

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

ಶಿಕ್ಷ್ಣೂ ಪಕ್ಷ್ಮತ್ರರ್ಥಮೆಯ			Date:/
From:			
			РНОТО
То			
The Principal			
Govt.Medica Paderu,	l College,		
	rama Raju District.		
Respected Si	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 requ	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 <sub>දු</sub> මර්තාරා	
	Signature	:	
	Name (In block letters)	:	
	NEET Rank	:	
	H T No.	:	
Permanent A	ddress for communication:		
1 crimunent 11	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	244444.
	(Income Certificate from MRO	
	SC/ST/BCor Salary Certificate)	WEDICAL COLLEGE
9.	Particulars of School	
	1. Name of the school &	
	Address (6 <sup>th</sup> to 10 <sup>th</sup> )	
	2. X class marks	2023 3th
	3. Name of the college&	
	Address (Intermediate	වර්ඛාම සුරුමර්ඛාරා
	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 PROPERTY OF THE PROPERTY OF
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 Hall	lTicketNoHereby declare that the
Study certificates/ Residence certificates/	ificate/ Caste certificate etc., submitted in connection with my rvations for admission into MBBS Course for the Academic
date; I forego the seat allotted in	vant 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 iminal prosecution, as may be deemed fit.
I also here by undertake me is cancelled, for the above reas	that I shall not enter into legal litigation, if the seat allotted to
I shall pay all the Tuition	Fee and other fees to obtain the admission in to my respective
UG MBBS course.	
	HAT MEDICAL COLLEGE
Signature of the Parent/ Guardian	Signature of the Candidate
Aadhar No.	AadharNo.
Third I to.	
N.	2023 80 C
Name:	ම්බාබේන්ධා සභ්යම්ර්ධාරා
	ම්බාබන්ඛත සත්ු, මුරු කාරව
NEET Rank No:	
H.T. No:	
Address:	
Place:	
Date:	

### **UNDERTAKING (Fee exemption)**

I
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:
స్తు 2023 మైద్య కలాలో
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/		
	Signa	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
	e 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.		

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

## 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 guilty
I will abide by the rules imposed on me as per National Medical Commission and Govt. o
Andhra Pradesh.
Local Address:
MEDICAL COVICE.
Mobile No of Student:
Mobile No of parent:
Landline:
Signature of the Parent/Guardian  Signature of the Candidate.

Admission No. /2024	Date:		
Admit Card			
This is to certify that Sri / Kum.			
S/o, D/o Sri	_ securing	NEET	Ranl
With H.T. No,	has been adn	nitted into	MBBS
courseinGovernmentMedicalCollege, Paderu for the academic yea	Princi Govt.Medica Pade	nl College, ru	

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	ı
/	·		
Place:	A TABLET ME	Princi Govt. Medic Pade	cal College,
Name: NEET Rank:			
H.T. No:		Service and the service and th	

### **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 <sup>th</sup> 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.

ittee member

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 <sup>th</sup> 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		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

# FEE PAYMENT DETAILS FOR ADMISSION INTO MBBS FOR THE ACADEMIC YEAR 2024-25

### For All India Quota Students only

	NatureofFee	Bankdetailsforr	emittanceofFee	Feeof Term
	UniversityFee(AlQonly)  • University fee must be paid in DD  • DD should be submitted at the college during the Admission	Rs.10600	The registrar, DR NTR University of health Sciences Payable at Vijayawada.	One Time
A	<ul> <li>Fee can be paid Via DD's/RTGS.(DD's preferred)</li> <li>If fee paid through RTGS, Transaction Id is to be submitted during admission.</li> <li>Fee cannot be paid in Checks, checks are not accepted.</li> <li>We will accept other bank D.D's (D.D's can be taken from your nearest bank) BUT payable Bank should be HDFC Bank, Visakhapatnam.</li> </ul>	Rs.15000	Bank name: HDFC BANK LTD.  Nameof theA/c: PRINCIPAL, DR YSR GOVT. MEDICAL COLLEGE, PADERU A/c No. 50100516202526 IFSC:HDFC0007940 Branch Address: HDFC BANK LTD, ground floor, ZPTC bungalow down, G madugula road, Paderu	Every Year

Sd/- Principal Government Medical College Paderu

# FEE PAYMENT DETAILS FOR ADMISSION INTO MBBS FOR THE ACADEMIC YEAR 2024-25

For CQ (A-Category) Students only

N	lature of Fee	Bank details for remittance of Fee		Fee of Term
Т	uition fee(CDS)	Rs.15000	Bank name: HDFC BANK LTD.  Name of the A/c:  PRINCIPAL, DR YSR GOVT.  MEDICAL COLLEGE, PADERU  A/c No. 50100516202526  IFSC:HDFC0007940  Branch Address: HDFC  BANK LTD, ground floor, ZPTC bungalow down, G madugula road, Paderu	Every year

- Fee can be paid Via DD's/RTGS. (DD's preferred).
- If fee paid through RTGS, Transaction Id is to be submitted during admission along with original certificates and discontinuation bond.
- Fee cannot be paid in Checks, checks are not accepted.
- We will accept other bank D.D's (D.D's can be taken from your nearest bank) BUT payable Bank should be HDFC Bank, Visakhapatnam.

Sd/- Principal
Government Medical
college Paderu

## FEE PAYMENT DETAILS FOR ADMISSION INTO MBBS FOR THE ACADEMIC YEAR 2024-25

For Competent Authority NRI Category (C-Category) Students only

Nature of Fee	Bank details for remittance of Fee		Fee of Term
Tuition fee	Rs.20,00,000	Bank name: UNION BANK of India Name of the A/c: MD APMERCL PADERU CATEGORY C A/c No. 103012010002126 IFSC:UBIN0810304 Branch: Union Bank of India, KGH Branch, Visakhapatnam	Every year

- Fee can be paid Via DD's/RTGS. (DD's preferable).
- If fee paid through RTGS, Transaction Id is to be submitted during admission along with original certificates and discontinuation bond.
- We will accept other bank D.D's (D.D's can be taken from your nearest bank).
- Fee cannot be paid in Checks, checks are not accepted.
- Last date for admission before 03:00pm 24/09/24.

Sd/- Principal Government Medical College Paderu

## FEE PAYMENT DETAILS FOR ADMISSION INTO MBBS FOR THE ACADEMIC YEAR 2024-25

For Competent Authority Self-Financing (Category-B) Students only

NatureofFee	Bankdetailsfor remittance ofFee		Feeof Term
Tuition fee	Rs.12,00,000	Bank name: UNION BANK of India Nameof theA/c: MD APMERCL PADERU CATEGORY B A/c No. 103012010002125 IFSC:UBIN0810304 Branch: Union Bank of India, KGH Branch, Visakhapatnam	Everyyear

- Fee can be paid Via DD's/ RTGS. (DD's preferred).
- If fee paid through RTGS, Transaction Id is to be submitted during admission along with original certificates and discontinuation bond.
- We will accept other bank D.D's (D.D's can be taken from your nearest bank.
- Fee cannot be paid in Checks, checks are not accepted.
- Last date for admission before 03:00pm 24/09/24.

Sd/- Principal Government Medical College Paderu

# GOVERNMENT MEDICAL COLLEGE, A.P.

### **UNDER TAKING BY THE PARENT**

From		Date:	/ / 2023
	_		
	_		
	_		
То			
The Principal,			
Government Medical College,			
PADERU A.P.			
Respected Sri/Madam,			
Sub: Payment of fees regularly every	year – Under	taking ·	– reg.
********			
My			
son/daughter/ward			has
O	vernment	Medica	O
under <b>Compete</b>	nt authority	(NRI (	Category) for
the academic year 2023-2024 for the amount of I	Rs.20,00,000/	'- (Twen	ıty lakhs only
per annum for a period of four and half	years. Mys	elf, alc	ong with my
son/daughter/ward hereby undertake that the p	rescribed Tui	tion fee	shall be paid
at the time of admission and as demanded by Pri	ncipal as per	schedul	le. We here by
agree that will pay late fee as per the norms of	the college if	there is	s any delay ir
making payment in the stipulated time. Failing t	to do so, we a	ssure t	hat we will be
held responsible and will abide rules and regulations.	ations of the	Govern	ment Medica
Conege, inmaiss			

Yours faithfully

### File No.HMF02-34021/37/2023-PLG-DME

Signature of the PARENT	Signature of the STUDENT
Aadhar No.	Aadhar No.
Pan No.	Pan No.

Signed by Dsvl Narasimham Date: 08-08-2023 15:49:13

Reason: Approved

# GOVERNMENT MEDICAL COLLEGE, A.P.

### **UNDER TAKING BY THE PARENT**

From					Date:	/ / 2023
-						
-						
-						
-						
То						
	incipal,					
	ment Medical	_				
KANEK	Ų	А.Р.				
Respec	ted Sri/Madaı	m,				
	Sub: Paym	ent of fees re	gularly	every year – l	J <b>ndertaking</b>	– reg.
			*****	*****		
	My					
son/da	ughter/ward_					has
been	granted	admission	in	Governmen	t Medica	al College,
• • • • • • • • • • • • • • • • • • • •	•••••	Ur	nder <b>C</b>	ompetent aut	hority ( se	lf financing)
categoi	y for the acad	lemic year 202	3-2024	for the amount	t of Rs.12,00	,000/- (Twelve
lakhs (	only) per annı	um for a perio	d of for	ur and half yea	ars. Myself,	along with my
son/da	ughter/ward	hereby undert	ake tha	at the prescribe	ed Tuition fee	e shall be paid
at the	time of admiss	sion and as de	mandec	d by Principal a	ıs per schedi	ıle <b>.</b> We here by
agree t	hat will pay l	ate fee as per	the nor	rms of the colle	ege if there i	s any delay in
making		the etipulated	time F	ailing to do so	TVO OCCUPO I	.14
(	g payment in	me supulateu	tilite. I	annig to do so,	we assure i	nat we will be
	3 <b></b>	•		d regulations o		
held re	3 <b></b>	d will abide ru		O		

Yours faithfully

### File No.HMF02-34021/37/2023-PLG-DME

Signature of the PARENT	Signature of the STUDENT		
Aadhar No.	Aadhar No.		
Pan No.	Pan No.		

Signed by Dsvl Narasimham

Date: 08-08-2023 15:48:48

Reason: Approved