GOVERNMENT OF TELANGANA
GOVERNMENT MEDICAL COLLEGE KARIMNAGAR, DIST. KARIMNAGAR.

ADMISSIONS FOR MD/MS COURSES 2026-27.

All the candidates who have been allotted MD/MS seats Postgraduate counselling in this institute are hereby directed to submit the following self-attested documents.

Postgraduate Admissions Committee.

1. Dr. M. Taqiuddin Khan, ADME / Principal, GMC, Karimnagar
2. Dr. G. Narender, Professor & HOD, Dept. of Biochemistry & Vice Principal (Academic), GMC, Karimnagar.
3. Dr. R. Shanthan Kumar, Professor & HOD, Dept. of Anaesthesiology & Vice Principal (Administration), GMC, Karimnagar.
4. Dr. J. Shirisha, Associate Professor & I/c. HOD, Dept. of Physiology, (Co-Ordinator)
5. Sri. Md. Afzaluddin, Administrative Officer, Accounts, GMC, Karimnagar.

Sl. No.	Team – A (Offline)	Team – B (Offline)	Team – C (Online)
01	Dr. M. Anil Kumar, Professor, Dept. of Community Medicine	Dr. K. Swetha, Associate Professor, Dept. of Pathology	Dr. R. Shanthan Kumar, Professor & HOD, Dept. of Anaesthesiology
02	Dr.R. Suhela, Assistant Professor, Dept. of Pathology	Dr. B. Praveen Kumar, Associate Professor, Dept. of Dentistry	Dr. Shanigarapu Raj Kumar, Assistant Professor, Dept. of Microbiology.
03	Smt. R. Sharadha, Health Educator	Smt. Shama Parveen, Librarian	Mr. G. Ramesh, DEO

For Queries and Information:

Sl. No.	Name of the Employee	Designation	Contact No.
01	Sri. M. Srikanth	Office Superintendent	9948859292
02	Smt. J. Shailaja	Junior Assistant	8074892992
03	Sri. Md. Rafi	Record Assistant	9392658835
04	Mr. Sd. Pasha	Data Entry Operator	8328602767
05	Mr. K. Venkatesh	Data Entry Operator	9705608383
06	Miss. Grace Seporah	Data Entry Operator	9100842276

Reporting time from 10:00 A.M. to 05:00 P.M.

- For allotment under OBC Quota, the latest OBC Certificate issued by the competent authority of the concerned State Government, not below the rank of Tahsildar, shall be considered valid.

- For allotment under SC /ST Quota, the latest SC /ST Certificate issued by the competent authority of the concerned State Government, not below the rank of Tahsildar, shall be considered valid. In respect of SC candidates, the certificate shall clearly mention the applicable **SC Group-I, SC Group-II or SC Group-III** category.

- For allotment under PWD Quota, (Certificate Issued this year) by the Medical Board of Medical Counselling Committee authorized Centers, shall be considered valid.

Check list of the documents to be submitted by the candidates for (AIQ / CQ), 2026-27 Batch

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

Sl. No	Name of The Particular	Check	
1	NEET PG Provisional Allotment Order – **Mandatory**	Yes	No
2	NEET PG ADMIT Card /Hall Ticket -2026 – **Mandatory**	Yes	No
3	NEET PG Rank Card - 2026 – **Mandatory**	Yes	No
4	Birth Certificate /SSC Marks Memo (or) Its Equivalent – **Mandatory**	Yes	No
5	Qualifying Exam Certificate - Intermediate Marks Memo – **Mandatory**. {Grade Certificate Not Accepted}	Yes	No
6	MBBS Marks Transcript **- Mandatory**	Yes	No
7	MBBS Degree Certificate **- Mandatory**	Yes	No
8	MBBS Permanent Registration Certificate **- Mandatory**	Yes	No
9	Compulsory Rotary Internship Certificate **- Mandatory**	Yes	No
10	Study & Conduct Certificates 9^{th} to 10^{th} – **Mandatory**	Yes	No
11	Study & Conduct Certificates Intermediate / (10+2) Certificate – **Mandatory**	Yes	No
12	Study & Conduct Certificates MBBS – **Mandatory**	Yes	No
13	Transfer Certificate – **Mandatory**	Yes	No
14	Migration Certificate for– **Mandatory** (If applicable)	Yes	No
15	FMG Result Card for Foreign Students – **Mandatory** (If applicable)	Yes	No
16	Latest Permanent Caste Certificate – **Mandatory** (If applicable)	Yes	No
17	Residence Certificate – **Mandatory** (If applicable)	Yes	No
18	Latest Income Certificate – **Mandatory** (If applicable)	Yes	No
19	Service Certificate from Competent authority of Mother or Father, Where Candidates period (01 or More Years) of study is outside Telangana – **Mandatory** (If applicable)	Yes	No
20	**EWS Certificate / OBC/ SC / ST** for the year 2026-27 issued by Competent Authority not below the rank of Tahsildar of concerned State Government – **Mandatory** (If applicable)	Yes	No
21	PWD Certificate (Mandatory - if applicable) **certificate issued by the Medical Board of Medical Counselling committee authorized centres.**	Yes	No
22	GAP Certificate Issued by the competent authority not below the rank of Tahsildar of concerned state – **Mandatory** (If applicable)	Yes	No

