

GOVERNMENT MEDICAL COLLEGE, VIZIANAGARAM

APPLICATION FOR ADMISSION IN MBBS COURSE

Vizianagaram,

Date : ____ / ____ / ____.

From:



To
The Principal,
Govt. Medical College,
Vizianagaram,
Vizianagaram District.

Respected Sir,

Sub: Request for admission into MBBS course – Joining Report – Submitted –
Regarding.

Ref: Provisional Admission Order of the Chairperson, Committee for MBBS
Admission 2025-26 of Dr. NTR University of Health Sciences, Vijayawada.

%%%%

I am here with reporting today i.e. on _____ for admission into 1st
MBBS course in Govt. Medical College, Vizianagaram, Vizianagaram district as per provisional
admission order issued vide reference cited.

I request you to kindly accept my joining report

Thanking you sir,

Yours faithfully,

Signature :

Name (In block letters) :

NEET Rank :

H T No. :

Permanent Address for communication:

Phone No. (R): _____

Mobile No. : _____

e-Mail address: _____

S T U D E N T C A R D

(To be filled in by the Candidate with his/her own hand writing at time of admission)

1. Name of the Candidate :
(In block letters)
2. NEET Rank No :
3. NEET Marks :
4. NEET Hall Ticket No :
5. Permanent Address :
6. Social Status :
7. Sub – caste :
8. Father Name & Occupation :
(Income Certificate from MRO :
SC/ST/BC or Salary Certificate)
9. Particulars of School :
 1. Name of the school & :
Address (6th to 10th) :
 2. X class marks :
 3. Name of the college & :
Address (Intermediate :
Course & Marks) :
 - Study period :
10. Any Brother/Sister studying :
in Medical College, if so :
please given details :
11. Cell Phone No. (Student) :

Cell Phone No. (Parent) :

Land Phone No. :

Dated: ____ / ____ / ____

Signature of the Student

STUDENT PARTICULARS

S. No.	Particulars	Details	
1	Name of Student (In block letters as in Intermediate Certificate)		
2	Sex		
3	Date of Birth		
4	Category & Social Status		
5	College Admission No (To be filled by office)		
6	College Admission Date		
7	NEET Admit Card No		
8	NEET Roll No		
9	NEET marks obtained		
10	Max marks in NEET		
11	NEET Rank No.		
12	Physically Handicapped if any		
13	Mother Tongue		
14	Blood Group		
15	Student Contact Number		
16	Student email		
17	Father name		
18	Father Mobile Number		
19	Father mail		
20	Mother Name		
21	Mother mail		
22	Mother Mobile Number		
23	Permanent Address with Postal Pin code		
24	Marks obtained 10+2 (PCB)		
25	Max marks 10+2 (PCB)		
26	Physics Chemistry Biology %		
27	Marks obtained 10+2 (English)		
28	Max marks 10+2 (English)		
29	English %		
30	NEET exam %		
31	NEET Percentile		

DISCIPLINARY DECLARATION

I _____
 D/o, S/o _____
 secured NEET rank _____ with H.T. No. _____
 joined in Govt. Medical College, Vizianagaram do hereby agree with the Governor of Andhra Pradesh and his successors and assignees to confirm from this date, to the rules and regulations including those relating to the hostel if I am admitted there to, Laid down or to be Laid down here after by the Principal for the time being for the due maintenance of discipline at the said Medical College and Hostel and I further agree with the said Government of Andhra Pradesh and his successors and assignees to make good when called up on to the government of Andhra Pradesh, any damages to furniture, apparatus or other things which may be caused by any carelessness, negligence or wantonness on my part.

I also agree to maintain good association with my fellow students and I realize that more station or misdemeanor towards them or the new entrants in the college and in the hostel is punishable with the summary discharge from the college.

I assure the college authorities that I shall not indulge in illegal strikes, ragging, violence and any antisocial activity. I am prepared to free disciplinary action in the event of violation of Rules and Discipline.

In witness whereof I have here unto set my hand this day of _____

Signature of the above named in the presence of _____

(To be signed by the parent or Guardian)

Signature of the Student

The candidate is also directed to furnish full and correct postal address of his/her parent / Guardian for further correspondence in the following pro forma. Any subsequent change in the address should be immediately intimated.

