



**GOVERNMENT MEDICAL COLLEGE**  
**NIRMAL, TELANGANA STATE-504106**

**ADMISSIONS FOR MBBS COURSE 2025-2026**

**All the candidates who have been allotted MBBS seats in UG counseling, in this institute are hereby directed to submit the following documents:**

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

- 1. Provisional Allotment Order(Mandatory)**
- 2. NEET Hall Ticket(Mandatory)**
- 3. NEET Rank Card(Mandatory)**
- 4. SSC Pass Certificate (Date of Birth Reference) or its equivalence (Mandatory)**
- 5. 12<sup>th</sup>/Intermediate or equivalence Pass Certificate**
- 6. Study and Conduct Certificate VI to X(Mandatory)**
- 7. Study and Conduct of Intermediate/12<sup>th</sup>Class**
- 8. Transfer Certificate(Mandatory)**
- 9. Latest Caste Certificate with father name(Mandatory)**
- 10. Residential Certificate of candidate (or) parent issued by MRO/ Tahsildar of Telangana /A.P for period of 10 years (period to be specified with exact month and year) excluding period of study or employment outside the state (Local/Non Local)**
- 11. Employment certificate of the parent(for non-local status)**
- 12. Minority certificate (if applicable).**
- 13. EWS Certificate for the year 2025-26 issued by Tahsildar /MRO of the concerned state (If applicable).**
- 14. Latest parental income certificate(if applicable)**
- 15. NCC certificate/CAP certificate/PMCC certificate/ Anglo Indian Certificate (if applicable).**
- 16. PWD certificate (If Applicable) certificate issued this year by the medical board of Medical counseling committee authorized centers.**

17. KNRUHSD.Dinfavorof“**THE REGISTRAR, KNRUHS, WARANGAL**”Fee**Rs.12,000** /-(ForAllIndiaQuota)
18. College Fee **D.D** in favor of “**Government Medical College, Nirmal**” Amount of**Rs.29,000/-**(for OC, BC) &**Rs.27,000/-** (for SC, ST) and Hostel fee of **Rs.23000/-** (For students who opted for hostel accommodation)
- 19. 6 Passport Size Photos(Mandatory)**
- 20. AADHAR Card Xerox Copy(Mandatory)**
- 21. Form I&II(Mandatory)**
22. UndertakingintheformofAffidavitonRs.100NonJudicialstamp paperbytheparentand candidatestatingthatall the certificates including the caste and category certificates are genuine and they are responsible for any further consequences asper lawshall be submitted at the time admission. If any discrepancy is noticed, the admission will be cancelled.
- 23. Bondof Rs.20,00,000/- (RupeesTwentyLakhsOnly)(Mandatory)**
- 24. 2 sets of Copies of All certificates and Bonds.**
25. ProcessingchargesRs.2000/-(TwoThousandOnly)
26. Mode of payment of fee: College Fee, KNRUHS Fee & Hostel fee (The candidates who opt for hostel accommodation) is through DEMAND DRAFT drawn from any Nationalized Banks Only.

Theabovecertificateswillnotreturntohim/herunlesshe/shecompletesthecourseasperthenormsofKNR University of Health Sciences, Warangal, Telangana State.

**GOVERNMENT MEDICAL COLLEGE: NIRMAL : NEET 2025**

**MBBS BATCH AY 2025 - 26**

**PERSONAL DATA SHEET OF CANDIDATES ADMITTED ON: Dt. . . . . 2025.**

**Should be filled by the candidate in their own handwriting**

1. Full Name of the Candidate :  
(In block letters as per Intermediate Certificate)
2. Age and Date of Birth (As per SSC certificate) :
3. Sex :
4. Name of Father & Occupation :
5. Literacy Status of Father :
6. Name of the Mother & Occupation :
7. Permanent Address of the Parents :
  - i. Phone No. (Office)
  - ii. (Residence)
  - iii. (Mobile)
  - iv. Email ID
8. Temporary Address of the Candidate Phone No. (or) Mobile:
9. Name of the college where the candidate were last studied (Inter 2<sup>nd</sup> year or 10+2):
10. Name of the coaching centre :
11. Number of attempts of NEET :
12. After completion of MBBS, Will you join in : Govt./Private
13. Whether you wish to pursue PG Course.  
If Yes, Which specialty you are interested in :
14. Any significant medical history (Epilepsy/Heart disease/Any condition under treatment):
15. Contact Details of Parents/Guardian :
16. Hobbies/Special talents :
17. Name and Contact details of local guardian :

**Form-I**  
**(Prevention and Prohibition of Ragging in Medical Colleges and Institutions)**

**FORMAT OF UNDERTAKING BY THE STUDENT**

1. I \_\_\_\_\_ (Full name in *BLOCKLETTERS*)  
Son/ Daughter of Mr./Mrs./Ms \_\_\_\_\_  
\_\_\_\_\_ (Full name in *BLOCKLETTERS*) admitted to the  
course of \_\_\_\_\_ at GOVERNMENT MEDICAL COLLEGE, NIRMAL with  
Admission No. \_\_\_\_\_  
\_ affiliated to Kaloji Narayana Rao University of Health Sciences, have received a copy of the National Medical  
Commission (Prevention and Prohibition of Ragging in Medical Colleges and  
Institutions) regulations, 2022 (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 per used the provisions of regulations 3. And 4. of the said regulations and have fully  
understood what constitutes ragging.
4. I have also in particular per used the provisions of chapter IV and read and understood the  
administrative and penal actions that may be taken against me in case I am found guilty of ragging  
or a betting ragging actively or passively or being part of conspiracy to promote ragging.
5. I hereby undertake that
  - (i). I will not indulge in any behavior or act that may come under the definitions of ragging as may be  
constituted under regulation 3. of the said regulations.
  - (ii). I will not participate in or abet or propagate ragging in any form included but not limited to those  
that may be constituted under regulation 3. of the said regulations.
  - (iii). I will not hurt anyone physically or psychologically or cause any other harm.
6. I hereby agree that if found guilty of any aspect of ragging, I may be punished as per the  
provisions of the said regulations or as per the applicable laws for the time being in force.
7. I also declare \_\_\_\_\_ that I have never been found to be guilty of ragging or abetting ragging, actively or  
passively, or being part of conspiracy to promote ragging and have never been punished in any  
manner for these offences and further affirm that if these declarations are incorrect or false, my admissions is liable to  
be cancelled/withdrawn.

Signed on this \_\_\_\_\_ day of \_\_\_\_\_ month of \_\_\_\_\_ year.

Signature  
Name of the Student Address

Phone no.

Witness I  
Name and Signature Address

Witness II  
Name and Signature Address

**Form-II**  
**(Prevention and Prohibition of Ragging in Medical Colleges and Institutions)**

**FORMAT OF UNDERTAKING BY THE PARENTS/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 \_\_\_\_\_ at GOVERNMENT Medical College, NIRMAL with Admission number \_\_\_\_\_ affiliated to Kaloji Narayana Rao University of Health Sciences, hereby declare that, I have received a copy of the National Medical Commission (Prevention and Prohibition of Ragging in Medical Colleges and Institutions) regulations, 2021 (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 conspiracy to promote ragging.
5. I hereby undertake that my son/daughter/ward
  - (i). Will not indulge in any behavior or act that may come under the definitions of ragging as may be constituted under regulation 3 of the said regulations.
  - (ii). Will not participate in oratory propagation of ragging in any form included but not limited to those that may be constituted under regulation 3 of the said regulations.
  - (iii). Will not hurt anyone physically or psychologically or cause any other harm.
6. I hereby agree that my son/daughter/ward is found guilty of any aspect of ragging, he/she may be punished as per the provisions of the said regulations or as per the applicable laws for the time being in force.
7. I also declare that he/she has never been found to be guilty of ragging or abetting ragging, actively or passively, or being part of conspiracy to promote ragging and has 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 day of \_\_\_\_\_ month of \_\_\_\_\_ year.

Signature  
Name of the Parent /Guardian  
Address

Phone no.

Witness I  
Name and Signature  
Address

Witness II  
Name and Signature  
Address

**BOND**

**(Non-Judicial Stamp paper for Rs.100/-**

**UNDERTAKING**

I, Mr/Ms. \_\_\_\_\_  
S/o:D/o: \_\_\_\_\_  
\_\_\_\_\_ selected for

MBBS/BDS Course do hereby undertake to complete the course as per the requirements of KNR University of Health Sciences, in the event of my discontinuing the studies after joining the course after the date for free exit, I undertake to pay to KNR University of Health Sciences, a sum of Rs.20,00,000/- (**Rupees Twenty Lakhs only**).

**Signature of the Candidate**

I, Mr/ Mrs. parent of Mr/Ms .do here by undertake to pay to 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 after the date for free exit by my Son/ Daughter.

Date:

**Signature of Parent**

**Witness:**

1. Signature:  
Name and Address in full.

2. Signature:  
Name and Address in full.

Note: Sureties by Income Tax Payees/Gazetted Officers only.

(TO BE FILLED BY TWO SURETIES)

(1) In consideration of the Surety Bond executed by the student (Mr./Ms. \_\_\_\_\_ Son of/daughter of \_\_\_\_\_ resident of in favor of The Registrar, KNRUHS, Warangal and the Principal of Government Medical College, NIRMAL to a sum of Rs.20,00,000/-only (Rupees Twenty lakhs only),

I \_\_\_\_\_ here by stand as surety, jointly and severally, for the payment of the said amount on the terms mentioned above. In case the student fails to pay on demand a sum of Rs.20,00,000/-only (Rupees Twenty lakhs only), I, the said surety, shall, without any objection, pay the said due amount to the Government Medical College, NIRMAL on demand.

