



::GOVERNMENT MEDICAL COLLEGE:: KARIMNAGAR::

::TELANGANA STATE::

ADMISSIONS FOR MBBS COURSE 2023-24

UG Admission Committee :

1. Dr. S. LAKSHMINARAYANA, Principal, Govt. Medical College, KARIMNAGAR
2. Dr. R. SHANTHAN KUMAR, Vice Principal – Coordinator - 9885054263

| Sl No. | Team (A) | Team (B) |
|--------|---|---|
| 1 | Dr. T. Prasuna, Associate Professor, Anatomy Dept. | Dr.M.Ravikanth, Assistant Professor, General Medicine Dept. |
| 2 | Dr.K. Satyanarayana, Assistant Professor, Bio-chemistry Dept. | Dr.B.Archana, Assistant Professor, Dept of Microbiology. |
| 3 | Dr.B. Shekar Rao Assistant Professor, Forensic Medicine Dept. | Dr.T. Uday Aditya, Assistant Professor, Hospital Administration Dept. |
| 4 | Dr.T.Bhavani, Assistant Professor Anatomy Dept. | Dr.G.Suchitra Assistant Professor, Physiology Dept. |
| 5 | Dr.T.Manasa, Assistant Professor, Pathology Dept | Dr.Mohammed Abdullah Saad , Assistant Professor, Biochemistry Dept. |

For Queries and Information :

1. Sri.S. Augustine, Administrative Officer, Mob.No.9396940686
2. Sri.M.A. Bari Administrative Officer, Mob.No.9849619115
3. Sri.M.A. Nayeem Office Superintendent Mob.No.7013639366
4. Sri.M. Ram Damodar Rao, Office Superintendent, Mob.No.9849338999
5. Smt.V. Jyothi, Office Superintendent, Mob.No. 9490180882

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”** at the 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 should be latest - 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:

**THE FOLLOWING DOCUMENTS ARE TO BE SUBMITTED AT THE TIME OF
ADMISSION**

- | | |
|--|-----------------|
| 1. Provisional Allotment Order | (YES/NO) |
| 2. Neet UG ADMIT Card – 2023 (Mandatory) | (YES/NO) |
| 3. Neet UG Rank Card – 2023 (Mandatory) | (YES/NO) |
| 4. Birth Certificate (SSC Marks Memo or Its Equivalence) (Mandatory) | (YES/NO) |
| 5. Qualifying Exam Certificate (Intermediate Marks Memo OR Equivalent - Grade Certificate Not Accepted (Mandatory) | (YES/NO) |
| 6. Study & Conduct Certificates VI to X (Mandatory) | (YES/NO) |
| 7. Study & Conduct Certificates XI & XII (Intermediate) (Mandatory) | (YES/NO) |
| 8. Latest Caste Certificate (Mandatory - if applicable) with father Name | (YES/NO) |
| 9. Transfer Certificate (Mandatory) | (YES/NO) |
| 10. Minority Certificate (Mandatory - If applicable) | (YES/NO) |
| 11. EWS Certificate for the year 2023-24 - Claiming Reservation under EWS Categories issued by Competent Authority (Tahsildar) of State of Telangana(Mandatory - if applicable) | (YES/NO) |
| 12. Latest Parental Income Certificate (If applicable) | (YES/NO) |
| 13. Residence Certificate of the Candidate or either parent issued by MRO /Tahasildar of Telangana for a period of Ten(10) years (period to be specified with exact month and year) excluding the period of Study / employment outside the state (Mandatory – if applicable) | (YES/NO) |
| 14. GAP Certificate Issued by Tahsidlar/ MRO (Mandatory – If applicable) | (YES/NO) |
| 15. NCC Certificate (Mandatory – If applicable) | (YES/NO) |
| 16. CAP Certificate (Mandatory – If applicable) | (YES/NO) |
| 17. PMC Certificate (Mandatory – If applicable) | (YES/NO) |
| 18. Anglo Indian Certificate (Mandatory – If applicable) | (YES/NO) |
| 19. PWD certificate (Mandatory – If applicable) certificate issued this year (December 2022-January 2023) by the Medical board of Medical Counseling committee authorized centres. | (YES/NO) |
| 20. Employment Certificate of parent (For Non-Local Status) | (YES/NO) |
| 21. D. D in favor of “ THE REGISTRAR, KNRUHS, WARANGAL ”) | |
| Fee Rs. 12000/- (All India Quota) (Mandatory) | (YES/NO) |
| 22. College Fee DEMAND DRAFT in favor of the PRINCIPAL, GOVERNMENT MEDICAL COLLEGE, KARIMNAGAR payable at KARIMNAGAR Amount of Rs. 29,000/- (OC, BC) and Rs. 27,000/- (SC, ST) (Mandatory) | (YES/NO) |
| 23. 4 Passport Size Photos -Latest (Mandatory) | (YES/NO) |
| 24. Aadhaar Card Xerox Copy (Mandatory) | (YES/NO) |
| 25. Form I & II (Enclosed) | |
| 26. Specimen Signature of the Candidate (Mandatory) | (YES/NO) |
| 27. 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.(Mandatory) | (YES/NO) |

