STUDENT ADMISSION NO.

S.P.V GOVERNMENT MEDICAL COLLEGE, MACHILIPATNAM

APPLICATION FOR ADMISSION IN MBBS COURSE

From : (Student Name Followed by Address)

_____

_____

_____

Machilipatnam,

Date: ____/___/_____.

PHOTO

To
The Principal,
S.P.V. Govt. Medical College,
Machilipatnam,
Krishna District.

Category:

Respected Sir,

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

Ref: Provisional Admission Order of the Chairperson, Committee for MBBS Admission 2026-27 of the competent authority.

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I am here with reporting today i.e. on _____for admission into 1st MBBS course in S.P.V. Govt. Medical College, Machilipatnam, Krishna district as per provisional admission order issued vide reference cited.

I request you to kindly accept my joining report.

Thanking you sir,

Signature :

Name (In block letters) :

NEET Rank :

Hall Ticket Number :

Permanent Address For Communication:

_____

_____

_____

_____

Mobile No. **(Student):** _____

Mobile No. **(Parent):** _____

E-Mail address: _____

Specimen Signature With Date
As Signed In NEET Exam

STUDENT PARTICULARS:

S. No.	Particulars	Details
1.	**Name of Student** (In block letters as in Intermediate Certificate)	
2.	Sex	
3.	Date of Birth	
4.	Caste & Sub Caste	
5.	College Admission Date	
6.	NEET Admit Card No	
7.	NEET Roll No	
8.	Max marks in NEET	**720**
9.	NEET marks obtained	
10.	NEET Exam %	
11.	NEET Percentile	
12.	NEET Rank No.	
13.	Physically Handicapped if any	
14.	Mother Tongue	
15.	Blood Group	
16.	Student Contact Number	
17.	Student email	
18.	Father name	
19.	Father Mobile Number	
20.	Father email	
21.	Mother Name	
22.	Phase 1 – Allotted College	
23.	Phase 2 – Allotted College	
24.	Phase 3 – Allotted College	
25.	Max marks 10+2 (PCB)	
26.	Marks obtained 10+2 (PCB)	
27.	Physics Chemistry Biology %	
28.	Max marks 10+2 (English)	
29.	Marks obtained 10+2 (English)	
30.	English %	

Signature of the Parent/Guardian **Signature of the Candidate**

DISCIPLINARY DECLARATION
(STUDENT)

I _____

D/o, S/o _____

secured NEET rank _____ **with H.T. No.** _____

joined in SPV. Govt. Medical College, Machilipatnam do hereby agree with the Government 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 proforma. 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 :

OPTION FOR SLIDING / UPGRADE IN NEXT ROUND OF COUNSELLING

(For AIQ Students Only)

☐ YES. I WANT TO SLIDE / UPGRADE IN NEXT ROUND OF COUNSELLING

☐ NO. I DON'T WANT TO SLIDE / UPGRADE IN NEXT ROUND OF COUNSELLING

Signature of the Parent / Guardian **Signature of the Candidate.**

Machilipatnam,

Date : ___/_____/_____.

UNDER TAKING (Anti Ragging)

I _____

D/o, S/o _____

Candidate for admission into MBBS course at SPV. Govt. Medical College, Machilipatnam, Krishna 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 SPV. Government Medical College, Machilipatnam 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 _____ 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 : **NEET H.T. No:**

1. Ophthalmology Examination:
   Vision:

   Signature of the Asst/Assoc. Prof
   Dept. of Ophthalmology

2. E.N.T. Examination:
   Hearing:

   Signature of the Asst/Assoc. Prof
   Dept. of E.N.T.

3. Obstetrics & Gynecology Department:
   (For Women Candidates only)

   Signature of the Asst/Assoc. Prof
   Dept. of Obstetrics & Gynecology

4. Medical Examination & Final Option:

   a. General :
   b. Heart :
   c. Lungs :
   d. Abdomen :
   e. Nervous systems :
   f. Any chronic disease (History of any illness) :

   He / She is fit for admission

Place:

Signature of the Asst/Assoc. Prof
Dept. of General Medicine

Date:

NOTE: Please attach xerox copies of the following documents along with this booklet for office record.

1. SSC
2. 11th & 12th Certificates
3. NEET Rank Card
4. Caste Certificate
5. Provisional Allotment Order