

# **SANTOSH**

**Deemed to be University**



**2.1.3 Student enrollment pattern and student profile demonstrate national/international spread of enrolled students from other states and countries**



## ADMISSION FORM



### Course Applied for

MBBS  BDS  B.Sc.  MD/MS  MDS  M.Sc.  MJHA  Ph.D.

Specialty: M.S. GENERAL SURGERY

Whether Alumni of this University - Yes/No, If yes Course \_\_\_\_\_ Batch \_\_\_\_\_

### Personal Details

Name of the Candidate: SOHA Middle Name CHOUDHARY Surname YALAVARTHI

Sex Female Nationality Indian Religion Hindu Community \_\_\_\_\_

Date of Birth 27-03-1998 Age (As on 31<sup>st</sup> Dec of the year of admission) \_\_\_\_\_ Years 24

Place of Birth Secunderabad State of Domicile Hyderabad, Telangana

Whether the applicant belongs to: (A) SC (B) ST (C) OBC (D) General/UR (E) Others \_\_\_\_\_

EWS: Yes/No Details \_\_\_\_\_

Physically Challenged: Yes/No Details \_\_\_\_\_

PAN Card No. MWNP55592T Aadhar No. 6407 4622 9380

NEET Details UG NEET \_\_\_\_\_ PG NEET \_\_\_\_\_ Date of Exam 11<sup>th</sup> Sept 2021

NEET Roll No. 2166141690 All India Rank 63507 Category Rank \_\_\_\_\_

Candidate Mobile No. 9885786954

Phone No. (STD Code): 8639780131 No. \_\_\_\_\_

Email ID: sohayalavarthi98@gmail.com



### Details of Qualifying Examination

Class/Degree	Board/Council University	Name & Address of the School/Institution/University	Year of Passing	% of Marks obtained	Name of the Council, Regn. No. & Data
10 <sup>th</sup>	Narayana Olympiad School	Board of Secondary Education Kukatpally, Rangareddy district	2013	58 grade points	Andhra Pradesh 1336108599
10+2	Telangana State Board	Sri Chaitanya Sri Nagar Branch	2015	94.1%	1515227260
MBBS/ BDS/Any other UG Course	Dr. NTR University of Health Sciences A.P.	Dr. Pinnamaneni Sathavathi Institute of Medical Sciences and Research Foundation, Gannavaram	2020	65.7%	APMC 117272
MD/MS/ MDS/ M.Sc.					
Period of Completion CRR1/CRI		From <u>23-03-2020</u>	To <u>22-03-2021</u>		
		Name of the Institution <u>Dr. PSIMS &amp; RF</u>			

Whether hostel accommodation is required: Yes/No, \_\_\_\_\_

If yes, please specify - Twin AC  Twin Non AC \_\_\_\_\_ Single Non AC \_\_\_\_\_ Single AC \_\_\_\_\_



Form No. ....

Family Details

Father's Name (Mr./Shri./Dr.) YALAVARTHI SUNIL BABU

Occupation Business Designation MD Department .....

Central Govt./State Govt./Public Sector/Private Salaried/Business/Pvt. Practice .....

Place of Work Hyderabad

PAN Card No. ABUPY1000H Aadhar No. 929148747498

Mobile No. 8639780131

E-mail id ysunilbabu@gmail.com Phone No. (Res.) STD Code: ..... No. ....

Permanent Address. F.No. 202, Bhavya Sai Nivas, Bhandari Layout, Nizampet village, Hyderabad - 500090

Address for Correspondence. F.No. 202, Bhavya Sai Nivas, Bhandari Layout, Nizampet village, Hyderabad 500090

Mother's Name YALAVARTHI SARITHA

Occupation Business Designation MP Department .....

Central Govt./State Govt./Public Sector/Private Salaried/Business/Pvt. Practice .....

Place of Work Hyderabad

PAN Card No. ABUPY3993P Aadhar No. 890308243220

Mobile No. 7993353813

E-mail id saritha.family@gmail.com Phone No. (Res.) STD Code: ..... No. ....

