GOVERNEMENT OF TELANGANA
GOVERNMENT MEDICAL COLLEGE, NARAYANPET
(Affiliated to Kaloji Narayana Rao University of Health Sciences)
Appakpally Jajapur, Narayanpet District, Telangana, India – 509210

Tel. No.: 08506-282506 **Email Id: gmc.narayanpet@gmail.com** **Website: gmcnarayanpet.org**

UG MBBS ADMISSION COMMITTEE A.Y.2026–27

Constitution of MBBS Admission Committee for Admission of 1st MBBS Students for the Academic Year 2026–27

For the smooth, transparent and timely completion of admission formalities of students allotted to Government Medical College, Narayanpet through the authorized NEET-UG counselling process for the academic year 2026–27, the following MBBS Admission Committee is hereby constituted with immediate effect.

S.No	Name	Designation
1	Dr. K. Sampath Kumar Singh	Principal
2	Dr. K. Kiran Prakash	Vice Principal (Admissions Co-ordinator) viceprincipalgmcnrpt@gmail.com
3	Dr. P. Raghunatha Rao	Professor of Pharmacology
4	Dr. T. Sundari Devi	Professor of Pathology
5	Dr. D. Amitha Kumari	Professor of OBG
6	Dr. P. Ramdas	Professor of Ophthalmology
7	Dr. Sunil Kumar A Rayan	Professor of Physiology
8	Dr. G. Nagamani	Faculty Representative for Girls Hostel
9	Dr. C. Amruth	Faculty Representative for Boys Hostel

The Committee shall function in accordance with the applicable instructions issued by the Government, State Counselling Authority, KNRUHS, MCC, NMC and other competent authorities from time to time. The Committee shall ensure proper verification of documents, maintenance of admission records and completion of institutional admission formalities strictly in accordance with the counselling allotment and prescribed regulations.

FOR QUERIES AND INFORMATION **Timing: 10:00 AM to 05:00 PM**

S.No	Name	Designation
1	Sri. Ch. Praveen Kumar	Office Superintendent
2	Smt. Nafeesunnisa Begum	Office Superintendent
3	Smt. K. Sheela	Junior Assistant
4	Smt. Prashanthi	Junior Assistant
5	Sri. P. Vamshi Kumar	Junior Assistant

- REPORTING TIMINGS: 10:00 AM TO 04:00 PM
- Any Queries Please Contact 08506-282506

IMPORTANT INFORMATION FOR CANDIDATES

1. **State Competent Authority Quota:**

   Candidates allotted a seat at Government Medical College, Narayanpet, in any round of counselling must report physically to the College every time the seat is allotted and complete the prescribed admission/reporting formalities.

2. **All India Quota (AIQ):**

   Candidates allotted a seat at Government Medical College, Narayanpet, in any round of AIQ counselling, who wish to freeze/retain the allotted seat at GMC Narayanpet, must report physically to the College and complete the prescribed admission/reporting formalities within the stipulated time.

3. **For allotment under the OBC Quota**, only an OBC Certificate issued by the concerned State Government is valid.

4. **For allotment under the PWD Quota,** the PWD Certificate must be issued in the year 2024 by the Medical Board of a Medical Counselling Committee-authorized Centre.

Sd/-
Principal
Government Medical College
Narayanpet

ORIGINAL CUSTODIAN CERTIFICATE

GOVERNMENT MEDICAL COLLEGE: NARAYANPET

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 2026-27.

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 1st to 10th 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 **ONLY FOR AIQ STUDENTS (PERIOD TO BE SPECIFIED WITH EXACT MONTH & YEAR)** excluding the period of study/employment out-side the state (If Applicable).		
16	Equivalency Certificate **ONLY FOR AIQ STUDENTS** (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		

Signature of the Student

Verified by

Principal
GMC, Narayanpet

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 2026-27.

Sl. No _____**Date of admission**_____/_____/2026.

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 (1st to 10th& 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 parents 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 Counseling 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 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 Aadhar cards.		
28	D.D No.: Date:		

If any remarks: -

Vice Principal
Government Medical College
Narayanpet

GOVERNMENT MEDICAL COLLEGE, NARAYANPET
Appakpally, Jajapur (Village), Narayanpet Pincode-509210.
STUDENT DATA (2026-27 MBBS Batch)

Affix recent passport size photo

NEET RANK :
NEET ROLL NO :
KNRUHS Merit :
Student Name (Block letters) :
Father Name :
Mother Name :
Gender :
Category/Caste :
Nationality :
Religion :
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: **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**

Dt: - -2026

KALOJI NARAYANA RAO UNIVERSITY OF HEALTH SCIENCES, TELANGANA, WARANGAL- 506007	**NAME & ADDRESS OF THE COLLEGE (As per College Letter Head) Government Medical College, Narayanpet**	**Photo**

DETAILS OF THE CANDIDATE ADMITTED INTO UG (MBBS) COURSE FOR THE ACADEMIC YEAR 2026-2027

S.No.:	**NEET Rank :**	**NEET Roll NO :**	**KNRUHS Merit :**
Student Name:			
Father's Name:			**Gender:**
Address:			
Category/Caste: **Sub Caste:**	**Religion:**	**Local/Non-Local:**	
		DOB (DD/MM/YYYY):	
Qualifying Examination Board:		**Allotted Quota (AIQ, CQ, MQ) :**	

ALLOTTED DETAILS AS PER KNRUHS ALLOTMENT LETTER:

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/EWS/ OTHERS	
10	SERVICE CANDIDATE (YES OR NO) TYPE NO IF YOU ARE UG(MBBS) STUDENT	
11	D.O.B (DD/MM/YYYY)	
12	**LOCALITY** 1. OU(TELANGANA REGION) 2. AU(ANDHRA REGION) 3. SVU(RAYALSEEMA REGION)	
13	**ALLOTTED QUOTA** 1. **CQ**-COMPETENT AUTHORITY QUOTA 2. **AIQ**- ALL INDIA QUOTA	
14	**PHASES** – P1, P2, P3 (MOP UP), STRAY ROUND, MOP UP 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 Region AIQ-All India Quota	
16	**ALLOTTED CATEGORY** OC/SC/ST/BC-A/BC-B/-BC-C/ BC-D/EWS/OBC/OTHERS	
17	**ALLOTTED SPECIAL CATEGORY** NCC/CAP/PHO NA-Not Applicable	
18	MOBILE NUMBER (10 DIGITS ONLY)	
19	EMAIL ID(EX: XXXXXX@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	
23	SSC/CBSE/ICSE Total and Obtained Marks	

Date: - -2026

To
The Principal,
Government Medical College,
Narayanpet.

Respected Sir,

Sub: - Submission of joining report – Reg.

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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 2024-2025.

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

Yours Sincerely,

(Student Signature)

Name:

Rank No:

Cell No:

SPECIMEN SIGNATURE THE CANDIDATE FOR ADMISSION INTO UG MBBS – 2026-27

SIGNATURE

SIGNATURE

UNDERTAKING/DECLARATION AGAINST DRUG ABUSE

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

1. The student shall not consume, poossess, 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/Univesity.
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 Univerisyt 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, with holding 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 here in 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:
NEET Roll No:
Course:
College:
Academic Year:

Name of Parent/Guardian:
Relationship with student:
Address:
Mobile No:

Signature of the Student

Signature of the Parent/Guardian

Place:

Date:

GOVERNMENT MEDICAL COLLEGE, NARAYANPET

Rc:No.Spl/Acad/GMC-NRPT/2026

Sub: - Acad-GMC-NRPT- Admissions-Fee structure for undergraduate MBBS courses for the Academic Year 2026-27 - 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/-	

Mode of Payment: The above amount shall be paid through Demand Draft (D.D.) in favour of "**COLLEGE DEVELOPMENT SOCIETY, GMC NARAYANPET**", drawn from any nationalized bank and payable at Narayanpet.

Note: Apart from the above fee particulars, All India Quota students shall separately pay University Fee of Rs. 12,000/- (Rupees Twelve Thousand only) through Demand Draft (D.D.) in favour of "Registrar, KNRUHS, Warangal", drawn from any nationalized bank and payable at Warangal.

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

GOVERNMENT MEDICAL COLLEGE,NARAYANPET

Rc:No.Spl/Acad/GMC-NRPT/2026

Sub: - Acad-GMC-NRPT- Admissions-Hostel Fee structure for undergraduate MBBS courses for the Academic Year 2026-27 – 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/-	

Mode of Payment: The above amount shall be paid through Demand Draft (D.D.) in favour of "**CHIEF WARDEN NON-REFUNDABLE, GMC NARAYANPET**", drawn from any nationalized bank and payable at Narayanpet.

Note: The above fee structures are based on the Government Orders and instructions issued by the Government of Telangana and is subject to revision/change from time to time as per the orders and instructions of the Government and other competent authorities.

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

PROFORMA FOR UNDERTAKING IN THE FORM OF AFFIFAVIT (ON-NON-JUDICIAL STAMP PAPERSOF RS:100/-)

BOND FOR UG MBBS/BDS ADMISSION FOR THE ACDEMIC YEAR 2026-27

UNDERTAKING

I_____, D/o, S/o_____, bearing UG NEET 2026, 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 2026-27 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

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

BOND FOR UG MBBS/BDS ADMISSION FOR THE ACADEMIC YEAR 2026-27

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.

Signature of the Parent.

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

Permanent address,
& Aadhar card No & Mobile

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. I _____ (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

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_____ (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.

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.

05. 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.

06. 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.

07. 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 PAPERSOF RS: 20/-)

BOND FOR UG - MBBS HOSTEL ADMISSION FOR THE ACADEMIC YEAR 2026-27

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: