



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 Viiavawada A P

Serial No:

Regd. No.:

APPLICATION FORM FOR ADMISSION INTO MEDICAL PG DEGREE / DIPLOMA COURSES UNDER MANAGEMENT QUOTA FOR THE ACADEMIC YEAR 2016-17

Note : Please fill in each column in your own handwriting, put tick mark (✓) wherever necessary and strike off the portion not applicable. Incomplete application forms will be rejected summarily.

COURSE APPLIED FOR

:

1. a) Name of the candidate
(IN BLOCK LETTERS)

:

b) Expand the initials

:

c) Address with Pin code to
which communication to
be sent

:

:

:

d) Phone No. with STD code

:Residence:

Mobile :

2. Father's Name

:

3. Sex

: Male Female

4. Date of birth and age

:

5. a) Nationality and Religion

:

b) Community

:

SC	ST	OBC	OTHERS
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c) Sub-Caste Name

:

(Latest Passport
Size Photo)

6. a) Name and address of the Medical College where qualified :
- b) Whether the Medical college is recognized by MCI : Recognized Not Recognized
7. Qualifying examination MBBS / Equivalent passed (Photo copy of Degree Certificate, Statement of Marks of all Examinations & Consolidated Statement of Marks to be enclosed.) :
8. Marks secured in MBBS / Equivalent Degree Course:

Course	Subject (s)	Marks secured	Maximum marks	Month & Year of Passing	No. of attempts
I MBBS					
II MBBS					
FINAL MBBS PART-I					
FINAL MBBS PART-II					
GRAND TOTAL				Percentage of Marks

9. Registered /H.T. No., Month and Year of passing of qualifying Examination (MBBS / Equivalent Degree course) : Regd./H.T. No. :
- Month :
- Year :

10. a) Whether the candidate has passed all: Yes No
the examinations in the first attempt
during MBBS Degree course.

b) If No, how many attempts were made to pass:

	MBBS Exam	No. of attempts	Year of Pass
1	I – MBBS	-	
2	II – MBBS	-	
3	Final MBBS Part-I	-	
4	Final MBBS Part-II	-	

11. Name of the University which :
Awarded MBBS Degree
12. Period during which Internship was : From to
completed.
(Attested copy of Internship completion
certificate should be enclosed)
13. Details of Medical Council : State
Permanent Registration 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 in the list of documents. A non refundable application fee of Rs. 5,000-00 shall be paid by Cash in the college office.

Last date for submission of application along with enclosures : 12th February, 2016 4.00 P.M.

1) Read contents of the information brochure thoroughly before filling the application.

2) Candidates admitted to a PG 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 PG Degree / Diploma. If they violate the bond condition, a penalty of Rs. 15,00,000/- on the Diploma candidates and Rs. 20,00,000/- on the PG Degree candidate shall be levied (G.O. Ms. No. 40 and 43, HM & FW (E2) Dept. dt: 10.02.2010).

List of attested documents (attestation should be done by Gazetted Officer) to be submitted along with application form:

1. S.S.C. Certificate / Date of Birth Certificate
2. MBBS / Equivalent Degree Certificate
3. P.G.Diploma Certificate (If applicable)
4. All Statement of Marks of MBBS / Equivalent Degree
5. Consolidated Marks during MBBS / Equivalent (Transcripts)
6. Study certificate of MBBS / Equivalent course
7. Permanent Registration from State Medical council
8. Internship completion certificate
9. Conduct and Character Certificate from the college in which last studied
10. Transfer Certificate from the college in which last studied
11. Migration Certificate (If applicable)
12. Verification fee of Rs. 3,000/- in the form of Demand Draft drawn in favour of “ The Registrar, Dr. NTR University of Health Sciences’ payable at Vijayawada for candidates qualified from Universities other than Dr. NTR UHS.
13. Verification fee of Rs. 7,000/- in the form of Demand Draft drawn in favour of “ The Registrar, Dr. NTR University of Health Sciences’ payable at Vijayawada for candidates qualified from Abroad Universities (other than Indian Universities).
14. Passport size Photographs – 4 Nos.
15. Bank Guarantee for the Tuition fee
16. Study Bond to Dr. NTR UHS
17. Service Bond to Government

ANNEXURE - III A
(Non-Judicial Stamped paper for Rs. 100/-)
(FOR ALL CANDIDATES)

I, Dr..... selected for Post Graduate Degree/Diploma for the year 2016-17 do hereby undertake to complete the said course as per the requirements of the University. In the event of my leaving the studies after joining the course, I undertake to pay to the Dr. NTR University of Health Sciences a sum of Rs.2,00,000/- (Rupees Two Lakhs only) and refund the amount received as stipend upto that date to Government.

DATE :

Signature of the Candidate

Witness :

Sureties

1. Signature :
Name and address in full

1. Signature :
Name and address in full

2. Signature :
Name and address in full

2. Signature :
Name and address in full

N.B. : 1. The Bond format shall be typed on the Non Judicial stamped paper.
2. Sureties should be of two permanent Gazetted Officers of Andhra Pradesh Government.

ANNEXURE - III B
(Non-Judicial Stamped paper for Rs. 100/-)
(FOR NON - SERVICE CANDIDATES)

I, Dr..... selected for Post Graduate Degree/Diploma Course for the year 2016-17 do hereby undertake to serve the Government of Andhra Pradesh by working in the Public Sector Hospital as a Senior Resident for a period of one year after successful completion of the PG Degree / Diploma Course. If I fail to join as senior resident or not completing one year of service with in a maximum period of 18 months, I undertake to pay a sum of Rs.20,00,000/- / 15,00,000/- (Rupees twenty lakhs / Rupees fifteen lakhs only) to Government.

DATE :

Signature of the Candidate

Witness :

Sureties

1. Signature :
Name and address in full

1. Signature :
Name and address in full

2. Signature :
Name and address in full

2. Signature :
Name and address in full

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