GOVERNMENT MEDICAL COLLEGE, VIZIANAGARAM APPLICATION FOR ADMISSION IN PG (MD/MS) COURSE

| | VIZIANAGARAM, Dt:// |
|--|-------------------------------|
| From | |
| , | |
| | |
| | |
| | |
| To The Principal, | |
| Government Medical College, <u>Vizianagaram</u> . | |
| Respected Sir/Madam, | |
| Sub: Request for admission into PG (MD/I Submission – Regarding. | MS) course – Joining Report – |
| Ref: Provisional Admission Order from the (MD/MS) admissions. | MCC/Dr NTR UHS for PG |
| **** | |
| I herewith reporting today i.e.,Year PG (MD/MS) course in Government Medical Collegorovisional admission order issued vide reference cited. | ge, Vizianagaram as per |
| I request you to kindly accept my joining re | eport. |
| Thanking you Sir/Madam, | Yours Faithfully, |
| Name(in blo | ature ck letters) |
| NEE HT | T Rank No |
| Whatsapp No of Student | |
| E-mail Address | |
| | |

Specimen Signature of Student (with black ink only)

STUDENT CARD

(to be filled by the candidate with his/her own handwriting at the time of admission)

| 1. | Name of the Candidate | : | |
|----|-------------------------------------|---|--|
| | (in block letters) | | |
| | , | | |
| 2. | NEET Rank | : | |
| | | | |
| 3. | NEET Marks | : | |
| 4. | NEET Hall ticket No | : | |
| 5. | Permanent Address | : | |
| | | | |
| | | | |
| | | | |
| | | | |
| 6. | Father Name & Occupation | : | |
| | (Income Certificate from MRO) | | |
| 7. | Particulars of Study (MBBS) | | |
| | i) Name of the College & Address | : | |
| | | | |
| | | | |
| 8. | Any Brother/Sister studying in any | : | |
| 0. | | | |
| | Medical College, if so give details | | |
| | | | |
| 9. | Whatsapp Number (Student) | : | |
| | Whatsapp Number (Parent) | | |
| | | 1 | |
| | | | |
| | | | |

Date: ___/___ Signature of the Student

STUDENT PARTICULARS

| SI. No | Particulars | Details |
|--------|--|--------------|
| 1. | NEET Roll No | |
| 2. | NEET Rank | |
| 3. | Name of the Student (in block letters as per Intermediate Certificate) | |
| 4. | Sex | |
| 5. | Physically Handicapped if any | |
| 6. | Date of Birth & Age | |
| 7. | Category (AIQ/Dr NTR UHS) | |
| 8. | Social Status (OC/BC/OBC/SC/ST) | |
| 9. | Allotment Quota (General/NCC/EWS/Others) Specify | |
| 10. | Maximum Marks (MBBS) | |
| 11. | Marks obtained (MBBS) | |
| 12. | Maximum NEET Marks | |
| 13. | NEET Marks obtained | |
| 14. | NEET Percentile | |
| 15. | Fee Charged | Rs. 30,000/- |
| | Details of Allotment order by Dr NTR UHS | |
| 16. | i)Allotment Order No | |
| 10. | ii)Date of Allotment | |
| | iii)Category/Area | |
| 17. | Religion | |
| 17. | (Hindu/Muslim/Christian/others) specify | |
| 18. | Minority Status (Yes/No) | |
| 10. | If Yes, Specify | |
| 19. | College Admission Date | |
| 20. | College Admission No | |
| 20. | (to be filled by the office) | |
| 21. | Mother Tongue | |
| 22. | Blood Group | |
| 23. | Student Contact Number | |
| 24. | Student Email Address | |
| 25. | Father Name | |

| 26. | Father Contact Number |
|-----|----------------------------|
| 27. | Father Email Address |
| 28. | Mother Name |
| 29. | Mother Contact Number |
| 30. | Mother Email Address |
| 31. | Permanent Address |
| | D.No |
| | Street |
| | Landmark |
| | Area |
| | Rural/Urban Rural/Urban |
| | Village/City |
| | District |
| | State |
| | Pincode |
| 32. | Parental Income (High/Low) |
| | |