23	KNRUHS Discontinuation Bond of Rs.50,00,000/- (Rupees Fifty Lakhs Only) on **Rs.100 non-judicial stamp paper – Mandatory (Annexure – II)**	Yes	No
24	Certificate Genuinity Undertaking Form of Affidavit on **Rs.100 non-judicial stamp paper** by the candidate and parent. If any discrepancy is noticed, the admission will be cancelled – **Mandatory**	Yes	No
25	Senior Residency Discontinuation Bond of Rs.20,00,000/- (Rupees Twenty Lakhs Only) on **Rs.100 non-judicial stamp paper – Mandatory**	Yes	No
26	Undertaking / Declaration Against Drug Abuse on **Rs.100 non-judicial stamp paper – Mandatory (Annexure- IV)**	Yes	No
27	Undertaking by Student (Anti Ragging) – **Mandatory**	Yes	No
28	Undertaking by the Parent / Guardian (Anti Ragging) – **Mandatory**	Yes	No
29	University Fee **DEMAND DRAFT** in favour of **"THE REGISTRAR KNRUHS WARANGAL")** payable at WARANGAL, Amount of **Rs.35,000/-** (All India Quota) – **from a Nationalized Bank Only – Mandatory**	Yes	No
30	Equivalence Fee **DEMAND DRAFT** in favour of **"THE REGISTRAR KNRUHS WARANGAL")** payable at WARANGAL, Amount of **Rs.8,000/-** (Other than Telangana State) – **from a Nationalized Bank Only – Mandatory**	Yes	No
31	Equivalence Fee **DEMAND DRAFT** in favour of **"THE REGISTRAR KNRUHS WARANGAL")** payable at WARANGAL, Amount of **Rs.10,000/-** (Outside India) – **from a Nationalized Bank Only – Mandatory**	Yes	No
32	College Fee **DEMAND DRAFT** in favour of **"College Development Society Fund CDS Government Medical College Karimnagar "** payable at **KARIMNAGAR,** Amount of **Rs. 25,000/- from a Nationalized Bank Only – Mandatory**	Yes	No
33	Processing Fee **DEMAND DRAFT** in favour of **"Principal Govt Medical College Karimnagar Admissions"** payable at **KARIMNAGAR,** Amount of **Rs. 2000/- from a Nationalized Bank Only – Mandatory.**	Yes	No
34	Latest 4 Passport Size Photos – **Mandatory**	Yes	No
35	Aadhaar Card Xerox Copy – **Mandatory**	Yes	No
36	Specimen Signature of the Candidate – **Mandatory**	Yes	No
37	2 sets of self-attested xerox copies of all certificates and Bonds – **Mandatory**	Yes	No

ANNEXURE - II

(NON - JUDICIAL STAMP PAPER OF RS.100/-)

(FOR ALL CANDIDATES)

I, Dr._____ Selected for Postgraduate Degree / Diploma for the year 2026-27 do hereby undertake to complete the course as per the requirement of the University. In the event of my leaving the studies after joining the course, I undertake to pay KNR University of Health Sciences, a sum of **Rs.50,00,000/- (Rupees Fifty Lakhs Only)** and refund the amount received as a stipend / salary up to the date to Government.

