



**GAYATRI VIDYA PARISHAD  
INSTITUTE OF HEALTH CARE & MEDICAL TECHNOLOGY  
VISAKHAPATNAM**

**JOINING REPORT BY CANDIDATE**

**Visakhapatnam**

**Date:**

**To**

**The Dean,  
GVP Institute of Health Care & Medical Technology  
Visakhapatnam**

**Respected Sir,**

**Sub: Request for Admission into 1<sup>st</sup> MBBS Course – Joining Report –  
Submitting – Regarding**

**Ref: Provisional Admission order of Chairperson, Committee for MBBS  
Admissions 2016-17, Dr. NTRUHS, Vijayawada**

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**I am reporting today for admission into 1<sup>st</sup> MBBS Course in GVP Institute of Health Care & Medical Technology Visakhapatnam as per Provisional Admission order as per the reference above cited.**

**I request you to kindly accept my joining report.**

**Thanking you sir,**

**Yours obediently,**

**Signature:**

**Rank :**

**EAMCET/NEET H.T. No. :**

**PERMANENT ADDRESS FOR COMMUNICATION**

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

**Phone No:**

**DISCIPLINARY DECLARATION TO BE SIGNED BY CANDIDATE AND PARENTS/GUARDIAN**

I, Mr./Miss .....  
H.T. No. .... a student of GVP Institute of Health Care & Medical Technology, Visakhapatnam do here by agree with the Gayatri Vidya Parishad Society. and his successors and assignees to confirm from this date, to the rules & regulations including those relating to the hostel if I am admitted there to, laid down or to be laid down here after by the Dean for the time being for the due maintenance of discipline at said Medical College and Hostel and I further agree with Gayatri Vidya Parishad Society and his successors and assignees to make good when called upon if any damages to furniture, apparatus or other things which may be caused by any carelessness, negligence on my part.

I also agree to maintain good association with my fellow students and I realize that misdemeanor towards them or the new entrants in the College and in the Hostel is punishable with summary discharge from the college.

I assure the College authorities that I shall not indulge in illegal strikes, ragging, violence and any anti-social activity; I am prepared to face disciplinary action in the event of violation of rules .

In witness where of 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. Occupation :
3. House Number :
4. Street :
5. Locally :
6. Village/ Town :
7. Pin Code :
8. Taluk :
9. District :
10. Telephone No. with STD code :
11. Mobile No. :



**GAYATRI VIDYA PARISHAD  
INSTITUTE OF HEALTH CARE & MEDICAL TECHNOLOGY  
VISAKHAPATNAM  
APPLICATION FOR ADMISSION INTO HOSTEL**

(To be submitted in-duplicate)

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1. Name of the Student :
  2. Date of Birth :
  3. Class or year of the MBBS course :
  4. When admitted to the above class :
  5. Religion and Social Status :
  6. If SC/ST/BC specify the name of the caste :
  7. Date of Admission in the college
    - a) Duration of the course
    - b) Occupation of the parent /  
Guardian and address & :  
Telephone No. :
  8. Hobbies :
  9. If there any relative residing locally:  
Specify the name and address & :  
Telephone No. :
  10. The fees are to be paid at the time  
of the admission into the Hostel Refundable Caution deposit - Rs. 25000/-
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**DECLARATION**

I ..... a member of GVP Institute of Health Care & Medical Technology, Visakhapatnam Men's/ Women's Hostel hereby declare that I abide by the Hostel rules regularly. I will obey the rules and discipline of the Hostel. If at any time there is any complaint against me, I will abide by the decision of the college authorities.

Signature of the parent/ Guardian

Signature of the Student

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**(FOR OFFICE USE ONLY)**

I, Certify that the applicant can be accommodated in Men's/ Women's Hostel. The applicant was not resident of the Hostel before and he/she was not expelled for Non-payment of bills or on disciplinary grounds.

**WARDEN,  
MEN'S/ WOMEN'S HOSTEL,  
GVPIHC&MT  
Visakhapatnam**

**ADMIT/ ADMISSION REFUSED**



**GAYATRI VIDYA PARISHAD  
INSTITUTE OF HEALTH CARE & MEDICAL TECHNOLOGY  
VISA KHAPATNAM**

**UNDER TAKING BY SC/ST/BC CANDIDATES**

I hereby solemnly affirm and sincerely state that \_\_\_\_\_  
I belongs to Scheduled Caste / Scheduled Tribe / Backward  
Community (Sub caste) viz., \_\_\_\_\_  
and that my community declared before you and documents filled by me before that  
admission authority and you in support of my community is true and correct and the  
community certificate produced by me to the above effect is genuine. I hereby agree for  
detailed enquiry into my S.C. / S.T. / B.C. Status claim by the Commissioner of concerned  
department and abide by the findings 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 see any legal remedy against termination of my  
provisional admission in the event of my S.T. / S.C. / B.C. Status claim being found to be  
false or wrong and I hereby understand that I shall liable for criminal prosecution on the  
event of my S.T. / S.C. / B.C. 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 :

Telephone No. (R) :

Mobile No. :