



GOVERNEMENT OF TELANGANA  
GOVERNMENT MEDICAL COLLEGE, NARAYANPET

(Affiliated to Kaloji Narayana Rao University of Health Sciences)  
Appakpally Jajapur, Narayanpet District, Telangana, India – 509210



Email Id: [gmc.narayanpet@gmail.com](mailto:gmc.narayanpet@gmail.com)

Website: [gmcnarayanpet.org](http://gmcnarayanpet.org)

**UG MBBS ADMISSION COMMITTEE A.Y.2026-27**

| S.No | Name                       | Designation                |
|------|----------------------------|----------------------------|
| 1    | Dr. K. Sampath Kumar Singh | Principal                  |
| 2    | Dr. K. Kiran Prakash       | Vice Principal             |
| 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    |

**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**

**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.

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 ( <b>SSC Marks Memo</b> ).                                                                                                                                                |           |    |
| 5      | Qualifying Exam Certificate ( <b>Intermediate Marks Memo OR Equivalent-Grade Certificate</b> ).                                                                                             |           |    |
| 6      | Study Certificates from 1 <sup>st</sup> to 10 <sup>th</sup> Standard ( <b>Study and Conduct/Character Certificate</b> ).                                                                    |           |    |
| 7      | Study Certificates of Intermediate or equivalent for <b>2 Years</b> .                                                                                                                       |           |    |
| 8      | Transfer Certificate.                                                                                                                                                                       |           |    |
| 9      | Latest Caste Certificate ( <b>If Applicable</b> ) with father name.                                                                                                                         |           |    |
| 10     | Minority Certificate-Muslim Only ( <b>If Applicable</b> )                                                                                                                                   |           |    |
| 11     | Economically Weaker Section ( <b>EWS</b> ) 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 <b>Ten Years</b> .                                                          |           |    |
| 14     | Aadhaar card Xerox copy                                                                                                                                                                     |           |    |
| 15     | Migration Certificate <b><u>ONLY FOR AIQ STUDENTS (PERIOD TO BE SPECIFIED WITH EXACT MONTH &amp; YEAR)</u></b> excluding the period of study/employment out-side the state (If Applicable). |           |    |
| 16     | Equivalency Certificate <b><u>ONLY FOR AIQ STUDENTS</u></b> (To be Obtained from Board of Intermediate Education)                                                                           |           |    |
| 17     | Discontinuation Bond ( <b>On Rs.100/- Non-Judicial Stamp Paper &amp; Notarized</b> ).                                                                                                       |           |    |
| 18     | To be Filled by Two Sureties (Green Paper) Aadhar and PAN card Xerox with Signature.                                                                                                        |           |    |
| 19     | Genuinity Bond ( <b>On Rs.100/- Non-Judicial Stamp Paper &amp; Notarized</b> ).                                                                                                             |           |    |
| 20     | Form I                                                                                                                                                                                      |           |    |
| 21     | Form II                                                                                                                                                                                     |           |    |
| 22     | Gap Certificate issued by <b>MRO/Tahsildar</b> .                                                                                                                                            |           |    |
| 23     | All the Above Certificates ( <b>03 Sets Xerox with self-attestation</b> ).                                                                                                                  |           |    |
| 24     | Candidate's Recent Passport Size Photographs- <b>08 Nos</b> .                                                                                                                               |           |    |
| 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 1<sup>st</sup> year MBBS for the Academic Year 2026-27.

**Sl. No** \_\_\_\_\_ **Date of admission** \_\_\_\_/\_\_\_\_/2026.

Name of the candidate: \_\_\_\_\_ Rank No: \_\_\_\_\_

| <b>Sl. No</b> | <b>Certificate</b>                                                                                                                                                                                                                                                                 | <b>Yes/No</b> | <b>Remarks</b> |
|---------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|----------------|
| 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 <sup>st</sup> to 10 <sup>th</sup> & 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.<br>b) Latest OBC Certificates is valid.<br>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<br>Certificates on Rs:100 Non-Judicial stamp<br>paper                                        |  |  |
| 20 | Undertaking Bond for Rs. 20 Lakhs on<br>Rs:100 Non-Judicial stamp paper                                                        |  |  |
| 21 | Anti-Ragging Bond by Student on Rs:100<br>Non-Judicial stamp paper                                                             |  |  |
| 22 | Anti-Ragging Bond by Parent on Rs:100<br>Non-Judicial stamp paper                                                              |  |  |
| 23 | Gap Certificate issued by MRO/Tahsildar                                                                                        |  |  |
| 24 | Employment Certificate of parent (Non-<br>Local status)                                                                        |  |  |
| 25 | Equivalency certificate                                                                                                        |  |  |
| 26 | Migration Certificate.                                                                                                         |  |  |
| 27 | 2 sets of Xerox copies with self-attestation<br>of all original Certificates (Mentioned above)<br>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)**

