

GOVERNMENT OF THE TELANGANA

OFFICE OF THE PRINCIPAL, GOVERNMENT MEDICAL COLLEGE, NAGARKURNOOL

Check list & Acknowledgement for Receiving of Original Certificates

Check list for verification and receipt of Original Certificates of allotted candidates to 1" year MBBS for the Academic Year 2024-25

Sl.No _____

Date of admission ___/___/2024

Name of the candidate: _____ Rank No: _____

Sl. No	Certificate	Yes	No	Remarks
1	NEET Admit card			
2	NEET Rank card			
3	Provisional Admission Order			
4	S.S.C or Equivalent Examination			
5	Intermediate or 10+2 examination			
6	Study & Conduct certificates (1 to 10" & Intermediate)			
7	Transfer certificate (T.C)			
8	Residence Certificate issued by Tahsildar			
9	Candidates who have studied in the institutions outside of Telangana have to submit 10 years (years of period to be specified) residence certificate of the candidate or either of the parent issued by MRO/Tahsildar excluding the period of study/employment outside the State.			
10	a) Latest SC, ST, BC certificates is valid. b) Latest OBC Certificates is valid. c) Latest caste certificates issued by the Tahsildar/MRO concerned.			
11	Latest EWS Certificate is valid.			
12	Latest PWD Quota, Certificates issued by Medical Board of Medical Counselling committee authorized centers only is valid.			
13	Minority Certificate issued by competent authority of Government of Telangana.			
14	CAP/NCC & S.&G./P.H/Anglo-Indian /PMC Certificate			
15	Latest Income Certificate			
16	Aadhar Card			
17	15 Envelops with permanent address			
18	Candidates Latest Passport size 6-Photos			
19	Undertaking Bond for Genuinity of Certificates on Rs:100 Non-Judicial stamp paper			
20	Undertaking Bond for Rs. 20 Lakhs on Rs:100 Non-Judicial stamp paper			
21	Anti-Ragging Bond by Student on Rs: 100 Non-Judicial stamp paper			
22	Anti-Ragging Bond by Parent on Rs:100 Non-Judicial stamp paper			
23	Gap Certificate issued by MRO Tahsildar			
24	Employment Certificate of Parent (Non-Local status)			
25	Equivalency certificate			
26	Migration Certificate.			
27	2 sets of Xerox copies with self-attestation of all original Certificates (Mentioned above) and Bonds with Aadhar cards.			
28	D.D. amount of Rs.29000/- (OC & BC) and Rs.27000/- (SC & ST) In the favour of "Principal CDS GMC NAGARKURNOOL" D.D No.: _____ Date: _____			
29	D.D in favor of "THE REGISTRAR, KNRUHS, WARANGAL" Fee Rs. 12000/- For (All India Quota Students) D.D No.: _____ Date: _____			

If any remarks:-

Signature of Vice Principal (Academic)
With Seal

**PROFORMA FOR UNDERTAKING IN THE FORM OF AFFIDAVIT
(ON NON-JUDICIAL STAMP PAPER OF RS:100)
BOND FOR UG MBBS/BDS ADMISSION FOR THE ACDEMIC YEAR 2024-25**

UNDERTAKING

I _____, D/o,S/o _____, bearing UG NEET
2024, Rank No _____ (Candidate name)

AND

I _____, F/o _____ bearing UG NEET 2024
Rank No. _____ (Parent name)

Hereby give an undertaking as below, in connection with our claims with regard to certificates submitted for admission into **UG Medical and Dental courses** for the Academic year 2024-25 in Colleges affiliated to KNR University of Health Science. We, hereby declare that all our certificates are genuine.

I am aware that if the submitted relevant certificate(s) is/are found to be not genuine at a later date, my admission is liable to be cancelled and I am liable for criminal prosecution, as may be legally deemed fit. Further I agree that I will abide by the Rules and regulations of KNR University of Health Sciences.

I also hereby undertake that I shall not enter into legal litigation, if the seat allotted to me is cancelled, for the above reasons.

Signature of the Parent/Guardian

Signature of the Candidate.

Aadhar No:

Address:

Date:

Place:

STUDENT DATA (2024-25 MBBS Batch)

NEET RANK :
NEET ROLL NO :
KNRUHS Merit :
Student Name (Block letters) :
Father's Name :
Mother's Name :
Gender : (M/F) Category/Caste :
Category/Caste : Local/Non-Local :
Date of Birth :
SSC Hall Ticket No :
SSC, Month & Year of Passing :
SSC, Maximum & Scored Marks :
Inter Maximum & Scored Marks (P-C-B Only):
Inter Maximum & Scored Marks (English Subject Only):
Total Marks Obtained in Eligibility (NEET) Exam:
Allotted Quota (AIQ, CQ, MQ) :
Allotted Details as per KNRUHS (Provisional) Allotted Letters:
Date of Admission :
Student Mobile No : Student E-Mail-ID :
Aadhaar No :
Father Mobile No : Father's E-Mail-ID :

Affix recent passport
size photo

Identification Marks (As per SSC/Birth Certificate):

- 1.
- 2.

Permanent Postal Address:

H-No : Street / Village :
Mandal : District :
State : Pin Code :

Certified that Kum/Sri _____ S/o, D/o, _____

Studying in MBBS _____ year given information or data is true.

Parents Signature

Student Signature

KNRUHS DISCONTINUATION BOND
(ON NON-JUDICIAL STAMP PAPERS OF Rs.100/- WITH NOTARY)
BOND FOR UG MBBS/BDS ADMISSION FOOR THE ACADEMIC YEAR 2024-25

I _____ (Name of the candidate) S/o, D/o _____ (Name of the Parent) Selected for MBBS/BDS Course do hereby undertake to complete the course as per requirement of KNR University of Health Sciences, Warangal, Telangana. In the event of my discontinuing the studies after joining the course or after the date of announcement of second phase of admissions, I undertake to pay KNR University of Health Sciences, a sum of Rs.20,00,000/- (Rupees Twenty lakhs only) and I am aware that I will be debarred for three years for admission into MBBS/BDS course in the state of Telangana besides payment of Rs.20,00,000/- (Rupees Twenty lakhs only) for forfeiture of the bond in accordance to the G.O.Ms.No.125,126 and 127 HM&FW Depot Dated:22.09.2022.,

Signature of the candidate.

I _____ (Name of the Parent), parent of Mr./Ms. _____ (Name of the Candidate), do hereby undertake to pay KNR University of Health Sciences, a sum of Rs.20,00,000/- (Rupees Twenty lakhs only) in case of discontinuation of MBBS Course after joining or after the date of announcement of second phase of admissions by son/daughter and I am aware that, my son/daughter will be debarred for three years for admission into MBBS/BDS course in the state of Telangana besides payment of Rs.20,00,000/- (Rupees Twenty lakhs only) towards forfeiture of the bond in accordance to the G.O.Ms.No.125,126 and 127 HM&FW Depot Dated:22.09.2022.

Witness with details of
Permanent address,
& Aadhar card No & Mobile No:

Signature of the Parent.
Permanent address,
& Aadhar card No & Mobile No:

1)

2)

Self-attested Xerox copies of Aadhaar cards along with mobile no's of parent and witness should be enclosed along with the bond.

(TO BE FILLED BY TWO SURETIES)

(1.) In consideration of the Surety Bond executed by the student (Mr. / Ms. _____
Son of/ daughter of _____ resident of _____ in favor of
The Registrar, KNRUHS, Warangal, Telangana and the Principal of Government Medical College,
Nagarkurnool to a sum of Rs. 20,00,000/- only (Rupees Twenty lakhs only),

I _____ hereby stand as surety, jointly and severally, for the payment of the said amount
on the terms mentioned above. In case the student fails to pay on demand a sum of Rs. 20,00,000/- only
(Rupees Twenty lakhs only), I, the said surety, shall, without any objection, pay the said due amount to the
Government Medical College, Nagarkurnool on demand.

I the said surety do solemnly affirm that I am solvent to the extent of the amount of surety and I
have been regularly filing income tax return.

Signature.....
Name of the Surety.....
Present Address:
.....Pin.....
Permanent Address:
.....Pin.....
Aadhaar No:.....
PAN No:
Mobile No:.....

(2.) In consideration of the Surety Bond executed by the student (Mr. /Ms. _____
Son of daughter of _____ resident of _____ in favor of The
Registrar, KNRUHS, Warangal and the Principal of Government Medical College, Nagarkurnool to a sum of
Rs. 20,00,000/- only (Rupees Twenty lakhs only),

I _____ hereby stand as surety, jointly and severally, for the payment of the said
amount on the terms mentioned above. In case, the student fails to pay on demand a sum of Rs.
20,00,000/- only (Rupees Twenty lakhs only), I, the said surety, shall, without any objection, pay the said
due amount to the Government Medical College, Nagarkurnool on demand.

I the said surety do solemnly affirm that I am solvent to the extent of the amount of surety and I
have been regularly filing income tax return.

Signature.....
Name of the Surety.....
Present Address:
.....Pin.....
Permanent Address:
.....Pin.....
Aadhaar No:.....
PAN No:
Mobile No:.....

PROFORMA FOR UNDERTAKING IN THE FORM OF AFFIDAVIT

(ON NON – JUDICIAL STAMP PAPERS OF RS. 100/-)

FORM I (National Medical Commission)

[See sub – clause (a) of clause (i) and sub clause (a) of clause (ii) of sub – regulation (2) of regulation 7]

FORMAT OF UNDERTAKING BY THE STUDENTS

1. _____ (Full Name in Block Letters) _____ Son/Daughter of
Mr./Mrs./Ms. _____ (Full Name in Block Letters) _____ admitted to the course
of MBBS with Admission No. _____ at Government Medical College , Nagarkurnool–
affiliated to Kaloji Narayan Rao University of Health Sciences– have received a copy of the National
Medical Commission (prevention and prohibition of Ragging in Medical Colleges and Institutions)
Regulations, 2021(here in after referred to as the said regulations).

2. I have carefully read and fully understood the provisions in the said regulations.

3. I have particularly perused the provisions of regulations 3 and 4 of the said regulations and have fully
understood what constitutes “ragging”.

4. I have also in particular perused the provisions of chapter IV and read and understood the administrative
and penal actions that may be taken against me in case I am found guilty of ragging or abetting ragging,
actively or passively, or being part of a conspiracy to promote ragging.

5. I hereby undertake that.

(i) I will not indulge in any behaviour or act that may come under the definition of ragging as may be
constituted under regulation 3 of the said regulations;

(ii) I will not participate in or abet or propagates ragging in any form included but not limited to those that
may be constituted under regulation 3 of the said regulations;

(iii) I will not hurt anyone physically or psychologically or cause any other harm.

6. I hereby agree that if found guilty of any aspect of ragging, I may be punished as per the provisions of the
said regulations or as per the applicable laws for the time being in force.

7. I also declare that i have never been found to be guilty of ragging or abetting ragging, actively or
passively, or being part of a conspiracy to promote ragging and have never been punished in any manner
for these offences and further affirm that if this declaration is incorrect or false; my admission is liable to
be cancelled/withdrawn.

Signed on this the _____ day of _____ month of _____ year.

Signature of the Student.

Name:

Address:

Tel/Mobile No:

Signature of Witness 1:

(Name of Witness1):

Address:

Signature of Witness 2:

(Name of Witness2):

Address:

Xerox copies of Aadhar cards along with mobile numbers of witness should be enclosed along with the
bond.

PROFORMA FOR UNDERTAKING IN THE FORM OF AFFIDAVIT

(ON NON – JUDICIAL STAMP PAPERS OF RS. 100/-)

FORM II (National Medical Commission)

[See sub – clause (b) of clause (i) and sub clause (b) of clause (ii) of sub – regulation (2) of regulation 7]

FORMAT OF UNDERTAKING BY PARENT/GUARDIAN OF THE STUDENT

1. _____(Full Name in Block Letters) _____Father/Mother/Guardian of Mr./Mrs./Ms. _____(Full Name of student in Block Letters)_____ admitted to the course of MBBS with Admission No. _____ At Government Medical College, Nagarkurnool– affiliated to Kaloji Narayan Rao University of Health Sciences have receives a copy of the National Medical Commission (prevention and prohibition of Ragging in Medical Colleges and Institutions) Regulations, 2021(here in after referred to as the said regulations).

2. I have carefully read and fully understood the provisions in the said regulations.

3. I have particularly perused the provisions of regulations 3 and 4 of the said regulations and have fully understood what constitutes “ragging”.

4. I have also in particular perused the provisions of chapter IV and read and understood the administrative and penal actions that may be taken against my son/daughter/ward in case he/she is found guilty of ragging or abetting ragging, actively or passively, or being part of a conspiracy to promote ragging.

5. I hereby undertake that my son/daughter/ward

(i) will not indulge in any behaviour or act that may come under the definition of ragging as may be constituted under regulations 3 and 4 of the said regulations;

(ii) will not participate in or abet or propagate ragging in any form included but not limited to those that may be constituted under regulations 3 and 4 of the said regulations;

(iii) will not hurt anyone physically or psychologically or cause any other harm.

6. I hereby agree that if my son/daughter/ward is found guilty of any aspect of ragging he/she may be punished as per the provisions of the said regulations or as per the applicable laws for the time being in force.

7. I also declare that he/she has never been found to be guilty of ragging or abetting ragging, actively or passively, or being part of a conspiracy to promote ragging and have never been punished in any manner for these offences and further affirm that if this declaration is incorrect or false; his/her admission is liable to be cancelled/withdrawn.

Signed on this the _____ day of _____ month of _____ year.

Signature of the Parent.

Name:

Address:

Tel/Mobile No:

Signature of Witness 1:

(Name of Witness1):

Address:

Signature of Witness 2:

(Name of Witness2):

Address:

Xerox copies of Aadhar cards along with mobile Numbers of witness should be enclosed along with the bond.