



GOVERNMENT MEDICAL COLLEGE, NARAYANPET

:: TELANGANA STATE::

ADMISSIONS FOR MBBS COURSE 2025-2026

❖ UG Admission Committee:

1. Dr. K. Sampath Kumar Singh, Principal
2. Dr. K. Kiran Prakash, Vice Principal (Academic).
3. Dr. G. Madhavi, Professor of Anatomy,
4. Dr. T. Aruna Kumari, Professor of Biochemistry,
5. Dr. P. Raghunatha Rao, Professor of Pharmacology
6. Dr. T. Sundari Devi, Professor of Pathology
7. Dr. Sunil Kumar a Rayan, Professor of Physiology

❖ For Queries and Information: Timing: 10:00 AM to 5:00 PM.

1. Sri.Ch. Praveen Kumar, Office Superintendent. (Mobile No: 9963560507)
2. Smt. Nafeesunnisa, Office Superintendent. (Mobile No: 7981968847)
3. Sri. S. Balraj, Office Superintendent. (9110706836)
4. Smt. K. Sheela, Junior Assistant. (Mobile No: 9676271407)
5. Smt. Prashanthi, Junior Assistant. (Mobile No: 8374161338)
6. Sri. P. Vamshi, Junior Assistant. (Mobile No: 9704944046)

❖ 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 the year of 2024 by the medical board of medical counselling committee authorized centers.**

Sd/-
Principal
Government Medical College,
Narayanpet District.

OFFICE OF THE PRINCIPAL, GOVERNMENT MEDICAL COLLEGE, NARAYANPET

Check list & Acknowledgement for Submission of Original Certificates

Check list for verification and receipt of Original Certificates of allotted candidates to
1st year MBBS for the Academic Year 2025-26

Sl. No. _____ Date of admission / _____ / 2025

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 st to 10 th & Intermediate)		
7	Transfer Certificate (T.C).		
8	Residence Certificate issued by Tahsildar		
9	Candidates who have studied in the institutions outside of Telanganahave to submit 10 years (years of period to be specified) residence Certificate of the candidate or either of the parents issued by MRO/Tahsildar excluding the period of study/employment outside the State.		
10	1. Latest SC, ST, BC certificates is valid. 2. Latest OBC Certificates is valid. 3. 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 Counseling committee authorized centers only is valid.		
13	Minority Certificate issued by competent authority of Government ofTelangana.		
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 Pass Port 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 Adhar cards.		
28	D.D No.: _____ Date: _____		

Sd/-

Principal

Government Medical College,
Narayanpet District.

Dt: - -2025

To
The Principal,
Government Medical College,
Narayanpet.

Respected Sir,

Sub: - Submission of Joining report – Reg.

I _____ S/o,D/o _____

Rank No _____ has been allotted at Government Medical College,
Narayanpet during _____ phase of counseling under State /AIQ for
the admission into 1st year MBBS for the academic year 2025-2026.

Therefore, kindly I request you to join me for admission. Thanking you,


Yours Sincerely,

(Student Signature)

Name:

Rank No:

Cell No:

		NAME & ADDRESS OF THE COLLEGE (As per College Letter Head) GOVERNMENT MEDICAL COLLEGE, APPAKPALLY (V), NARAYANPET DISTRICT		Affix recent passport size photo
KALOJI NARAYANA RAO UNIVERSITY OF HEALTH SCIENCES, TELANGANA, WARANGAL- 506007				
DETAILS OF THE CANDIDATE ADMITTED INTO UG (MBBS) COURSE FOR THE ACADEMIC YEAR 2025-2026				
S.No.:	NEET Rank :	NEET Roll NO :	KNRUHS Merit :	
Student Name:				
Father's Name:			Gender:	
Address:				
Category/Caste:		Local/Non-Local:		
		DOB (DD/MM/YYYY):		
Qualifying Examination Board:		Allotted Quota (AIQ, CQ, MQ) :		
<u>Allotted Details as per KNRUHS Allotment Letter:</u>				
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		

KNRUHS DETAILS		
1	NEET ROLL NUMBER	
2	NEET RANK	
3	STUDENT NAME (AS PER INTERMEDIATE CERTIFICATE/ EQUIVALENCE)	
4	FATHER NAME (AS PER INTERMEDIATE CERTIFICATE/ EQUIVALENCE)	
5	MOTHER NAME (AS PER INTERMEDIATE CERTIFICATE/ EQUIVALENCE)	
6	GENDER	
7	ADDRESS	
8	DOMICILE STATE OR UT (YOUR NATIVITY OR PERMANENT ADDRESS)	
9	CATEGORY OC/SC/ST/BC A/ BC B/ BC-C/ BC-D/ BC-E/ EWS/OBC OTHERS FOR CANDIADTES JOINED IN AIQ WHOSE CATEGORY IS OBC- PLEASE SELECT OTHERS INCATEGORY LIST	
10	LOCALITY OU- (Telangana Region) AU- (Andhra Region) SVU- (Rayalaseema Region) NL- (Non Local)	
11	SERVICE CANDIDATE (YES OR NO) TYPE NO IFYOU ARE UG(MBBS) STUDENT	
12	DOB (DD/MM/YYYY)	
13	ALLOTTED QUOTA: - CQ- COMPETENT AUTHORITY QUOTA AIQ- ALL INDIA QUOTA STRAY	
14	PHASE: - P1 P2 P3- Aka Mop Up P4 P5 P6 STRAY Those Who Got Government Medical College Narayanpet in P1 and Applied for Sliding and Got Government Medical College Narayanpet Again in P2 Must Select P2 Not P1	

15	ALLOTTED LOCALITY LOC- Local UNR- Unreserved RegionAIQ- All India Quota	
16	ALLOTTED CATEGORYOC SC ST BCA BCB BCC BCD BCE EWS OBC	
17	ALLOTTED SPL CATEGORY NCC CAP PHC NA (NOT APPLICABLE)	
18	MOBILE NUMBER (10 DIGITS ONLY)	
19	EMAIL ID(EX: XXXXXXX@GMAIL.COM	
20	AADHAR NUMBER (12 DIGITS)	
21	SSC /CBSE /ICSE(X) HALL TICKET NUMBER	
22	SSC /CBSE /ICSE(X) Month and year of pass	

GOVERNMENT MEDICAL COLLEGE, NARAYANPET
Appakpally (Village), Narayanpet District, Pin code-509210.
STUDENT DATA (2025-26 MBBS Batch)

NEET RANK :

NEET ROLL NO :

KNRUHS Merit :

Student Name (Block letters):

Father Name :

Mother Name:

Gender : (M/F)

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, and MQ) :

Allotted Details as per KNRUHS (Provisional) Allotted Letters:

Date of Admission: Phase : (I / II / III)

Student Mobile No: Student E-Mail-ID :

Aadhaar No :

Father Mobile No : Father's E-Mail-ID :

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

Affix recent
passport size
photo

Dt: - -2025

To,
The Principal,
Government Medical College,
Narayanpet.

Respected Sir,

Sub: - Undertaking Letter – Reg.

& & &

I _____S/o, D/o_____Rank
No_ _____has been giving undertaking letter for submission of
following pending Original certificates within () days, failing of the
same may leads to cancellation of my admission.

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

Therefore, kindly accept my admission for 1st year MBBS for the
academic year 2025-2026.

Thanking you,

Yours Sincerely,

Parent signature

(Student Signature)

Name :

Name :

Cell No:

Rank No:

Cell No:

ORIGINAL

GOVERNMENT MEDICAL COLLEGE: NARAYANPET

CUSTODIAN CERTIFICATE

Admission No: _____NEET Rank: _____Date: _____

Received the following Original Certificates from

S/o. D/o.....in connection with admission into Frist Year
MBBS Course for the year 2024-25.

Sl. No	PARTICULARS	Tick(√)	
		Yes	No
1	Allotment Order AIQ/KNRUHS.		
2	NEET UG Rank Card/Score Card.		
3	NEET UG Hall Ticket/Admit Card.		
4	Birth Certificate (SSC Marks Memo).		
5	Qualifying Exam Certificate (Intermediate Marks Memo OR Equivalent-Grade Certificate).		
6	Study Certificates from 1 st to 10 th Standard (Study and Conduct/Character Certificate).		
7	Study Certificates of Intermediate or equivalent for 2 Years .		
8	Transfer Certificate.		
9	Latest Caste Certificate (If Applicable) with father name.		
10	Minority Certificate-Muslim Only (If Applicable)		
11	Economically Weaker Section (EWS) Certificate		
12	Latest Parental Income Certificate.		
13	Residence Certificate of the Candidate or either parent issued by MRO/Tahsildar of Telangana/AP for a period of Ten Years .		
14	Aadhaar card Xerox copy		
15	Migration Certificate <u>ONLY FOR AIQ STUDENTS (PERIOD TO BE SPECIFIED W I T H EXACT MONTH & YEAR)</u> excluding the period of study/employment out-side the state (If Applicable).		
16	Equivalency Certificate <u>ONLY FOR AIQ STUDENTS</u> (To be Obtained from Board of Intermediate Education)		
17	Discontinuation Bond (On Rs.100/- Non-Judicial Stamp Paper & Notarized).		
18	To be Filled by Two Sureties (Green Paper) Aadhar and PAN card Xerox with Signature.		
19	Genuinity Bond (On Rs.100/- Non-Judicial Stamp Paper & Notarized).		
20	Form I		
21	Form II		
22	Gap Certificate issued by MRO/Tahsildar .		
23	All the Above Certificates (03 Sets Xerox with self-attestation).		
24	Candidate's Recent Passport Size Photographs- 08 Nos .		
25	Demand Draft-No: _____Date: _____Rs._____		
26	AIQ D.D. No: _____Date: _____Rs.12000.00		

Sign of the Student

Verified by

Sd/-
Principal
Government Medical College,
Narayanpet

GOVERNMENT MEDICAL COLLEGE, NARAYANPET

Rc:No.Spl/Acad/GMC-NRPT/2025

Sub: - Acad-GMC-NRPT- Admissions-Fee structure for undergraduate MBBS courses for the Academic Year 2025-26 - Instructions Issued-Reg.

Ref: - Lr No: /P3/DME/2024 Dt: 25.05.2024, of the DME, Telangana, Hyderabad.

S/NO	Name of the fee particulars	OC/BC	SC/ST	Frequency
1	Tuition Fee	Rs : 10,000/-	Rs : 10,000/-	YEARLY
2	CDS	Rs : 5,000/-	Rs : 5,000/-	ONCE
3	E-Library	Rs : 2,000/-	Rs : 2,000/-	YEARLY
4	Central Stores	Rs : 2,000/-	Rs : 2,000/-	ONCE
5	Library Fee	Rs : 2,000/-	Rs : 2,000/-	YEARLY
6	Caution Deposit	Rs : 3,000/-	Rs :3,000/-	ONCE
7	Academic Development Fund	Rs : 3,000/-	Rs :1,000/-	ONCE
8	Non-Government Fund	Rs : 2,000/-	Rs : 2,000/-	ONCE
	TOTAL	Rs : 29,000/-	Rs : 27,000/-	

The above amount should be paid in D.D in favor of “**COLLEGE DEVELOPMENT SOCIETY GMC NARAYANPET**” from any nationalized Bank Payable at Narayanpet.

Note: Apart from the above fee particulars, the “**ALL India Quota Students**” should pay an amount of Rs: 12,000/- (Rupees Twelve thousand only) as a university fee separately in DD form in the favor of “**Registrar, KNRUHS Warangal**” from any nationalized bank Payable at Warangal.

Sd/-
Principal,
Government Medical College,
Narayanpet District.

GOVERNMENT MEDICAL COLLEGE, NARAYANPET

Rc:No.Spl/Acad/GMC-NRPT/2025

Sub: - Acad-GMC-NRPT- Admissions-Hostel Fee structure for undergraduate MBBS courses for the Academic Year 2025-26 – Instructions Issued-Reg.

Ref: - Lr No:/P3/DME/2024 Dt: 25.05.2024, of the DME, Telangana, Hyderabad.

S/NO	Name of the fee particulars	AMOUNT	Frequency
1	Non-Refundable Amount	Rs : 5,000/-	ONCE
2	Caution Deposit (Refundable)	Rs : 5,000/-	ONCE
3	Rent (Rs 1000/- Per Month-12 Months	Rs : 12,000/-	YEARLY
4	Hostel Admission Application Fee	Rs : 1,000/-	ONCE
	TOTAL	Rs : 23,000/-	

The above amount should be paid in D.D in favor of “**CHIEF WARDEN NON REFUNDABLE GMC NARAYANPET**” from any nationalized Bank Payable at Narayanpet.

Sd/-
Principal,
Government Medical College,
Narayanpet District.

**PROFORMA FOR UNDERTAKING IN THE FORM OF AFFIDAVIT (ON-NON-JUDICIAL
STAMP PAPER SOF RS:100/-)**

BOND FOR UG MBBS/BDS ADMISSION FOR THE ACADEMIC YEAR 2025-26

UNDERTAKING

I _____, D/o, S/o _____, bearing
UG NEET 2025, Rank No _____ (Candidate name)

AND

I _____, F/O _____, bearing UG NEET
2025 Rank No. _____ (Parent name)

Hereby give an undertaking as below, in connection with our claims with
regard to certificate submitted for admission into **UG Medical and Dental**
courses for
the Academic year 2025-26 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 abide by the Rules and regulations KNR University of Health
Sciences.

I also hereby undertaking 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

Candidates. Aadhar No:

Address:

Date:

Place:

KNRUHS DISCONTINUATION BOND

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

BOND FOR UG MBBS/BDS ADMISSION FOR THE ACADEMIC YEAR 2025-26

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 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 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 under-take 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 for 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 Aadhar cards along with mobile no's of parent and 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 I (National Medical Commission)

**[See sub-clause(a) of clause (i) and sub clause (a) of clause(ii) of sub -regulation (2)
of regulation7]**

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

_____ (Name of course) _____with Admission No._____

At Government Medical College, Narayanpet (Name of college/institution)-affiliated to

Kaloji Narayan Rao University of Health Sciences (Name of University)- have received a copy of
the National Medical Commission (prevention and prohibition of Ragging in Medical Colleges
and Institutions) Regulations, 2021(hereinafter 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 behavior 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 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 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

Name:

Address:

Tel/Mobile No:

Signature of Witness1:

(Name of Witness 1):

Address:

Signature of Witness2:

(Name of Witness 2):

-----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
regulation7]**

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

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

_____ (Name of Corse) _____with Admission

No. _____ At Government Medical College, Narayanpet (Name of College/Institution)-
affiliated to Kaloji Narayan Rao University of Health Sciences (Name of University hereby
declare that receives a copy of the National Medical Commission (Prevention and prohibition of
Ragging in Medical Colleges and institutions) Regulations,2021(hereinafter referred to as the said
regulations).

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

8. I have particularly perused the provisions of regulations 3 and4 of the said regulations and
have fully understood what constitutes “ragging”.

9. 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.

10. I hereby undertake that my son/daughter/ward_____

(i) Will not indulge in any behavior 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.

11. 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 law for the time being in force.

12. 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

Name:

Address:

Tel/Mobile No:

Signature of Witness1:

(Name of Witness 1):

Address:

Signature of Witness2:

(Name of Witness 2):

-----Address:

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

PROFORMA FOR HOSTEL ADMISSION IN THE FORM OF AFFIDAVIT
(ON-NON-JUDICIAL STAMP PAPERS OF RS:20/-)
BOND FOR UG - MBBS HOSTEL ADMISSION FOR THE
ACADEMIC YEAR 2025-26

I, _____ S/o, D/o, W/o _____ hereby affirm

that I shall abide by all the disciplinary rules and regulations stipulated from time to time by the concerned authorities namely the **ADMINISTRATIVE OFFICER/WARDEN/CHIEF WARDEN/DIRECTOR**. If I bypass/disobey/violate any of the regulations stipulated, I shall readily be removed at the very next moment from the hostel as well as from the college.

I, further promise that I shall not accommodate any other person including my parent, friends or other relatives in my room at any time, during the entire period of my stay in the hostel.

I, hereby agree that I shall vacate hostel accommodation/whenever college authority give instructions/at the close of my stipulated period of studies of 4 ½ yrs.

I shall pay regularly the hostel fees. I shall vacate immediately after annual examinations. I shall keep the premises clean and shall not destroy the Government property. I shall be held liable for recovery if any property of the college/hostel caused damage by me.

I, hereby agree that if I leave or abscond from the hostel without consent letter from my parents and without permission of the Director of Government Medical College, Mahbubnagar I shall be liable to pay the Hostel fee of the entire academic years.

I, Promise that I will not leave the hostel after 09.00 pm without the permission of the warden/ in charge.

I, shall not use any Electronic/Electrical items including water heater, Induction stove, Rice cooker, Radio, transistor, T.V., loud speaker etc.

I, Promise that I will not involve in any illegal activity i.e. Ragging, consumption of Alcohol /tobacco/narcotics/toxic material or damage inside the college/Hostel premises.

Signature of Parent

Aadhar No:

Mobile no:

Signature of Student

Aadhar No:

Mobile no:

Witness Signature:

Aadhar No.:

Mobile no: