 YEARS

HOSTEL FEE DETAILS : 2,80,000/- AC

2,30,000/- NON-AC

DOCUMENTS TO BE SUBMITTED

S.NO	CERTIFICATES	ORIGINALS	XEROX
1	10TH MARKSHEET	Original	Xerox 2 Copies
2	12TH MARKSHEET	Original	Xerox 2 Copies
3	COMMUNITY CERTIFICATE (IF APPLICABLE)		Xerox 2 Copies
4	OBC CERIFICATE (IF APPLICABLE)	Original	
5	AADHARCARD		Xerox 2 Copies
6	TRANSFER CERTIFICATE	Original	Xerox 2 Copies
7	CONDUCT CERTIFICATE	Original	Xerox 2 Copies
8	NEET SCORE CARD	2 Copies	
9	NEET ADMIT CARD	2 Copies	
10	NEET ALLOTMENT LETTER	2 Copies	
11	MIGRATION (IF APPLICABLE)	Original	Xerox 2 Copies
12	DOB CERTIFICATE(XEROX)		Xerox 2 Copies
13	MEDICAL FITNESS CERTIFICATE	Original	
14	PASSPORT SIZE PHOTOS-5	5 Sets	