**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 :**

Affix recent  
passport size  
photo

**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**

|                                                                                                       |                    |                                                                                                                    |                                           |              |
|-------------------------------------------------------------------------------------------------------|--------------------|--------------------------------------------------------------------------------------------------------------------|-------------------------------------------|--------------|
|                      |                    | <b>NAME &amp; ADDRESS OF THE COLLEGE</b><br>(As per College Letter Head)<br>Government Medical College, Narayanpet |                                           | <b>Photo</b> |
| <b>KALOJI NARAYANA RAO UNIVERSITY OF HEALTH SCIENCES, TELANGANA, WARANGAL- 506007</b>                 |                    |                                                                                                                    |                                           |              |
| <b><u>DETAILS OF THE CANDIDATE ADMITTED INTO UG (MBBS) COURSE FOR THE ACADEMIC YEAR 2026-2027</u></b> |                    |                                                                                                                    |                                           |              |
| <b>S.No.:</b>                                                                                         | <b>NEET Rank :</b> | <b>NEET Roll NO :</b>                                                                                              | <b>KNRUHS Merit :</b>                     |              |
| <b>Student Name:</b>                                                                                  |                    |                                                                                                                    |                                           |              |
| <b>Father's Name:</b>                                                                                 |                    |                                                                                                                    | <b>Gender:</b>                            |              |
| <b>Address:</b>                                                                                       |                    |                                                                                                                    |                                           |              |
| <b>Category/Caste:</b><br><b>Sub Caste:</b>                                                           |                    | <b>Religion:</b>                                                                                                   | <b>Local/Non-Local:</b>                   |              |
|                                                                                                       |                    |                                                                                                                    | <b>DOB (DD/MM/YYYY):</b>                  |              |
| <b>Qualifying Examination Board:</b>                                                                  |                    | <b>Allotted Quota (AIQ, CQ, MQ) :</b>                                                                              |                                           |              |
| <b><u>ALLOTTED DETAILS AS PER KNRUHS ALLOTMENT LETTER:</u></b>                                        |                    |                                                                                                                    |                                           |              |
| <b>Site/College Code:</b>                                                                             |                    |                                                                                                                    |                                           |              |
| <b>Mobile Number (10 Digits Only):</b>                                                                |                    |                                                                                                                    |                                           |              |
| <b>Email ID:</b>                                                                                      |                    |                                                                                                                    |                                           |              |
| <b>Aadhaar Number:</b>                                                                                |                    |                                                                                                                    |                                           |              |
| <b>Total Marks Obtained in Eligibility Exam:</b>                                                      |                    |                                                                                                                    | <b>Maximum Marks in Eligibility Exam:</b> |              |
| <b>Identification Marks (As per SSC/Birth Certificate)</b>                                            | 1)                 |                                                                                                                    |                                           |              |
|                                                                                                       | 2)                 |                                                                                                                    |                                           |              |
| <b>Signature of the Candidate</b>                                                                     |                    | <b>Signature of the Principal along with the Official Seal</b>                                                     |                                           |              |

| 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              | <b>CATEGORY</b><br>OC/SC/ST/BC-A/BC-B/-BC-C/<br>BC-D/EWS/ OTHERS                                                                                                                                                                                   |  |
| 10             | SERVICE CANDIDATE (YES OR NO)<br>TYPE NO IF YOU ARE UG(MBBS)<br>STUDENT                                                                                                                                                                            |  |
| 11             | D.O.B (DD/MM/YYYY)                                                                                                                                                                                                                                 |  |
| 12             | <b>LOCALITY</b><br>1. OU(TELANGANA REGION)<br>2. AU(ANDHRA REGION)<br>3. SVU(RAYALSEEMA REGION)                                                                                                                                                    |  |
| 13             | <b>ALLOTTED QUOTA</b><br>1. <b>CQ</b> -COMPETENT AUTHORITY<br>QUOTA<br>2. <b>AIQ</b> - ALL INDIA QUOTA                                                                                                                                             |  |
| 14             | <b>PHASES –</b><br>P1, P2, P3 (MOP UP), STRAY ROUND,<br>MOP UP<br>Those Who Got Government Medical<br>College Narayanpet In P1 And<br>Applied For Sliding And Got<br>Government Medical College<br>Narayanpet Again In P2<br>Must Select P2 Not P1 |  |
| 15             | <b>ALLOTTED LOCALITY</b><br>LOC-Local<br>UNR-Unreserved Region<br>AIQ-All India Quota                                                                                                                                                              |  |
| 16             | <b>ALLOTTED CATEGORY</b><br>OC/SC/ST/BC-A/BC-B/-BC-C/<br>BC-D/EWS/OBC/OTHERS                                                                                                                                                                       |  |
| 17             | <b>ALLOTTED SPECIAL CATEGORY</b><br>NCC/CAP/PHO<br>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<br>NUMBER                                                                                                                                                                                                           |  |
| 22             | SSC /CBSE /ICSE(X) Month and year of<br>pass                                                                                                                                                                                                       |  |
| 23             | SSC/CBSE/ICSE Total and Obtained<br>Marks                                                                                                                                                                                                          |  |

Date: - -2026

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 2026-2027.

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**

|                  |
|------------------|
| <b>SIGNATURE</b> |
|                  |

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| <b>SIGNATURE</b> |
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### **UNDERTAKING/DECLARATION AGAINST DRUG ABUSE**

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

1. The student shall not consume, possess, 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
5. 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.
6. 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:**

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 many leads to cancellation of my admission.

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

Therefore, kindly accept my admission for 1<sup>st</sup> year MBBS for the academic  
year 2026-2027.

Thanking You,

Yours Sincerely,

(Student Signature)

Parent Signature

Name:  
Cell No:

Name  
Rank No:  
Cell No:

**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      |
|      | <b>TOTAL</b>                | 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.

:

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      |
|      | <b>TOTAL</b>                        | 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 AFFIDAVIT (ON-  
NON-JUDICIAL STAMP PAPER OF RS:100/-)**

**BOND FOR UG MBBS/BDS ADMISSION FOR THE ACADEMIC  
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.

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

Signature of the Parent.  
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 PAPERS OF 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: