



::GOVERNMENT MEDICAL COLLEGE::NIZAMABAD::

::TELANGANA STATE:-

ADMISSIONS FOR MBBS COURSE 2023-2024

UG Admission Committee :

1. Dr.K.Indira, Principal,
2. Dr. B.V.Naga Mohan Rao, Vice Principal (Academic).
3. Dr. Sudhakar Babu, Prof. & HOD Anatomy
4. Dr. Syeda Amtul Mequeeth, Microbiology
5. Dr. Kishore Kumar, Community Medicine
6. Dr. Nageshwar Rao, Orthopedics
7. Dr. Shiva Prasad Psychiatry

For Querries and Information :

1. Dr. B.V.Naga Mohan Rao, Vice Principal (admin)
2. Sri.G.Gangadhar, Superintendent, Contact No.9848619925
3. Smt.Ch.Jyothi, Junior Assistant , Contact No.9542592725 (**UG Section Clerk:**)

Reporting Time from 10.00 A.M to 4.00 P.M

- Candidates who want to give willingness for upgradation for Round-2 while retaining Round -1 seat, "**HAVE TO REPORT PHYSICALLY**" atthe allotted institute to confirm their admission.
- For allotment under OBC quota, **OBC certificate issued by concerned state government only is valid.**
- For allotment under PWD quota, **certificate issued this year (December 2022/January-2023) by the medical board of Medical counselling committee authorized centres**

All the candidates who have been allotted MBBS seats in UG counselling, in this institute are hereby directed to submit the following documents:

New Under Graduate (MBBS College Fee Structure for 2023-24)

Sl. No.	Description	OC/BC	SC/ST	Frequency
01.	Tuition Fee	10000-00	10000-00	YEARLY
02.	CDS	5000-00	5000-00	ONCE
03.	E-Library	2000-00	2000-00	YEARLY
04.	Central Stores	2000-00	2000-00	ONCE
05.	Library Fee	2000-00	2000-00	YEARLY
06.	Caution Deposit	3000-00	3000-00	ONCE
07.	Academic Development Fund	3000-00	1000-00	ONCE
08.	Non-Government Fund	2000-00	2000-00	ONCE
	TOTAL	29000-00	27000-00	

DEMAND DRAFT IN FAVOUR OF “College bank Details ” FROM ANY NATIONALIZED BANK.

Hostel Fee Structure(2023-2024)

Sl. No.	Description	Amount
01.	Non-Refundable Amount	5000-00
02.	Caution Deposit (Refundable)	5000-00
03.	Rent (Rs. 600/- Per Month×12 Months)	7200-00
04.	Hostel Admission Application Fee	1000-00
	Total	18200-00

D.D IN FAVOUROF “ PRINCIPAL GOVERNMENT MEDICAL COLLEGE NIZAMABAD”

FROM ANY NATIONALIZED BANK.

University Fees(For AIQ Students only)

Sl.No.	Description	Amount
01.	University Fees	Rs.12000-00

DEMAND DRAFT IN FAVOUR OF“**KNR UNIVERSITY OF HEALTH SCIENCES, WARANGAL**”
PAYABLE AT WARANGAL”

GOVERNMENT MEDICAL COLLEGE: NIZAMABAD

Rc. No. GMC-NZB/ACAD/2023/

Date:

CERTIFICATE

This is to certify that,.....S/o.
D/o.....NEET Rank.....NEET RollNo.....has
surrendered the following for prosecution of MBBS studies of 2023-2024 Batch.

1. Provisional Allotment Order
2. NEET Hall Ticket
3. NEET Rank Card/Score Card
4. SSC Pass Certificate (Date of Birth Reference) or its equivalence
5. Intermediate or equivalence Pass Certificate
6. Study and Conduct Certificate VI to XII
7. Study and Conduct Intermediate
8. Caste Certificate
9. Transfer Certificate
10. Residential Certificate (Local / Non Local)
11. D. D in favor of “**THE REGISTRAR, KNRUHS, WARANGAL**”) Fee Rs. 12000/- (All India Quota)
12. College Fee Online Payment / **D.D** in favor of **The Principal Government Medical College Nizamabad** Amount of Rs. 29,000/- (OC, BC) and Rs. 27,000/- for (SC, ST)
13. 4 Passport Size Photos
14. Aadhaar Card Xerox Copy
15. EWS Certificate issued by Tahsildar, respective state government for the Academic year 2023-24 only is valid (If applicable)
16. Form I & II
17. Undertaking in the form of Affidavit on Rs.100 Non Judicial stamp paper by the parent and candidate stating that all the certificates including the caste and category certificates are genuine and they are responsible for any further consequences as per law shall be submitted at the time admission. If any discrepancy is noticed, the admission will be cancelled.
18. Bond of Rs. **20,00,000/- (Rupees Twenty Lakhs) for in case of discontinuation of course.**
The above certificates will not return to him/her unless he/she completes the course as norms of KNR University of Health Sciences, Warangal, Telangana State. **The above said certificates should submit in two(2) set of Xerox copies at the time of admission.**

SIGNATURE



NAME & ADDRESS OF THE
COLLEGE
(As per College Letter Head)

Photo of the
Candidate (Attested
by the Principal)

KALOJI NARAYANA RAO UNIVERSITY OF
HEALTH SCIENCES, TELANGANA,
WARANGAL-506002

DETAILS OF THE CANDIDATE ADMITTED INTO UG (MBBS) COURSE FOR THE ACADEMIC
YEAR 2023-24

S.No.: NEET Rank : NEET Roll NO : KNRUHS Merit :

Student Name (**Block Letters**) : (AS IN INTERMEDIATE CERTIFICATE)

Father's Name: Gender:

Address:

Category/Caste:

Local/Non-Local:

DOB (**DD/MM/YYYY**):

Qualifying Examination Board:

Allotted Quota (**AIQ, CQ, MQ**) :

Allotted Details as per
KNRUHS Allotment Letter: (**Please Refer to the Allotment letter issued by KNRUHS**)

Site/College Code:

Mobile Number (10 Digits Only):

Email ID:

Aadhaar Number:

Total Marks Obtained in Eligibility Exam:

Maximum Marks in Eligibility Exam:

Identification Marks (**As per
SSC/Birth Certificate**)

1)

2)

Signature of the Candidate

Signature of the Principal along with the Official Seal

Form – I

FORMAT OF UNDER TAKING BY THE STUDENT

1. I _____(*Full name in BLOCK LETTERS*)
_Son/Daughter of Mr./Mrs./Ms _____(*Full name in BLOCK LETTERS*) admitted to the
course of _____) at Government Medical College Nizamabad with
_____ Admission number affiliated to Kaloji Narayana 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 (Herein 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 a abetting ragging actively or passively or being part of conspiracy to promote ragging.
5. I hereby undertake that _____
 - (i). I will not indulge in any behavior or act that may come under the definitions of
ragging as may be constituted under regulation 3. of the said regulations.
 - (ii). I will not participate in or abet or propagate ragging in any form included but notlimited 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 conspiracy to promote ragging and have never been punished in any
manner for these offences and further affirm that if these declaration is incorrect or false, my
admissions is liable to be cancelled/ withdrawn.

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

Signature
Name of the Student
Address

Phone no.

Witness I
Name and Signature
Address

Witness II
Name and Signature
Address

Form – II

FORMAT OF UNDER TAKING BY THE PARENTS/GUARDIAN OF THE CANDIDATE/STUDENT

1. I _____ (Full name in BLOCK LETTERS) _____
Father/Mother/Guardian of Mr./Mrs./Ms _____ (Full name of Student in BLOCK LETTERS) _____ admitted to the course of _____ at
Government Medical College Nizamabad with Admission number affiliated to Kaloji Narayana Rao University of Health Sciences, hereby declare that, I have received a copy of the National Medical Commission (Prevention and Prohibition of Ragging in Medical Colleges and Institutions) regulations, 2021 (Herein 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 a abetting ragging actively or passively or being part of conspiracy to promote ragging.
5. I hereby undertake that my son / daughter / ward
 - (i). Will not indulge in any behavior or act that may come under the definitions of ragging as may be constituted under regulation 3. 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 regulation 3. of the said regulations. (iii). Will not hurt anyone physically or psychologically or cause any other harm.
6. I hereby agree that 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 have never been found to be guilty of ragging or abetting ragging, actively or passively, or being part of conspiracy to promote ragging and have never been punished in any manner for these offences and further affirm that if these declaration is incorrect or false, his / her admissions is liable to be cancelled/ withdrawn.
Signed on this _____ day of _____ month of _____ year.

Signature

Name of the Parent / Guardian
Address

Phone no.

Witness I
Name and Signature
Address

Witness II
Name and Signature
Address

PROFORMA FOR UNDERTAKING IN THE FORM OF AFFIDAVIT
(ON NON- JUDICIAL STAMP PAPERS OF RS.100/-)

UNDERTAKING

I, (Candidate name) S/o / D/o..... , bearing UG NEET 2023 Rank No and
I, (Parent name) F/o: (Candidate name) , bearing UG NEET 2023 Rank No_____hereby
give an undertaking as below in connection with our claim with regard to certificates submitted
for admission into UG Medical Course for the Academic Year 2023-24 in Colleges affiliated to
KNR University of Health Sciences.

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 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

KNRUHS DISCONTINUATION BOND

PROFORMA FOR UNDERTAKING IN THE FORM OF AFFIDAVIT

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

BOND FOR UG MBBS/BDS ADMISSION FOR THE ACADEMIC YEAR 2023-24

I, _____ (Name of the candidate)S/o,D/o _____ (Name of the parent),selected for MBBS/BDS course do hereby under take to complete the course as per the requirement of KNR University of health sciences,telangana,Warangal.in the event of my discontinuing the studies after joining the course or after the date of announcement of second phase of admissions,I under take 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) towards forfeiture of the bond in accordance to the G.O.Ms.NO.125,126 and 127 HM&FW Dept Dated:22.09.2022.

Signature of the candidate

I, _____ (Name of the parent)S/o,D/o _____ (Name of the candidate),do hereby under-take to pay KNR University of health Sciences,Telangana,Warangal.,a sum of Rs.20,00,000/-(Rupees Twenty lakhs only)in case of disconuation of MBBS Course after joining or after the date of announcement of second phase of admissionsby my 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 Dept Dated:22.09.2022.

Signature of the parent

Witness:

1)

2)

Sureties by Income Tax Payees / Gazetted Officers only.

(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 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 Registrar KNRUHS Warangal on demand.

I the said surety do solemnly affirm that I am solvent to the extent of the amount of surety and 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 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 Registrar KNRUHS Warangal 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.:

GOVERNMENT OF TELANGANA
REQUISITION FOR IDENTITY CARD
GOVERNMENT MEDICAL COLLEGE
NIZAMABAD - 2023-24

To be filled BLOCK LETTERS

Name of the Student :

Department/Course :

Batch :

Date of Birth :

Blood Group :

Affix Passport
Size Photo

Signature of Student

Full Permanent Address :
with Pin code

Mobile No. :

Kindly Issue Identity card.

PRINCIPAL

**DD PAYMENT
MBBS (UG) ADMISSION**

IN FAVOUR OF

**“ PRINCIPAL GOVERNMENT MEDICAL
COLLEGE NIZAMABAD”**

ACCOUNT NO: 038710100114461

IFSC CODE-UBIN0803871

**UNION BANK OF INDIA GODOWN ROAD
BRANCH NIZAMABAD**

**(2) SETS XEROX COPIES ALL
CERTIFICATES**

(4) PASSPORT SIZE PHOTOS