Permanent Address. F.No. 202, Bhavya Sai Nivas, Bhandari Layout, Nizampet village, Hyderabad, 500090

If Applicable: Spouse's/Guardian's Name .....

Occupation..... Designation ..... Department.....

Central Govt./State Govt./Public Sector/Private Salaried/Business/Pvt. Practice.....

Place of Work .....

PAN Card No. .... Aadhar No. ....

Mobile No. ....

E-mail id ..... Phone No. (Res.) STD Code: ..... No. ....

Permanent Address .....

Annual Income of the Parent/Guardian/Spouse: Rs. 10,00,000/- /annum

(In words) Ten lakh only

Signature of Parent/Guardian/Spouse Sunil Babu

Place: Ghaziabad

Signature of Candidate Solu

Date: 25-04-2022



Form No. ....

CHECK LIST

List of Documents to be Attached with the Application

(a) Documents	Tick	Count
1. 10 <sup>th</sup> Marksheet	Yes / No	( )
2. 12 <sup>th</sup> Marksheet	Yes / No	( )
3. 10 <sup>th</sup> Passing Certificate	Yes / No	( 1 )
4. 12 <sup>th</sup> Passing Certificate	Yes / No	( 1 )
5. MBBS / BDS / MD / MS / MDS / MSc Degree Mark Sheets [All years]	Yes / No	( 4 )
6. Conduct / Character Certificate from the Principal of the School / College last studied.[For Open school students Certificate from the Gazetted Officer].	Yes / No	( 1 )
7. Transfer/ Migration Certificate from the College/ Board/University	Yes / No	( 2 )
8. Gap Year Certificate if any [ Notarized on Rs.100/- stamp paper]	Yes / No	( )
9. Internship Completion Certificate	Yes / No	( 1 )
10. Degree / Provisional Pass Certificate of the University	Yes / No	( 1 )
11. Medical / Dental Council Registration Certificate	Yes / No	( 1 )
12. Domicile and Caste Certificate Issued by the Competent authority	Yes / No	( )
13. EWS Certificate (if applicable)	Yes / No	( )
(b) Annexure		
a. Last 3Years ITR of Parent / Guardian/ Spouse/Candidate	Yes / No	( )
b. Self attested PAN Card copy of the candidate	Yes / No	( 1 )
c. Self attested PAN card copy (ies) of Father/Spouse (if applicable)	Yes / No	( 1 )
d. Post Dated Cheques (PDC Cheques of whole course years)	Yes / No	( 2 )
e. Affix Family Photograph	Yes / No	( )
f. Others, if any, specify:	Yes / No	( )
(i) NEET Admit Card	Yes / No	( 1 )
(ii) NEET Provisional Allotment Letter	Yes / No	( 1 )
(iii) NEET Result (Score Card)	Yes / No	( 1 )

Total 19

Total Number of Documents enclosed (in Nos./Words) NINETEEN

Kindly Ensure to avoid misplacement, all documents / certificates must be indexed properly and to be arranged in the order as mentioned in the Check List and serially numbered and tagged or stapled with the Admission Form.

Signature of Parent/Guardian/Spouse Sunil Babu

Place: Ghaziabad

Signature of Candidate Solu

Date: 25-04-2022



భారత ప్రభుత్వం

Government of India

భారత ప్రభుత్వం

Enrollment No.: 2189/64372/22238

Generation Date: 23/09/2017

Generation Date: 23/09/2017

To  
యలవర్తి సోహ చౌదరి  
Yalavarthi Soha Choudhary  
D/O Yalavarthi Sunil Babu  
2-22-29A/2B/601  
Bruggyanagar  
Kukatpally  
Hyderabad Kukatpally  
Telangana - 500072  
9948209668

Signature valid



మీ అధార్ నంబర్ / Your Aadhaar No. :

6407 4622 9380

నా ఆదార్, నా గుర్తింపు



భారత ప్రభుత్వం  
Government of India



యలవర్తి సోహ చౌదరి  
Yalavarthi Soha Choudhary  
పుట్టిన తేదీ DOB: 21/03/1998  
FEMALE

6407 4622 9380

నా ఆదార్, నా గుర్తింపు



Sohu

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