It he said surety do solemnly affirm that I am solvent to the extent of the amount of surety and I have been regularly filing income tax return.

Signature.....Name of the Surety.....  
Present Address:.....  
.....Pin.....Permanent Address:.....  
.....Pin.....  
AADHAR No.:.....  
PAN No.  
Mobile No.:.....

(2) In consideration of the Surety Bond executed by the student (Mr./Ms. \_\_\_\_\_ Son of/ daughter of \_\_\_\_\_ resident of in favor of The Registrar, KNRUHS, Warangal and the Principal of GOVERNMENT Medical College, NIRMAL to a sum of Rs.20,00,000/-only (Rupees Twenty lakhs only),

I \_\_\_\_\_ here by stand as surety, jointly and severally, for the payment of the said amount on the terms mentioned above. In case the student fail to pay on demand a sum of Rs.20,00,000/-only (Rupees Twenty lakhs only), I, the said surety, shall, without any objection, pay the said due amount to the Government Medical College, NIRMAL on demand.

I, the said surety, do solemnly affirm that I am solvent to the extent of the amount of surety and I have been regularly filing income tax return.

Signature.....Name of the Surety.....  
Present Address:.....  
.....Pin.....Permanent Address:.....  
.....Pin.....  
AADHAR No.:.....  
PAN No.  
Mobile No.:.....

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

**UNDERTAKING**

I, (Candidate name) S/o / D/o..... , bearing UG NEET 2023 Rank No .....and I,(Parent name)F/o: (Candidate name),bearing UG NEET 2025 Rank No \_\_\_\_\_hereby give an undertaking as below in connection with our claim with regard to certificates submitted for admission into UG Medical Course for the Academic Year 2025-26 in Colleges affiliated to KNR University of Health Sciences.

We, hereby declare that all our certificates are genuine.

I am aware that if the submitted relevant certificate(s) is / are found to be not genuine at a later date, my admission is liable to be cancelled and I am liable for criminal prosecution, as may be legally deemed fit. Further I agree that I abide by the Rules and Regulations of KNR University of Health Sciences.

I also hereby undertake that I shall not enter into legal litigation, if these seats allotted to me is cancelled, for the above reasons.

**Signature of the Parent/Guardian**

**Signature of the Candidate**

AADHAR No:

AADHAR No:

Mobile No.

Email ID:

Mobile No.

Email ID

Address:

Date:

Place:

**GOVERNMENT MEDICAL COLLEGE: NIRMAL, TELANGANA**  
**UG MBBS ADMISSION FEE STRUCTURE (AY 2025-26)**

**A) COLLEGE FEE:**

S.No	Description	OC/BC	SC/ST	Frequency
01.	Tuition Fee	10000-00	10000-00	YEARLY
02.	E-Library	2000-00	2000-00	YEARLY
03.	Library Fee	2000-00	2000-00	YEARLY
04.	Central Stores	2000-00	2000-00	<b>ONCE</b>
05.	CDS (College Development Society)	5000-00	5000-00	<b>ONCE</b>
06.	Caution Deposit	3000-00	3000-00	<b>ONCE</b>
07.	Academic Development Fund	3000-00	1000-00	<b>ONCE</b>
08.	Non-Government Fund	2000-00	2000-00	<b>ONCE</b>
	<b>TOTAL</b>	<b>29,000-00</b>	<b>27,000-00</b>	

**Demand Draft (DD) in favour of: GOVERNMENT MEDICAL COLLEGE, NIRMAL**

ACCOUNT NO : **357502014113660**

IFSC CODE : **UBIN0535753**

BANK : **UNION BANK OF INDIA**

BRANCH : **Shivaji Chowk Branch, Bhainsa Road, Nirmal, Telangana-504106**

**KNRUHS University Fees (For AIQ Student only)**

Sl.No.	Description	Amount
01.	KNRUHS University Fees	Rs.12,000-00

**DEMAND DRAFT IN FAVOUR OF "The Registrar, KNR University of Health Sciences, Warangal"  
PAYABLE AT WARANGAL, Telangana.**

**B) Hostel Fee Structure**

**Information regarding this will be provided at the college during the time of admission**

**NOTE: THE FOLLOWING NEED TO BE STRICTLY FOLLOWED IN ORDER TO ENABLE THE ADMISSION PROCESS TO BE DONE SMOOTHLY AND WITH IN TIME TO AVOID DELAY**

**1) ALL THE BONDS SHOULD BE NOTARIZED AND SIGNED BY SURITIES AND WITNESSES  
SURIETIES AND WITNESSES SHOULD NOT BE THE SAME PERSONS**

**2) ALL THE REQUIRED DDS FOR ADMISSION PROCESS SHOULD BE BROUGHT FROM YOUR PLACE**

**3) TWO (2) SETS OF XEROX COPIES OF ALL DOCUMENTS AND CERTIFICATES SHOULD BE  
SUBMITTED DURING ADMISSION**