1. Name of the Parent/Guardian (Block Letters):
2. House No. :
3. Street :
4. Locality :
5. Village / Town :
6. Pin code :
7. Mandal :
8. District :

UNDER TAKING

I hereby solemnly affirm and sincerely state that I belongs to Scheduled Caste / Scheduled Tribe / Backward community viz., _____

And that my community declared before you and documents filed by me before the admission authority and you in support of my community is true and correct and the community certificate produced by me to the above effect in genuine. I hereby agree for detailed enquiry into my SC/ST/BC status claim by the commissioner of concerned department and abide by the finding of the said enquiry for I agree for termination of my provisional admission in the course on the basis of the findings of the said enquiry. I hereby undertake, that I shall not seek any legal remedy against termination of my provisional admission in the event of my SC/ST/BC status claim being found to be false or wrong and I hereby understand that I shall be liable for criminal prosecution on the event of my SC/ST/BC status claim being found to be false or wrong.

Signature of the Candidate

Signature of the Parent/Guardian

Relationship with Candidate:

Name in block letters:

Address:

UNDERTAKING FOR GENUINITY OF CERTIFICATES

I,

S/o / D/o....., secured NEET Rank No and Hall Ticket No..... hereby declare that the Study certificates/ Residence certificate/ Caste certificate etc., submitted in connection with my claim for area and category reservations for admission into MBBS Course for the Academic Year 2025-26 are genuine.

I am aware that the relevant certificate (s) is / are found to be not genuine / fake at a later date, I forego the seat allotted in my favor. Further I agree that I will abide by the Rules and Regulations and I am liable for criminal prosecution, as may be deemed fit.

I also hereby undertake that I shall not enter into legal litigation, if the seat allotted to me is cancelled, for the above reasons.

I shall pay all the Tuition Fee and other fees to obtain the admission in to my respective UG MBBS course.

Signature of the Parent / Guardian

Signature of the Candidate

Aadhar No.

Aadhar No.

Name:

NEET Rank No:

H.T. No:

Address:

Place:

Date:

UNDER TAKING (Fee exemption)

I _____

D/o, S/o _____

NEET Rank No: _____ in NEET-2025 selected in 1st MBBS course and allotted to “Government Medical College, Vizianagaram” during counseling at Dr.NTR University of Health Sciences, Vijayawada here by request to exempted me from the payment of college fee under the Provision of Fees Reimbursement, subjected to the condition that, the orders to be issued by the Govt. of Andhra Pradesh and Telangana. If the Government don't reimburse the fee, I will pay the amount in accordance with the directions issued by the Chairman Committee of Admissions.

Signature of the Parent/Guardian

Signature of the Candidate

UNDER TAKING (Anti Ragging)

I _____

D/o, S/o _____

Candidate for admission into MBBS course at Govt. Medical College, Vizianagaram, Vizianagaram District declare that I will not resort to any sought of ragging inside or outside the institution and I will abide by rules and regulations of the college administration. Violation of which I am held responsible and I will abide to the punishment thereof.

Signature of the Parent / Guardian

Signature of the Candidate

ANTI RAGGING OATH

I _____

D/o, S/o _____ joining

MBBS course at Government Medical College, Vizianagaram solemnly take the oath that I will not indulge in any sought of ragging activity in the college/hostels and that if I am found to be guilty I will abide by the rules imposed on me as per National Medical Commission and Govt. of Andhra Pradesh.

Local Address:

Mobile No of Student:

Mobile No of parent:

Landline:

Signature of the Parent/Guardian

Signature of the Candidate.



Dr. NTR UNIVERSITY OF HEALTH SCIENCES: A.P: VIJAYAWADA – 520 008

UNDERTAKING

I, Mr / Ms. _____ S/o: D/o: _____

selected for MBBS Course for 2025-26 do hereby undertake to complete the course as per the regulations of Dr. NTR University of Health Sciences and in the event of my discontinuing the studies after joining the course after the last date for free exit for admissions of Competent Authority Quota /Management Quota as notified by University, I undertake to pay the University a sum of Rs. 3,00,000/- and GST 18% i.e. Total Rs.3,54,000/-.

Signature of the Candidate

I, Mr./Mrs. _____ parent of Mr./Ms. _____

Do hereby undertake to pay Dr.NTR University of Health Sciences a sum of Rs. 3,00,000/- and GST 18% i.e. Total Rs.3,54,000/- in case of discontinuation of MBBS Course after joining by my Son/Daughter after the last date for free exit for admissions of Competent Authority Quota /Management Quota as notified by University.

Date:

Signature of Parent

Witness

1. Signature:

Name and Address in full.

2. Signature:

Name and Address in full.

MEDICAL FITNESS FORM

Name :

NEET Rank No:

Age :

H.T. No:

1. Ophthalmology Examination :

Vision:

Signature of the Asst. Prof of Ophthalmology

2. E.N.T. Examination :

Hearing:

Signature of the Asst. Prof of ENT

3. Obst. & Gynec. Dept. Examination :

(For women candidates only)

Signature of the Asst. Prof of Obst. & Gynec.

4. Medical Examination & Final opinion:

General:

Heart:

Lungs:

Abdomen:

Nervous system:

He / She is fit for admission

Signature of the Asst. Prof

General Medicine.

Place:

Date:

UNDER TAKING (Anti Ragging) FOR HOSTEL

I _____

D/o, S/o _____

Candidate for admission into MBBS course at Govt. Medical College, Vizianagaram, Vizianagaram District declare that I will not resort to any sought of ragging inside or outside the institution and I will abide by rules and regulations of the college administration. Violation of which I am held responsible and I will abide to the punishment thereof.

Signature of the Parent / Guardian

Signature of the Candidate

ANTI RAGGING OATH FOR HOSTEL

I _____

D/o, S/o _____ joining

MBBS course at Government Medical College, Vizianagaram solemnly take the oath that I will

not indulge in any sought of ragging activity in the college/hostels and that if I am found to be

guilty I will abide by the rules imposed on me as per National Medical Commission and Govt. of

Andhra Pradesh.

Local Address:

Mobile No of Student:

Mobile No of parent:

Landline:

Signature of the Parent/Guardian

Signature of the Candidate.

Name:

NEET Rank:

H.T. No:

This is to certify that all original certificates are physically verified and the candidate may be permitted for admission at Government Medical College, Vizianagaram.

Sr Assistant	AO	Admission committee member	1.
			2.

Date:

* This certificate of acknowledgement is to be preserved till the original certificates are received at the completion of course.

GOVERNMENT MEDICAL COLLEGE, VIZIANAGARAM

Acknowledgement

I hereby certify that the following documents in original pertaining to _____
 _____ in Si.No. _____ are
 received on _____ and they are kept in Government Medical College,
 Vizianagaram under the custodian of this office.

S.No.	Name of the Document	Remarks
1	Original Allotment Order Downloaded from University	
2	Print out of Final Application	
3	Provisional Verification Form of Dr.NTR UHS	
4	Score Card of NEET UG - 2025	
5	SSC or Equivalent Examination containing the Date of Birth	
6	Memorandum of marks of Qualifying examination i.e Intermediate or Equivalent Examination	
7	Intermediate Transfer Certificate (T.C)	
8	Study Certificate(s) from 6 th class to Intermediate	
9	Permanent Caste Certificate (Integrated Community Certificate)	
10	Minority Certificates issued by the Minority Department / Concerned Department, if applicable	
11	Income certificate of the Parent issued by MRO / Copy of White Ration Card, if applicable	
12	Income and Asset Certificate valid for the year 2025-26 (EWS)	
13	Special Category certificates, if applicable i.e (PWBD /NCC/CAP/ Sports / Anglo Indian / Scouts and Guides)	
14	Local Status Certificate (If migrated from Telangana State to Andhra Pradesh State)	
15	All Certificates 3 Sets Xerox Copies	
16	Passport Size Photos – 5 Nos.	
17	DD No. towards Tuition Fees	Amount.
	DD No. towards University Fees	Amount.
	DD No. towards Hostel Caution deposit	Amount.
	DD No. towards Hostel Maintenance Charges	Amount.

Date:

Place:

Principal
 Government Medical College
 Vizianagaram

* This certificate of acknowledgement is to preserved till the original certificates are received at the completion of course.

GOVERNMENT MEDICAL COLLEGE, VIZIANAGARAM.

Admission No. /2025

Date:

Admit Card

This is to certify that Sri / Kum. _____

S/o, D/o Sri _____ securing NEET Rank

_____ with H.T. No. _____, has been admitted into MBBS

course in Government Medical College, Vizianagaram for the academic year 2025-26 on

____/____/____.

Place:

Principal
Govt. Medical College,
Vizianagaram

Office Seal

GOVERNMENT MEDICAL COLLEGE, VIZIANAGARAM.

Admission No. /2025

Date:

Admit Card

This is to certify that Sri / Kum. _____

S/o, D/o Sri _____ secured NEET Rank

_____ with H.T. No. _____, has been admitted into MBBS

course in Government Medical College, Vizianagaram for the academic year 2025-26 on

____/____/____.

Place:

Principal
Govt. Medical College,
Vizianagaram.

GOVERNMENT MEDICAL COLLEGE, VIZIANAGARAM

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 Vizianagaram under the custodian of this office.

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Place:

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 Government Medical College
 Vizianagaram

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