Date: **Signature of the Candidate**

Sureties:

1. Signature:
   Name and address in full

   Name and address in full

2. Signature:
   Name and address in full

   2. Signature of Parent
   Name and address in full

N.B.: 1. The Bond format shall be typed on the non-judicial stamped paper

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

CERTIFICATE GENUINITY UNDERTAKING

I, Dr._____ (Candidate Name) S/o. D/o. _____, Bearing PG NEET – 2026 Rank No._____, and

I, _____ (Parent Name) F/o._____ bearing PG NEET Rank No._____ hereby give an undertaking as below, in connection with our claim with regards to certificates submitted for admission into PG Medical and Dental Courses for the academic year 2026-27 in colleges affiliated to Kaloji Narayana Rao, University of Health Sciences. We, hereby declare that all our Certificates submitted are genuine.

I, am aware that if the submitted relevant certificates (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 Kaloji Narayana Rao, 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:

Mobile No:

Address:

Dated: Place:

PROFORMA OF AGREEMENT BOND FOR NON-SERVICE CANDIDATES ADMITTED TO PG MEDICAL COURSES 2026-2027

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

THIS DEED OF BOND IS EXECUTED AT _____ON THIS DAY OF BY

Name: _____ S/O, D/O, W/O _____

Residing At (Permanent Address): _____

_____

Mobile No: _____

Mail id: _____

Aadhar No. _____

TO IN FAVOUR OF PRINCIPAL _____

WHEREAS the Party of the FIRST PART have applied for admission to PG Medical course in Telangana State and the Party of the FIRST PART has been selected to the said course.

As per the GO. Ms. No.155, HM&FW (C1), Department, Dated: 18-11-2021 and the Prospectus of KNRUHS, the Party of the FIRST PART has agreed to serve the Government of Telangana at any of the Government Institutions as per the orders of State Government for a period of one year (For Non Service Candidates) after successful completion of the PG course and on such failure of not completing the full bond period of service, the Party of the FIRST PART shall forthwith pay a sum of Rs. 20,00,000 for PG Degree and Rs. 10,00,000 for PG diploma course.

AND WHEREAS for the better protection of the Government, the Party of the FIRST PART has agreed to execute the bond with 2 sureties who are Government Gazetted Officers/ Income Tax assesses to stand guarantee for the above said amount.

AND WHEREAS the Party of the FIRST PART have also agreed that on successful completion of the Post graduation course, the Party of the FIRST PART shall successfully complete the requisite bond period of one year service or pay to the Government of Telangana (Director of Medical Education) on demand the sum of Rs. _____ Lakh only) and on such default together with interest at Government rates thereon from the date of demand on the said amount.

The Party of the FIRST PART _____ or his/her legal heirs, executors and administrators shall forthwith pay to the Government on demand the said sum of Rs. _____ together with interest in the event of default by the Party of the FIRST PART.

AND upon the Party of the FIRST PART _____ or

1. _____ or 2. _____

The sureties aforesaid making such payment, the above written bond shall be void and be of no effect, otherwise it shall remain in force and virtue.

PROVIDED always that the liability of the sureties hereunder shall not be impaired or discharged by reasonable time being granted or by any forbearance, act or omission of the Government or any person authorized by them (Whether with or without the consent knowledge of the sureties) nor shall it be necessary for the Government to sue the Party of the FIRST PART before suing the sureties

1. _____

2. _____

Or any of them for the amount due hereunder.

This bond shall in all respects be governed by the Laws of India, for the time being in force, and the rights and liabilities shall, where necessary, be accordingly determined by the appropriate courts in India.

This bond is exempted from stamp duty, under Article 57 of Schedule- I of the Indian Stamp Act, 1899. (Central Act II of 1899)

NOW THE DEED OF INDEMNITY BOND WITNESSES AS FOLLOWS:

1. The Party of the FIRST PART has agreed to serve the Government of Telangana for a period of one year on successful completion of the PG course and in the event of default the Party of the FIRST PART shall pay forthwith a sum of Rs. _____ Lakhs only) to the Government of Telangana (Director of Medical Education).

2. For the aforesaid amount of Rs. _____ lakhs only in the event of such default till payment of Rs. _____ Lakhs only) is paid to the Government of Telangana.

Signed and Dated at _____ on this the _____ day of _____

Signed and delivered by the Party of the FIRST PART _____

Signature of the Candidate:

PAN No. of Surety 1 _____

Aadhar No. _____

Signed and delivered by the Surety _____

Signature of the Surety with seal. _____

In the presence of :

Witness 1.	Witness 2.
Name: _____	Name: _____
Address: _____	Address: _____
Signature: _____	Signature: _____

PAN No. of Surety 2 _____

Aadhar No. _____

Signed and delivered by the Surety _____

Signature of the Surety with seal. _____

In the presence of :

Witness 1.	Witness 2.
Name: _____	Name: _____
Address: _____	Address: _____
Signature: _____	Signature: _____

ACCEPTED

For and on behalf of any of the order and direction of the Government of Telangana.

Date :

Station : Principal

ANNEXURE – IV

KNRUHS ANTI DRUG UNDERTAKING

PROFORMA FOR ANTI – DRUG UNDERTAKING/DECLARATION IN THE FORM OF AFFIDAVIT (NON – JUDICIAL STAMP PAPER OF RS.100/-)

We, the undersigned, hereby solemnly affirm and undertake the following:

1. The student shall not consume, possess, procure, manufacture, transport, distribute, sell, purchase, promote or engage in any activity relating to narcotic drugs, psychotropic substances or any other prohibited intoxicating substances during the period of study in the College/University.

2. The student shall abide by the provisions of the Narcotic Drugs and Psychotropic Substances Act, 1985, the Rules made thereunder, the Regulations of Kaloji Narayana Rao University of Health Sciences, Government Orders, and all instructions issued by the University/College from time to time.

3. The parent/guardian undertakes to monitor the conduct and activities of the student and extend full cooperation to the College and the University in maintaining a drug-free campus and preventing drug-related activities.

4. We understand that any involvement of the student in drug-related activities shall be treated as a serious act of misconduct and may result in disciplinary action, including suspension, cancellation of admission, expulsion from the institution, withholding of certificates, and/or initiation of legal proceedings under the applicable laws, without prejudice to any other action that may be taken by the competent authorities.

5. We further declare that the information furnished herein is true and correct to the best of our knowledge and belief, and we agree to abide by this undertaking throughout the period of study.

Name of the Student: **Name of Parent / Guardian:**

PG NEET Roll No: **Relationship with Student:**

Course: **Address:**

College: **Mobile No.:**

Academic Year:

Signature of the Student Signature of the Parent / Guardian

Place :

Date :

FORMAT OF UNDERTAKING BY THE STUDENT (ANTI – RAGGING)

01. I, Dr._____ Son/ Daughter of Mr./Mrs./ Ms. _____ admitted to the PG course of M.D./M.S. _____ at Government Medical College, Karimnagar with NEET PG Rank_____ 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).
02. I have carefully read and fully understood the provisions in the said Regulations.
03. I have particularly perused the provisions of regulations 3 and 4 of the said regulations and have fully understood what constitutes – Ragging.
04. 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 conspiracy to promote ragging.
05. 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.
06. 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.
07. 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 declarations is incorrect or false, my admission is liable to be cancelled / withdrawn.

Signed this on _____ Day of _____Month of _____ Year.

Signature
Name of the Student
Phone No.
Address.

Witness – I
Name, Signature and Address

Witness – II
Name, Signature and Address

FORMAT OF UNDERTAKING BY THE PARENTS/ GUARDIAN OF THE CANDIDATE / STUDENT

01. I, _____ Father / Mother / Guardian of Dr._____ admitted to the PG course of M.D./M.S. _____at Government Medical College, Karimnagar, with NEET PG Rank_____ affiliated to Kaloji Narayana Rao University of Health Sciences, hereby declared 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).
02. I have carefully read and fully understood the provisions in the said Regulations.
03. I have particularly perused the provisions of regulations 3 and 4 of the said regulations and have fully understood what constitutes – Ragging.
04. 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 conspiracy to promote ragging.
05. I hereby undertake that My Son / Daughter / Ward Dr._____
    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 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.
    III. 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.

    I will not hurt anyone physically or psychologically or cause any other harm.
06. 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.
07. I also declare that, my Son/ Daughter / Ward 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 declarations is incorrect or false, his / her admission is liable to be cancelled / withdrawn.

Signed this on _____ Day of _____Month of _____ Year.

Signature
Name of the Parent / Guardian.
Phone No.
Address.

Witness – I
Name, Signature and Address

Witness – II
Name, Signature and Address

GOVERNMENT OF TELANGANA

GOVERNMENT MEDICAL COLLEGE KARIMNAGAR, DIST. KARIMNAGAR.

NEW POSTGRADUATE (PG COLLEGE FEE STRUCTURE)

Sl.No.	Particulars	Amount	Frequency	
1	College Fee (CDS Account)	₹ 25,000.00	Yearly	For All (AIQ & CQ)
Demand Draft in Favour of "College Development Society Fund CDS Government Medical College Karimnagar"Payable at Karimnagar from any Nationalized Bank.				

UNIVERSITY FEE (FOR AIQ Students Only)

Sl.No.	Description	Amount
01	University Fee	₹ 35,000.00
Demand Draft in Favour of "The Registrar KNR University of Health Sciences Warangal", Payable at Warangal from any Nationalized Bank.		

EQUIVALENCY FEE

Sl.No.	Description	Amount
01	For Candidates who completed MBBS from colleges other than Telangana.	₹ 8000.00
02	For Candidates who completed MBBS from other Countries.	₹ 10000.00
Demand Draft in Favour of "The Registrar KNR University of Health Sciences Warangal", Payable at Warangal from any Nationalized Bank.		

PROCESSING CHARGES

Rs. 2000/- Demand Draft in favour of the "Principal Govt Medical College Karimnagar Admissions" Payable at Karimnagar (Non - Refundable), from any Nationalized Bank.

**** Note. All DD (Demand Draft) Must be Drawn from a Nationalized Bank Only.**

KALOJI NARAYANA RAO UNIVERSITY OF HEALTH SCIENCES, TELANGANA, WARANGAL-506002	NAME & ADDRESS OF THE Government Medical College, Karimnagar, 505 451. gmc.karimnagar@gmail.com	Scanned Photo of the Candidate (Attested by the Principal)

DETAILS OF THE CANDIDATE ADMITTED INTO MEDICAL PG DEGREE/DIPLOMA COURSE FOR THE ACADEMIC YEAR 2026-27

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

Student Name (Block Letters):	
Father's Name:	Gender:
Course:	
Address:	

Category/Caste:	Local/non-local:
	DOB (DD/MM/YYYY):
Award (Degree / Diploma)	Service / Non Service
Qualifying Examination Board: NEET	Allotted Quota (AIQ/CQ/MQ)
Allotted Course:	Allotted Region:

Allotted Details as per KNRUHS Allotment Letter:(Please Refer to the Allotment letter issued by KNRUHS)
Site/College Code: 045
College Name : Government Medical College, Karimnagar
Name of the Institution last studied
Date of Completion of Internship
Mobile Number (10 Digits Only):
Email ID:
Aadhaar Number:
Total Marks Obtained in Eligibility Exam: Maximum Marks in Eligibility Exam:

Identification Marks (Asper SSC/Birth Certificate)	1)
	2)
Signature of the Candidate	Signature of the Principal along with the Official Seal

GOVERNMENT MEDICAL COLLEGE KARIMNAGAR, DIST. KARIMNAGAR.

REQUISITION FOR IDENTITY CARD

Affix Recent Passport Size Photograph

To be filled in BLOCK LETTERS

01. Name of the Student :
02. Department / Course :
03. Academic Batch :
04. Date of Birth :
05. Blood Group :
06. Full Permanent Address with Pin code :

07. Student Mobile Number :
08. Parent Mobile Number :

Kindly Issue Identity Card.

Signature of the Student.

Additional DME /Principal
Govt. Medical College,
Karimnagar.