

GOVERNMENT MEDICAL COLLEGE, PADERU WARRS COURSE APPLICATION FOR ADMISSION IN MBBS COURSE

ಶಿಕೆಮಾ ಜಕ್ಕೃತಿರ್ಧಮೆಯ			Date:/
From:			
			РНОТО
То			
The Principal			
Govt.Medica Paderu,	l College,		
•	rama Raju District.		
Respected Size	r,		
Sub:	Request for admission into MBBS Regarding.	course–Joining R	eport–Submitted–
Ref:	Provisional Admission Order of th Admission2024-25ofDr.NTRUniv		
	% <mark>%</mark>	%% % % % % % % % % % % % % % % % % % %	
I am l	nere with reporting today i.e. on		foradmissioninto1stMBBS
	ovt. Medical College, Paderu, Allu	ri Seetharama Ra	ju District as per provisional
admission or	der issued vide reference cited.		4.
I regu	est you to kindly accept my joining	report	42
11040	ి లైద్	580 to 6	
	Thanking Yours f	1. :71. C. 11	
	Y Ours. I	සත් _{දු} මුරු ක්රෝ	
	Signature	:	
	Name (In block letters)	:	
	NEET Rank	:	
	H T No.	:	
Permanent A	ddress for communication:		
1 crimation 71	duress for communication.		
		_	
		_	
		_	
		_	
Phone No. (R	t):		
Mobile No.	:		
	· ·		

E-Mail address:

STUDENT CARD

(To be filled in by the Candidate with his/her own handwriting 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	2.4.4.4.2.
	(Income Certificate from MRO	
	SC/ST/BCor Salary Certificate)	MEDICAL COLLEGE
9.	Particulars of School	
	1. Name of the school &	
	Address (6 th to 10 th)	
	2. X class marks	2023 37 C
	3. Name of the college&	***
	Address (Intermediate	වර්ඛාම සමු මර්ඛාර්ව
	Course& Marks)	:
	Study period	:
10.	Any Brother/Sister studying	:
	in Medical College, if so	:
	Please give 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.	DICAL COLLE
12	Physically Handicapped if any	
13	Mother Tongue	DE PER SERVICE DE LA CONTRACTION DEL CONTRACTION DE LA CONTRACTION
14	Blood Group	
15	Student Contact Number	
16	Student email	2023 30
17	Father name	2 88000
18	Father Mobile Number	
19	Father mail	and analysis of the
20	Mother Name	
21	Mother mail	
22	Mother Mobile Number	
23	Permanent Address with Postal Pin code	
24	Marksobtained10+2(PCB)	
25	Maxmarks10+2(PCB)	
26	Physics Chemistry Biology%	
27	Marksobtained10+2(English)	
28	Maxmarks10+2(English)	

29	English %	
30	NEET exam%	
31	NEET Percentile	



DISCIPLINARY DECLARATION

Ι	_
D/o,	S/o
secured NEET rank	with H.T.No
joined in Govt. Medical College, Paderu do hereby	agree with the Governor of Andhra Pradesh
and his successors and assignees to confirm from t	his date, to the rules and regulations including
those relating to the hostel if I am admitted there to	o, Laid down or to be Laid down here after by
the Principal for the time being for the due mainten	nance of discipline at the said Medical College
and Hostel and I further agree with the said Govern	nment of Andhra Pradesh and his
successors and assignees to make good when called upon the contraction of the contracti	ontothegovernmentofAndhraPradesh,anydama
ges to furniture, apparatus or other things which m	ay be caused by any carelessness, negligence
or wantonness on my part.	
	with my fellow students and I realize that more
station or misdemeanor towards them or the new	•
punishable with the summary discharge from the c	Ç
	not indulge in illegal strikes, ragging, violence
and any antisocial activity. I am prepared to free	
Rules and Discipline.	Fo. 7 St.
In witness where of I have here on to set m	y hand this day of
	T E
Signature of the above named in the presence of	
(To be signed by the parent or Guardian)	
्रिक् हा क्षा कर के किया है कि का किया ह जिस्कार के किया किया किया किया किया किया किया किया	30.000
	Signature of the Student
	ull and correct postal address of his/her
parent/Guardian for further correspondence in the in the address should be immediately intimated.	following pro forma. Any subsequent change
Ž	
1. Name of the Parent/Guardian(Block Letters	s):
2. House No. :	
3. Street :	
4. Locality :	
5. Village/ Town :	
-	

6. Pin code :

7. Mandal :

8. District :



UNDERTAKING

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:

UNDER TAKING FOR GENUINITY OF CERTIFICATES

1,	
S/o / D/o	, secured NEET Rank No
and HallT	icketNoHereby declare that the
Study certificates/ Residence certificates/	cate/ Caste certificate etc., submitted in connection with my rations for admission into MBBS Course for the Academic
date; I forego the seat allotted in n	ant certificate(s) is/are found to be not genuine/fake at a later my favor. Further I agree that I will abide by the Rules and ainal prosecution, as may be deemed fit.
I also here by undertake the me is cancelled, for the above reason	nat I shall not enter into legal litigation, if the seat allotted to ns.
I shall pay all the Tuition F	ee and other fees to obtain the admission in to my respective
UG MBBS course.	
	SENT MEDICAL COLLEGE
Signature of the Parent/ Guardian	Signature of the Candidate
Aadhar No.	AadharNo.
	2023
Name:	
	මේ බාහ් කින සත් මේ රුකාරා
NEET Rank No:	
H.T. No:	
Address:	
Place:	
Date:	

UNDERTAKING (Fee exemption)

1
D/o, S/o
NEET Rank No:inNEET-2024selectedin1stMBBScourseand
allotted to "Government Medical College, Paderu" 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 doesn'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

UNDERTAKING (Anti Ragging)

1			
D/o. S/o			

Candidate for admission into MBBS course at Govt.MedicalCollege, Paderu, AlluriSeetharama Raju 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 there of.

Signature of the Parent/ Guardian

Signature of the Candidate



ANTI-RAGGING OATH

I
D/o, S/ojoining
MBBS course at Government Medical College, Paderu 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:
NEDICAL CO.
Mobile No of Student:
Mobile No of parent:
Landline:
2023 203 Seorge Seorge
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 2024	4-25 do hereby undertake to complete the	course as per the
regulations of Dr.NTR University of Hea	alth Sciences and in the event of my discontin	uing the studies after
joining the course after the last date fo	or free exit for admissions of Competent Auth	ority Quota
/Management Quota as notified by Univ	versity, I undertake to pay the University a sum	of Rs.3, 00,000/-and
GST 18% i.e. Total Rs.3, 54,000/		
	Signat	ture of the Candidate
I, Mr./Mrs	parentofMr./Ms.	
Do hereby undertake to pay Dr.NTF	R 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 Co	urse after joining by
	for free exit for admissions of Competer	nt Authority Quota
/Management Quota as notified by l	University	Signature of Paren
Date:		
Witness		
1. Signature:		
Name and Address in full.		
2. Signature:		
Name and Address in full.		

 $^{{}^{*}\}text{To be taken on Rs.100/-non judicial stamp paper within one week of admission.}$

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. & Gync. Dept. Examination : (For women candidates only)
	Signature of the Asst. Prof of Obst. & Gync.
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

1			
D/o, S/o			

Candidate for admission into MBBS course at Govt. Medical College, Paderu, AlluriSeetharama Raju 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



ANTIRAGGING OATH FOR HOSTEL

Ι
D/o,S/ojoining
MBBS course at Government Medical College, Paderu solemnly take the oath that I will no
indulge in any sought of ragging activity in the college/hostels and that if I am found to be guilt
I will abide by the rules imposed on me as per National Medical Commission and Govt. o
Andhra Pradesh.
Local Address:
MEDICAL COLLEGE
Mobile No of Student:
Mobile No of parent:
Landline:
Signature of the Parent/Guardian Signature of the Candidate.

GOVERNMENTMEDICALCOLLEGE, PADERU.

Adn	nission	No.	/2024	Date:	
			Admit (<u>Card</u>	
	This	is to ce	rtify that Sri / Kum.		
S/o,	D/o	Sri		securing	NEET Rank
			With H.T. No	, has been adn	nitted into MBBS
cours	seinGov	ernmer	tMedicalCollege, Paderu for th	ne academic year2024-25on	
	_/	<u>/</u>			
Place	·•		HIT MEDICA	Princi Govt.Medica	=
riace	•			Pade	•
				Office S	
			202 203 203 503 503 503 503 503 503 503 503 503 5		
			อื่อปีกรับอัก ส	_{ත් කි} රුක්ාරා	

GOVERNMENT MEDICAL COLLEGE, PADERU.

Admission No.	/2024	Date:	
	Adm	nit Card	
This is to ce	rtify that Sri / Kum.		
S/o, D/o Sri		secured	NEET Rank
	With H.T. No	, has been adn	nitted into MBBS
course in Governme	ent Medical College, Pader	ru for the academicyear2024-25on	ι
/	·		
Place:	A TABLET ME	Princi Govt. Medic Pade	cal College,
Name: NEET Rank:			
H.T. No:		Service and the service and th	

GOVERNMENT MEDICAL COLLEGE PADERU

Check list

S.No.	Name of the Document	YES/NO
1	Hall Ticket	
2	NEETRankCardUG-2024	
3	Allotment order	
4	SSC certificate or Equivalent examination containing The Date of birth original	
5	Memo random 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	Verification letter of Dr.NTRUHS	
13	DD Nos:	Rs.15,000/(CDS)/12L(B)/20L(C) Rs.15,000/-(HostelCD)
14	AllCertificates5SetsXeroxCopies	
15	PassportSizePhotos–5 Nos.	
16	Print Out of Online Application	
17	Minority Certificates issued by the Minority Department/concerned Department, if applicable	
18	IncomeandAssetCertificatevalidfortheyear2024-2025(EWS)	
19	Special Category Certificates, if applicable i.e (PH,/NCC/CAP/Sports/Anglo-Indian/Scouts&Guides)	
20	Local Status Certificates(if migrated from Telangana State to Andhra Pradesh State)	

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

2.

Date:

GOVERNMENTMEDICALCOLLEGEPADERU Acknowledgement

Name:
NEET Rank:
H.T. No:

S.No.	Name of the Document	YES/NO
1	Hall Ticket	
2	NEET RankCardUG-2024	
3	Allotment order	
4	SSC certificate or Equivalent examination containing the Date of birth original	
5	Memo random 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	Verification letter of Dr.NTRUHS	
13	DD Nos:	Rs.15,000/(CDS)/12L(B)/20L(C) Rs.15,000/-(Hostel CD)
14	AllCertificates5SetsXeroxCopies	
15	PassportSizePhotos-5 Nos.	
16	Print Out of Online Application	
17	Minority Certificates issued by the Minority Department/concerned Department, if applicable	
18	IncomeandAssetCertificatevalidfortheyear2024-2025(EWS)	
19	Special Category Certificates, if applicable i.e (PH,/NCC/CAP/Sports/Anglo Indian/Scouts & Guides)	
20	Local Status Certificates (if migrated from Telangana State to Andhra Pradesh State)	

*This certificate of acknowledgement is that the original certificates are under the custody of the office of government medical college, paderu till the completion of course.

Principal
Government Medical College
Paderu