



# NARAYANA MEDICAL COLLEGE

Chinthareddypalem, Nellore – 524 003, A.P.

Tel. No.:0861-2317963; Fax : 0861-2317962

Recognized by MCI / Govt. of India vide Lr.No.U.12012/93/1994-ME(P-II), dt:12.07.2006 & F.No. U.12012/189/2005-ME(P-II), dt: 26.06.2012.

Affiliated to Dr.NTR University of Health Sciences, Vijayawada, A.P.

Serial No:

Regd. No.:

## APPLICATION FORM FOR ADMISSION INTO SUPER SPECIALTY COURSES UNDER MANAGEMENT QUOTA FOR THE ACADEMIC YEAR 2015-16

NAME OF THE CANDIDATE : .....  
(IN BLOCK LETTERS)

COURSE APPLIED FOR : .....

Affix Recent  
Passport Size  
Photo

1. Address with Pin code to :  
which communication to  
be sent

.....  
.....  
.....

Phone No. ....

Mobile : .....

2. Father's Name & Occupation : .....

3. Sex :  Male  Female

4. Date of birth and age : .....

5. Place of birth, District and State : .....

6. a) Nationality and Religion : .....

b) Community 

SC	ST	OBC	OTHERS
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c) Sub-Caste Name :

7. a) Name and address of the Medical College where qualified : .....

b) Whether the Medical college & course are recognized by MCI :  Recognized  Not Recognized

8. Qualifying examination PG Degree / *Equivalent* passed (Photo copy of Degree Certificate, Statement of Marks of Examination to be enclosed.) : .....

9. Marks secured in PG Degree / Equivalent Degree Course:

Subject (s)	Marks secured	Maximum marks	Month & Year of Passing	No. of attempts
<b>GRAND TOTAL</b>			Percentage of Marks .....	

10. Registered No., Month and Year of passing of qualifying Examination (PG Degree / Equivalent Degree course)Year : Registered No. : .....  
Month : .....  
Year : .....

11. Name of the University which Awarded PG Degree :

12. Details of Medical Council Permanent Registration : State .....  
Regn. No. & Date .....

**Declaration by the candidate**

I declare that the information furnished by me herein is true and correct. In case of any information furnished herein is found to be incorrect, I agree to forego my claim for admission. I shall be liable to make good financial loss incurred by the institution on this account.

Place :

Date :

Signature of the Candidate

**Note:** 1) This application should be submitted along with the documents mentioned below and a sum of Rs. 7,500-00 shall be paid either by Cash/Demand Draft favouring "Narayana Medical College" payable at Nellore

**Last date for submission of application along with enclosures : Before 4.00 P.M. on 19<sup>th</sup> July, 2015**

**2) Candidates admitted to a Super Specialty course shall execute a bond to serve the Government for a period of one (1) year within a maximum period of 18 months after obtaining the Super Specialty Degree. If they violate the bond condition, a penalty of Rs. 20,00,000/- on the Super Specialty Degree candidate shall be levied (G.O. Ms. No. 40 and 43, HM & FW (E2) Dept. dt: 10.02.2010).**

**List of documents to be submitted along with application form:**

1. S.S.C. Certificate / Date of Birth Certificate
2. MBBS / Equivalent Degree Certificate
3. PG Degree / Equivalent Degree Certificate
4. Statement of Marks of PG Degree/ Equivalent Degree
5. Study certificate of PG Degree / Equivalent course
6. UG & PG Permanent Registration from State Medical council
7. Internship completion certificate of UG Degree
8. Conduct , Character and Study Certificate from the college in which last studied
9. Transfer Certificate from the college in which last studied
10. Migration Certificate (If applicable)