

FORM - 1
ANNEXURE

1. Provisional Allotment Order
2. Online application
3. NEET Hall Ticket.
4. Provisional Verification form.
5. NEET Rank Card (score card)
6. SSC or equivalent examination containing the Date of Birth.
7. Memorandum of marks of qualifying examination (Intermediate or Equivalent examination).
8. Transfer Certificate (T.C.)
9. Study certificates (from class 6th to Intermediate) No's
10. Permanent Caste certificate (Integrated Community Certificate) Claiming reservation under BC/SC/ST categories issued by competent authority. if applicable.
11. Minority certificates issued by the concerned Minority Department If applicable.
12. Income certificate of the parent issued by MRO with latest white ration card.
13. Income and Asset certificate valid for the year 2023-24 EWS issued by MRO.
14. Special category certificate i.e. (PH-Medical certificate issued by the Medical board, Sadaram, AIQ- south India Medical Board/ NCC/CAP/Sports/ Anglo Indian). If applicable.
15. Migration certificate issued by the Board of intermediate or equivalent board.
16. Aadhar Card
17. Bond

Sd/- PRINCIPAL

FORM - 3

UNDERTAKING

I am informed by the administration of Andhra Medical College, Visakhapatnam that as a policy matter the college administration will not permit any student to participate in any Cultural / Pleasure/ Private tour programme on behalf of the college.

I am also giving my consent that, I will not allow my ward Mr./Miss
.....NEET Rank No

to go for any Cultural / Pleasure / Private or any other tour programmes during the study period unless authorized by the college. If any ward goes for any such type of tours during the study period and for the consequences there after the college administration will not be held responsible.

Date:

Signature of Parent / Guardian

Name:

Contact No:

FORM - 4

Student information

MBBS for the year 2023-24 Andhra Medical College, Visakhapatnam						
Rank No	Name of the candidate in Block letters as per Intermediate OR Equivalent certificate	Sex M/F	Persons with Disability (PWD)	Date of Birth	Category	Sub Category (sub caste name)
Marks Obtained 10+2(PCB)	Maximum Marks 10+2(PCB)	PCB percentage	Marks obtained 10+2 (English)	Maximum Marks 10+2(English)	English percentage	
Entrance Exam Name	Marks obtained in Entrance Exam	Maximum Marks in Entrance Exam	Entrance Exam Percentage	Hall ticket No.	Admission Date	Student Cell No.
Student email ID						

Scanned Photo with name (10kb to 20kb size)

Student signature

Scanned Signature (5kb to 10 kb size)

Scanned SSC certificate and Intermediate marks list

FORM - 5



ANDHRA MEDICAL COLLEGE

VISAKHAPATNAM - 530002. A.P., INDIA

1. Name of the Candidate as per Inter Marks Memo (Block Letters) :
2. Date of Birth & Age of the candidate :
3. Social status (OC/BC/SC/ST)with Caste :
4. Nationality, Religion :
5. Native Place & Dist :
6. Permanent address :

7. Name of the Father & Mother :
8. Occupation of the parent/Annual Income :
9. Phone No. Resi./Father Cell/Student Cell/ Mother Cell :
10. College last studied Inter/ CBSC/ ICSE :
11. Date of Admission into MBBS AMC, VSP :
12. NEET Rank :
13. Blood Group :
14. Aadhar Number :

Recent passport size photo of the Candidate

Signature of the candidate

UNIVERSITY EXAMINATION

Class	Appeared	Passed	Extra Time Taken	Marks	Attempt	Remarks
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I M.B.B.S

Biochemistry
Anatomy
Physiology

II M.B.B.S

Pharmacology
Microbiology
Pathology
Forensic Medicine

Final M.B.B.S

Part-I

E.N.T
Ophthalmology
Social & preventive Medicine

PART-II

Medicine
Surgery
Obst & Gynecology
Pediatrics

Compulsory total residential internship training for a period of the year, at King George Hospital, Visakhapatnam during from to

Signature of the Principal

FORM - 6

Bond Should be submitted in Rs.100 STAMP PAPER only

UNDERTAKING

I, MR/MRS S/o, D/o..... SELECTED FOR MBBS COURSE FOR ACADEMIC YEAR 2023-24 DO HEREBY UNDERTAKE TO COMPLETE THE COURSE AS PER THE REGULATIONS OF DR.YSR UNIVERSITY OF HEALTH SCIENCES, VIJAYAWADA AND IN THE EVENT OF MY DISCONTINUING THE STUDIES AFTER JOINING THE COURSE AFTER THE LAST DATE FOR FEE EXIT FOR ADMISSIONS OF COMPETENT AUTHORITY 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.YSR UNIVERSITY OF HEALTH SCIENCES, VIJAYAWADA 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 ADMISSION OF COMPETENT AUTHORITY QUOTA / MANAGEMENT QUOTA AS NOTIFIED BY UNIVERSITY.

Date:

SIGNATURE OF PARENT

WITNESS

1. SIGNATURE:
NAME AND ADDRESS IN FULL (Aadhar card copy)

2. SIGNATURE:
NAME AND ADDRESS IN FULL (Aadhar card copy)

FORM – 7

**APPLICATION OF PHYSICAL FITNESS FOR ADMISSION OF CANDIDATES INTO 1ST YEAR
MBBS COURSE – 2023 - 2024**

Rank :

H. T. No.

NOTE : Physical fitness will be filled during process of admission at the College after Medical Checkup
(for Office use only)

- .
1. Name of the Candidate :
 2. Name of the Father's /Husband's :
 3. Identification Marks :
(Scars, Moles, Tasks Marks etc.,)
 4. Acuity of Vision :

	With Glasses	Without Glasses
Right		
Left		
Color Vision		

Signature of the Ophthalmologist

5. Skin :
6. Respiratory System :
7. Cardio Vascular System :
8. Blood Pressure :
9. Pulse :
10. Condition of Lymph Nodes :
11. Condition of Thyroid :
12. Genito Urinary System
Kidneys :
Uterus :
Bladder :
Ext. Genitals
13. Gastrointestinal Tract :
Mouth Tooth
Throat
Abdomen
Liver
Spleen
Evidence of Hemia

14. Nervous System :

15. Loco motor System :

16. Investigations :

1. Urine Examination :

Physical Appearance :

Specific Gravity :

Albumin :

Sugar :

Microscope Examination :

2. Chest X –Ray :

Is the candidate Physically fit to carryout
the study of Medicine

DATE :

/VT/

SIGNATURE OF THE MEDICAL OFFICER
DESIGNATION