MBBS MARKS:

| SI. No | Subject | Maximum Marks | Marks obtained |
|--------|--------------------|---------------|----------------|
| 1. | Anatomy | | |
| 2. | Physiology | | |
| 3. | Biochemistry | | |
| 4. | Pharmacology | | |
| 5. | Pathology | | |
| 6. | Microbiology | | |
| 7. | ENT | | |
| 8. | Forensic medicine | | |
| 9. | Ophthalmology | | |
| 10. | Community Medicine | | |
| 11. | Medicine | | |
| 12. | Surgery | | |
| 13. | OBG | | |
| 14. | Pediatrics | | |
| | Total | | |
| | Percentage | | |

DISCIPLINARY DECLARATION

| | 1 | | , | Da | ughter/Sor | n of |
|----------|---------------------|--|------------------|--------------|---------------|-----------|
| | | se | | | | with |
| | | Number | joined in | | | • |
| | | do hereby agree with the | | | | |
| | | and assignees to confirm from | | | | |
| | _ | se relating to the hostel if I am after by the Principal for the | | | | |
| | | the said Medical College and | • | | | |
| | | of Andhra Pradesh and his s | | | | |
| | | up on to the government | | | | |
| furnitu | re, ap _l | paratus or other things which | may be cau | sed by | any carel | essness, |
| neglige | ence o | r wantonness on my part. | | | | |
| | 1 -1 | | : . 4: | 6 -11 | | 4 1 |
| raaliza | | agree to maintain good ass more station or misdemeano | | | | |
| | | and in the hostel is punisha | | | | |
| college | _ | and in the neeter is parient | DIO WILLI LITO C | arriiriar y | alcorlar go | |
| | | | | | | |
| _ | | ure the college authorities th | | • | • | |
| | | ence and any antisocial acti | | epared | to free dis | ciplinary |
| action | in the | event of violation of Rules an | ia Discipline. | | | |
| In witn | ess wh | nereof I have here unto set my | hand this day | of | | |
| | | | | | | |
| | | | | | | |
| Signat | ture of t | he above named in the presence | of | | | |
| | | by the parent or Guardian) | OI. | | | |
| ` | Ū | | | | | |
| | | | | Signs | ature of the | Student |
| | | | | Olgilia | ature or tire | Student |
| | | | | | | |
| | | ate is also directed to furnish f | | • | | |
| | | uardian for further correspon | | | | a. Any |
| subs | equen | t change in the address shoul | id be immediat | ely intim | ated. | |
| Ţ- | 1. | Name of the Parent/Guardian | | | | |
| | | (Block Letters): | | | | |
| 2 | 2. | House No. | | | | |
| (| 3. | Street | | | | |
| 4 | 4. | Locality | | | | |
| ! | 5. | Village / Town | | | | |
| (| 6. | Pin code | | | | |
| 7 | 7. | Mandal | | | | |
| <u> </u> | ρ | District | | | | |

UNDER TAKING FOR SOCIAL STATUS

| I hereby solemnly affirm and sincerely state that I belong 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/OBC 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/OBC |
| 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

| <u> </u> | , |
|--|--|
| Daughter/Son of | , secured NEET Rank |
| and Hall Ticket No I | nereby declare that the Study certificates/ |
| Residence certificate/ Caste certificate et | c., submitted in connection with my claim |
| for area and category reservations for | admission into MD/MS Course for the |
| Academic Year 2025-26 are genuine. | |
| I am aware that the relevant ce | rtificate (s) is / are found to be not genuine |
| / fake at a later date, I forego the seat a | llotted in my favor. Further I agree that I |
| will abide by the Rules and Regulations | s 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 ab | ove reasons. |
| I shall pay all the Tuition Fee a | and other fees to obtain the admission in to |
| my respective PG MD/MS course. | |
| | |
| | |
| | |
| | |
| Signature of the Parent/Guardian | Signature of the Candidate |
| Aadhaar No. | Aadhaar No. |
| N | |
| Name: NEET Rank No: | |
| Hall ticket No: Address: | |
| Address. | |
| | |
| | |
| Place: | |
| Date: | |

