Adm No.

GOVERNMENT MEDICAL COLLEGE, MACHILIPATNAM, KRISHNA DISTRICT, ANDHRA PRADESH

APPLICATION FOR ADMISSION IN PG (MD/MS) COURSE

MACHILIPATNAM
Dt: ___/___/____.

From
_____,
_____,
_____,
_____,
_____.

To
The Principal,
Government Medical College,
Machilipatnam,
Krishna District.

Respected Sir,

Sub: Request for admission into **PG (MD/MS)** course _____
Joining Report – Submission – Regarding.

Ref: Provisional Admission Order from the MCC/Dr NTR UHS for **PG (MD/MS)** admissions.

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I herewith reporting today i.e., _____ for admission into 1st Year **PG (MD/MS)** course in Government 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/Madam,

Yours Faithfully,

Signature _____

Name (in block letters) _____

NEET Rank _____

HT No. _____

Specimen Signature of Student (with black ink only)

Whats App No. of Student _____

E-mail Address _____

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 Medical College, if so give details	:	
9.	Whats App Number (Student) Whats App Number (Parent)	:	

Date: ____/____/_____ Signature of the Student

STUDENT PARTICULARS

Sl. 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/- (OR) Rs. 9,00,000/-
16.	Details of Allotment order by Dr NTR UHS i)Allotment Order No ii)Date of Allotment iii)Category/Area	
17.	Religion (Hindu/Muslim/Christian/others) specify	
18.	Minority Status (Yes/No) If Yes, Specify	
19.	College Admission Date	
20.	Mother Tongue	
21.	Blood Group	
22.	Student Contact Number	
23.	Student Email Address	
24.	Father Name	
25.	Father Contact Number	

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

MBBS MARKS:

Sl. 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

I _____, Daughter/Son of _____ _____ secured NEET rank _____ with Hall ticket Number _____ joined in Govt. Medical College, Machilipatnam do hereby agree with the Governor of Andhra Pradesh and his successors and assignee's 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 wantonly 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	

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

I_____,
Daughter/Son of _____, secured NEET Rank _____ and Hall Ticket No _____ hereby declare that the Study certificates/ Residence certificate/ Caste certificate etc., submitted in connection with my claim for area and category reservations for admission into MD/MS Course for the Academic Year 2026-27 are genuine.

I am aware that the relevant certificate (s) is / are found to be not genuine / fake at a later date, I forego the seat allotted in my favor. Further I agree that I will abide by the Rules and Regulations 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 above reasons.

I shall pay all the Tuition Fee and other fees to obtain the admission in to my respective PG MD/MS course.

Signature of the Parent/Guardian
Aadhaar No.

Signature of the Candidate
Aadhaar No.

Name:
NEET Rank No:
Hall ticket No:
Address:

Place:
Date:

UNDER TAKING (Anti Ragging)

I _____, Daughter/Son of _____ Candidate for admission into MD/MS course at 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

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.

Place:

Date: