

GOVERNMENT MEDICAL COLLEGE , VIZIANAGARAM**Original Documents Required for UG MBBS 2024-25 Admission**Annexure I

| S.No. | Name of the Document |
|--------------|--|
| 1 | Hall Ticket |
| 2 | NEET Rank Card UG-2024 |
| 3 | Original Allotment order |
| 4 | SSC certificate or Equivalent examination containing the Date of birth original |
| 5 | Memorandum of marks of qualifying examination i.e Intermediate or Equivalent examination. |
| 6 | Transfer Certificate (Intermediate) |
| 7 | Study certificates (6 th to 10+2/Inter) |
| 8 | Permanent Caste certificate (Integrated Community Certificate) |
| 9 | Income certificate of the parent issued by MRO/ copy of White ration card |
| 10 | Physically Disabled Certificate |
| 11 | Aadhar Xerox |
| 12 | Provisional Application Form issued by Dr.NTR UHS |
| 13 | All Certificates 3 Sets Xerox Copies |
| 14 | Passport Size Photos – 5 Nos. |
| 15 | Print Out of Original Application issued by Dr.NTR UHS |
| 16 | Minority Certificates issued by the Minority Department/ concerned Department, if applicable |
| 17 | Income and Asset Certificate valid for the year 2024-2025(EWS) |
| 18 | Special Category Certificates, if applicable i.e (PH,/NCC/CAP/Sports/Anglo Indian/Scouts& Guides) |
| 19 | Local Status Certificates (if migrated from Telangana State to Andhra Pradesh State) |
| 20 | Bond to be executed on Rs. 100/- Non Judicial stamp paper (See Annexure II) |
| 21 | Bond to be executed on Rs. 100/- Non Judicial stamp paper regarding Anti - Ragging undertaking and Oath (See Annexure III) |
| 22 | Tuition fee in the form of D.D in favour of “ COLLEGE DEVELOPMENT SOCIETY ACCOUNT,GOVT MEDICAL COLLEGE,VZM” Payable at Vizianagaram as follows Competent Authority (General Category) -----Rs. 15000 per Annum |

Sd/-
Principal
Government Medical College
Vizianagaram

Annexure II



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

UNDERTAKING

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

selected for MBBS Course for 2024-25 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.

* To be taken on Rs.100/- non judicial stamp paper within one week of admission.

Annexure III
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.