UNDER TAKING (Anti Ragging)

| I | | | | , Da | ughter/So | n of |
|---------------------|-------------------|---------------|--------------|--------------|------------|-------------|
| | Candi | date for adr | nission into | MD/MS | course at | Govt. |
| Medical College, | Vizianagaram (| declare that | I will not | resort to | any sou | ght of |
| ragging inside or | outside the in | stitution and | I will abide | by rules | and regu | lations |
| of the college ad | lministration. Vi | iolation of v | vhich I am I | held respo | onsible an | d I will |
| abide to the punish | hment thereof. | | | | | |
| | | | | | | |
| | | | | | | |
| Signature of th | aa Darant/Cuardi | on | Cianati | ura of the C | `andidata | |
| Signature of the | ne Parent/Guardi | ali | Signati | ure of the C | ,anuluale | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| OPTION FO | R SLIDING / U | PGRADE IN | NEXT ROL | JND OF C | OUNSELL | <u> ING</u> |
| | (For | AIQ studen | ts only) | | | |
| | | | | | | |
| ☐ YES. I WANT | T TO SLIDE / UI | PGRADE IN | NEXT ROU | IND OF C | OUNSELL | .ING |
| □ NO. I DON'T | WANT TO SLIE | DE / UPGRA | DE IN NEX | T ROUND | OF | |
| COUNSELLI | NG | | | | | |
| | | | | | | |
| C: 1 (11 D | | | | · . | 0 | |
| Signature of the P | arent/Guardian | | 5 | signature c | of the Can | Jidate. |
| Place: | | | | | | |
| Date: | | | | | | |

GOVERNMENT MEDICAL COLLEGE, VIZIANAGARAM CHECK LIST for AIQ

| Name of the PG: | Date: |
|-----------------|---------|
| 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.

| SI. No | Particulars | Tick |
|--------|---|------|
| 1. | Allotment Letter issued by MCC | |
| 2. | Admit card issued by NBE | |
| | Result/Rank Letter issued by NBE | |
| 3. | High School/Higher Secondary Certificate/Birth Certificate as proof of DOB | |
| 4. | Mark sheets of MBBS 1 st , 2 nd , 3 rd Professional Examinations | |
| т. | MBBS Degree Certificate/Provisional Certificate | |
| 5. | Internship completion certificate/certificates from the Head of institution or college that the candidate shall complete the internship by 31 st July, 2025 of the year of admission. | |
| 6. | Permanent/provisional registration certificate issued by MCI/State medical Registration council. Certificate is acceptable only in cases where candidate is undergoing internship and likely to complete the same on or before 31 st July, 2025 of the year of admission | |
| 7. | Identification proofs(ID proof) (as mentioned in the information bulletin published by the National Board of Examination(NBE) for NEET ie., PAN card, Driving License, Voter ID, Passport or Aadhaar card) | |
| 8. | SC/ST certificate issued by the competent authority (in format as specified in the information bulletin) and should be in English or Hindi language. Sub caste should be clearly mentioned in the certificate. The translated certificate must be certified by a Gazetted officer | |
| 9. | EWS certificate as per the Central Government norms (in the format as specified in the information bulletin) and should be in English or Hindi language. The translated certificate must be certified by a Gazetted officer. The annual income/status of the parents of the applicant should be base on Financial year ending March 31 st , 2025 | |
| 10. | OBC certificate issued by the competent authority. The subcaste should tally with the central list of OBC (NCBC website). The OBC candidates should not belong to creamy layer. The OBC certificate must be in the format as mentioned in the prospectus(Annexure). The translated certificate must be certified by a Gazetted officer. The annual income/status of the parents of the applicant should be base on Financial year | |

| | ending March 31 st , 2025 | |
|-----|--|--|
| 11. | Disability Certificate issued from Designated Disability Centres of MCC by a duly constituted and authorized Medical Board for twenty one(21) benchmark Disabilities as per the rights of persons with disability act, 2016 and NMC norms. No other PwD certificate, issued by any other authorities/Hospital will be entertained. The format of certificate of Disability is annexed in the information bulletin. | |
| 12. | Photo copy of Aadhaar card | |
| 13. | Photo copy of PAN card | |
| 14. | Passport size photos–03 | |
| 15. | Fee payment particulars: | |
| 16. | One set of Xerox copies | |
| 17. | Annexure-III Bond for Rs. 3,54,000/- (including gst) | |

Admission Committee members:

Sr/Jr Asst 1) Assoc Prof 2) Asst Prof

GOVERNMENT MEDICAL COLLEGE, VIZIANAGARAM.

| Admission No. | /2025 | Date: |
|------------------------------------|-----------------|--|
| Ad | mit Card | |
| This is to certify that Sri / Kum | | |
| S/o, D/o Sri | | |
| with H.T. No | | |
| course | | |
| for the academic year 2025-26 on/_ | | |
| Place: | | Principal Govt. Medical College, Vizianagaram |
| GOVERNMENT MEDICA Admission No. | | VIZIANAGARAM. Date: |
| | | |
| <u>Ad</u> | <u>mit Card</u> | |
| This is to certify that Sri / Kum | | |
| S/o, D/o Sri | | _ securing NEET Rank |
| with H.T. No | | _, has been admitted into PG |
| course_ | in Government M | edical College, Vizianagaram |
| for the academic year 2025-26 on/_ | | |
| Place: | | Principal Govt. Medical College, Vizianagaram. |

GOVERNMENT MEDICAL COLLEGE, VIZIANAGARAM CUSTODIAN CERTIFICATE for AIQ

| Name of the PG: | Date: |
|-----------------|---------|
| NEET Rank: | H.T.No: |

| SI. No | Particulars | Tick |
|--------|---|------|
| 1. | Allotment Letter issued by MCC | |
| | Admit card issued by NBE | |
| 2. | Result/Rank Letter issued by NBE | |
| 3. | High School/Higher Secondary Certificate/Birth Certificate as proof of DOB | |
| 4. | Mark sheets of MBBS 1 st , 2 nd , 3 rd Professional Examinations | |
| 5. | MBBS Degree Certificate/Provisional Certificate Internship completion certificate/certificates from the Head of institution or college that the candidate shall complete the internship by 31 st July, 2025 of the year of admission. | |
| 6. | Permanent/provisional registration certificate issued by MCI/State medical Registration council. Certificate is acceptable only in cases where candidate is undergoing internship and likely to complete the same on or before 31 st July, 2025 of the year of admission | |
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| | the parents of the applicant should be base on Financial year ending March 31 st , 2025 | |
|-----|--|--|
| 11. | Disability Certificate issued from Designated Disability Centers of MCC by a duly constituted and authorized Medical Board for twenty one(21) benchmark Disabilities as per the rights of persons with disability act, 2016 and NMC norms. No other PWD certificate, issued by any other authorities/Hospital will be entertained. The format of certificate of Disability is annexed in the information bulletin. | |
| 12. | Photo copy of Aadhaar card | |
| 13. | Photo copy of PAN card | |
| 14. | Passport size photos–03 | |
| 15. | Fee payment particulars: 1.University Fees for Rs.23,600 DD no: Date of Payment: 2. Tuition fee details for Rs.30,000 | |
| | DD no./ RTGS UTR no : | |
| | Date of Payment: | |
| 16. | One set of Xerox copies | |
| 17. | Annexure-III Bond for Rs. 3,54,000/- (including GST) | |

^{*} This certificate of Custodian is to preserved till the original certificates are received at the completion of course.

Sr/Jr Asst

Principal GMC,Vizianagaram

GOVERNMENT MEDICAL COLLEGE, VIZIANAGARAM CUSTODIAN CERTIFICATE for AIQ

| Name of the PG: | Date: |
|-----------------|---------|
| NEET Rank: | H.T.No: |

| SI. No | Particulars | Tick |
|--------|---|------|
| 1. | Allotment Letter issued by MCC | |
| | Admit card issued by NBE | |
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| | the parents of the applicant should be base on Financial year ending March 31 st , 2025 | |
|-----|--|--|
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