28. Bond of Rs. 20,00,000/- (Rupees Twenty Lakhs).(Mandatory) (YES/NO)
29. 2 sets of self attested xerox copies of all certificates and Bonds (YES/NO)
30. Processing Charges of Rs 2000/- **DEMAND DRAFT** in favor of the
PRINCIPAL, GOVERNMENT MEDICAL COLLEGE,
KARIMNAGAR payable at **KARIMNAGAR** (YES/NO)
***All DD (Demand Draft) must be drawn from a Nationalized Bank Only**

31. Self attested copies of Aadhaar and pan card of sureties.

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.

Signature of verification officers

- 1.
- 2.

GOVERNMENT MEDICAL COLLEGE : KARIMNAGAR: NEET – 2023 MBBS BATCH 2023-24
PERSONAL DATA SHEET OF CANDIDATES ADMITTED ON: _____

Should be filled by the candidate own handwriting:

1. Full Name of the Candidate :
(In block letters as per Intermediate Certificate)
2. Age and Date of Birth :
(As per SSC certificate)
3. Sex :
4. Name of Father & Occupation :
5. Literacy Status of Father :
6. Name of the Mother & Occupation :
7. Permanent Address of the :
Parents Phone No. (O)
(R)
(Mobile)
8. Temporary Address of the Candidate :

Phone No (R)
Mobile:
9. Name of the college where the candidate :
where last studied (Inter 2nd year or +2)
10. Name of the Coaching Centre :
(If Studied)
11. Number of attempts of NEET :
12. After Completion of MBBS Course :
whether you will join in : Govt. Service / Private Service
13. Whether you wish to pursue Postgraduate :
course if yes which speciality

Signature of the Parent/Guardian

Signature of the Candidate

Form – I
FORMAT OF UNDER TAKING BY THE STUDENT

1. I _____ Son/Daughter of
Mr./Mrs./Ms _____ admitted to
the course of _____) at Government Medical College, KARIMNAGAR 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 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 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 admission 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 _____
Father/Mother/Guardian of Mr./Mrs./Ms _____
_admitted to the course of _____) at Government
Medical College, KARIMNAGAR 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 :

KNRUHSDISCONTINUATIONBOND

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), parent of Mr/Ms. _____ (Name of the
candidate), do here by under-take to pay KNR University of Health Sciences, a sum of Rs.20,00,000.00/-
(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 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

Witnesses:

1)

2)

SURITIES BY INCOME TAX PAYEES/ GAZETTED OFFICERS ONLY

(TO BE FILLED BY TWO SURITIES)

(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 and the Principal, Govt.
Medical College, KARIMNAGAR 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 Govt. Medical College, KARIMNAGAR 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, Govt. Medical College, KARIMNAGAR 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 Govt. Medical College, KARIMNAGAR 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/-)

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:

GOVERNMENT MEDICAL COLLEGE, KARIMNAGAR

New Under Graduate (MBBS College Fee Structure)

| 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 **“PRINCIPAL, GOVERNMENT MEDICAL COLLEGE, KARIMNAGAR”** PAYABLE AT KARIMNAGAR FROM ANY NATIONALIZED BANK.

Hostel Fee Structure(2023-24)

| Sl. No. | Description | Amount |
|---------|---------------------------------------|-----------------|
| 01. | Non-Refundable Amount | 5000-00 |
| 02. | Caution Deposit (Refundable) | 5000-00 |
| 03. | Rent (Rs. 1000/- Per Month×12 Months) | 12000-00 |
| 04. | Hostel Admission Application Fee | 1000-00 |
| | Total | 23000-00 |

DEMAND DRAFT IN FAVOUR OF **“PRINCIPAL, GOVERNMENT MEDICAL COLLEGE, KARIMNAGAR”** PAYABLE AT KARIMNAGAR FROM ANY NATIONALIZED BANK.

University Fee(For AIQ Student only)

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

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

Processing Charges of Rs 2000/- DEMAND DRAFT in favor of the **PRINCIPAL, GOVERNMENT MEDICAL COLLEGE, KARIMNAGAR** payable at KARIMNAGAR

Note:- All DD (Demand Draft) must be drawn from a Nationalized Bank Only

SD/-
Principal
Govt. Medical College
KARIMNAGAR

GOVERNMENT MEDICAL COLLEGE:: KARIMNAGAR::
REQUISITION FOR IDENTITY CARD



To be filled in BLOCK LETTERS

1.Name of the student:

2.Department/ Course:

3.Batch:

4.Date of Birth:

5.Blood group:

6.Full permanent Address with Pincode:

7.Mobile No.

Kindly issue Identity card.

Affix recent
Passport size
photo

Signature of the student

ADMN. OFFICER(ACAD),
GMC, KARIMNAGAR.